### THERE WILL BE NO REFUNDS OR EXCHANGES ON SUPERIOR COURT FORMS OR PACKETS



### SUPERIOR COURT OF CALIFORNIA County of Kings 1640 Kings County Drive, Hanford, CA 93230 (559) 582-1010

# GUARDIANSHIP INVESTIGATION PACKET

## (For a Relative Guardianship Case)



Online Assistance: <a href="www.courts.ca.gov/selfhelp.htm">www.courts.ca.gov/selfhelp.htm</a>
The California Courts Self-Help Center

E-file California: https://www.kings.courts.ca.gov/online-services/online-case-filing

Kings County Superior Court: <a href="www.kings.courts.ca.gov">www.kings.courts.ca.gov</a>
Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET						
Guardianship Investigation Letter/Checklist	Local Form					
Guardianship Questionnaire (Relative cases)	Local Form					
<ul> <li>Two (2) Questionnaires are provided in this</li> </ul>						
packet						
Filing Fee:						
<ul> <li>Initial Investigation Fee</li> </ul>	\$600.00					



### Superior Court of the State of California County of Kings 1640 Kings County Drive Hanford, CA 93230

# GUARDIANSHIP INVESTIGATION LETTER/CHECKLIST (ONLY for Relative Guardianship Cases)

Dear Petitioner(s),

As a relative to the minor you desire guardianship over, an investigation is required to be performed. The court has appointed an investigator to your case, however, the investigation *will not* begin until the following items are completed and provided to the investigator:

- Guardianship Questionnaire (relative cases)
  - Two (2) questionnaires are provided in this packet, make additional copies as needed.
  - Each petitioner shall complete a questionnaire.
- Minor's Birth Certificate
  - A copy is required for each minor.
- Investigation Fee of \$600.00
  - Cash, check or a money order payable to the "Kings County Superior Court".
  - This fee is to be paid at the time the investigation packet is returned to the clerk's office.

If you have an attorney, please notify him/her of the receipt of the included documents.

All items may be delivered to the clerk's office <u>or</u> mailed to one of the addresses listed below. Thank you for your assistance in this matter.

KINGS COUNTY SUPERIOR COURT
1640 Kings County Drive
Hanford, CA 93230
Attention: Probate Clerk

(optional form)



## Superior Court of the State of California County of Kings

FOR COURT USE ONLY (RECEIVED ON):

### **GUARDIANSHIP QUESTIONNAIRE**

(For relative cases)

			Case Number:					
		Hearin	ng date (if applicable):					
Instructions to Petit	tioner:							
The questionnaire is important in introducing you and your situation to the investigator handling your case. Attach additional pages, as needed. In order to begin the investigation ordered by the Court, each petitioner must complete a questionnaire and return it, along with your completed investigation packet to either:								
KINGS COUNTY SUPERIOR COURT  1640 Kings County Drive  Hanford, CA 93230  Attention: Probate Clerk								
Name of Child (1):					DOB:			
Address of Child (1)	):			1				
Name of Child (2):					DOB:			
Address of Child (2)	:			L				
Name of Child (3):					DOB:			
Address of Child (3)	:							
Name of Child (4):					DOB:			
Address of Child (4)	):		, , , , , , , , , , , , , , , , , , , ,					
		Guard	dian Information		•			
Name of Proposed								
Other Names Used:	:							
Relationship to Chil	d:							
Age:	DOB:	Place	e of Birth:					
Address:			City:	State:	Zip:			
Home Phone:			Business Phone:					

Weight:

Eyes:

Height:

Sex:

Driver's License No.

Hair:

Provide previous residention	al history	y (Past 10 years):					
		Natural Mo	ther c	of Child			
Name:							
Current or last known Add	ress:						
City:		State:		Zip:	PI	none:	
Height:	Weigh	nt:	Eyes			Hair:	
Driver's License No.	· · · · · · · ·					1	
DOB:		Place of Birth:					
Date and location of last	contact	with child:		<del> </del>			
						······································	
		Natural Fath	er of (	Child (1)			
Name:							
Current or last known Add	ress:						
City:		State:		Zip:	PI	none:	
Height:	Weigh	nt:	Eyes	:		Hair:	
Driver's License No.							
DOB:		Place of Birth:				· · · · · · · · · · · · · · · · · · ·	
Date and location of last	contact	with child:					
		Natural Fath	er of (	Child (2)			
Name:							
Current or last known Add	ress:						
City:	<del> </del>	State:		Zip:	PI	none:	
Height:	Weigh	nt:	Eyes	•		Hair:	
Driver's License No.	4					4	
DOB:		Place of Birth:		=·····			
Date and location of last	contact	t with child:		, , , , , , , , , , , , , , , , , , , ,			
		Natural Fath	er of (	Child (3)			
Name:							
Current or last known Add	ress:						
City:		State:		Zip:	PI	none:	
Height:	Weigh	nt:	Eyes			Hair:	
Driver's License No.			•				
DOB:		Place of Birth:					

Date and location of k	ost contas	with ch	nild:	<del></del>						
Manage		Nat	ural Fath	ner of Cl	nild (4	)				
Name:										
Current or last known A	Address:									
City:		State: Zip: Phone:								
Height:	Weigh	Veight: Eyes: Hair:								
Driver's License No.										
DOB:		Place of Birth:								
Date and location of lo	ast contact	with ch	nild:							
	C	Other C	hildren d	_		ather .				
Name:			Age:	L	OOB:		Living V	with whom?		
		·								
							·			
	Emp	loyme	nt Data (	of Propo	sed G					
Occupation:		•								
If unemployed, wha	t are your	emplo	yment p	lans?						
Present or last emplo	oyer:			Addr	ess:					
Work days & hours:		Emp	loyment	began:	began: En		d:			
				_						
Previous Employer:										
Employment began:	•			Ende	q.		·			
Employment begans		arital H	istory of	1		ardian				
			(List all	marriage	5)			r		
Name	Date & P	lace		erminat	- 1	Date Sep	arated	Final		
(To Whom)			(Divor	ce, Dec	ith)					
							- In the second			
Was there ever any	domestic v	violenc	e in any	of the r	marria	iges? Ye	es 🗌	No 🗌		
If yes, please explain										
	·····									
1										

Proposed Guardian's Children (Include adult children, first & last names)							
Name	Age Age	DOB	C	Children's Address			
(list all)			(If different than parent)				
		· · · · · · · · · · · · · · · · · · ·					
Do any of the Proposed G	Juardian's c	hildren have	criminal histo	ries or involvement with Child			
Protective Services? Yes			ease explain:	nos or involventent vini orina			
1101001111001111003; 103							
		Educatio	on .				
High School graduate?		Year:	Name of	school:			
If not, grade last attended	:k						
Reason for leaving:							
College or University A	ttended	De	Degree/Units Maj				
		Health					
Insurance:							
		air 🗌 Poo	r [_]				
If fair or poor, please expl	ain:						
		1.1		f-11			
Have you ever had a subs Alcohol ☐Yes ☐No	stance abu   Drugs			followinge			
If yes to any of the above							
			, -				
List all medications curren	tly taking:						

Have charges ever been filed against you for any crime other than a traffic violation?    Yes
List Arrests Where When Charge  Are you currently on Probation? Officer's Name:  Are you currently on Parole? Agent's Name:  Have you ever been involved with Child Protective Services?
Are you currently on Probation?  Are you currently on Parole?  Agent's Name:  Have you ever been involved with Child Protective Services?
Are you currently on Parole? Agent's Name:  Have you ever been involved with Child Protective Services?
Are you currently on Parole? Agent's Name:  Have you ever been involved with Child Protective Services?
Are you currently on Parole? Agent's Name:  Have you ever been involved with Child Protective Services?
Are you currently on Parole? Agent's Name:  Have you ever been involved with Child Protective Services?
Have you ever been involved with Child Protective Services?
Have you ever been involved with Child Protective Services?
Yes No If yes, please explain:
Tres Enter in yes, piedse explain.
Family Functioning of Proposed Guardian What types of activities do you participate in as a family?
That types of delivines do you participate in as a farmily.
Housing
How many bedrooms?  House Apartment
Plans for Child Care (If needed)  Name: Address: Phone:
Relationship to child: Hours
Name: Address: Phone:
Relationship to child: Hours
Others in Household
Name DOB Relation to Driver's License Social Security Guardian Number Number

(1)	Minor (1) History – Pro	ofessional Practitioners	
Name & Title	Last Contact	ologists, counselors, social work Address	Phone
Ninor's present health sto		Fair Poor	
fair or poor, please exp	Iain:		
pecial health problems:			
			· · · · · · · · · · · · · · · · · · ·
(Modical dec	Minor (2) History – Pro	ofessional Practitioners ologists, counselors, social work	ors ots )
Name & Title	Last Contact	Address	Phone
Minor's present health sto		Fair Poor	
fair or poor, please exp	ain:		:
pecial health problems:			
(AA a alia alia alia	Minor (3) History – Pro	ofessional Practitioners	
Name & Title	Last Contact	ologists, counselors, social work Address	Phone
Ninor's present health sto		Fair Poor	
fair or poor, please expl	ain:		
pecial health problems:			· · · · · · · · · · · · · · · · · · ·
			-

Minor (4) History – Professional Practitioners (Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)							
Name & Title	Last Contact	Address	Phone				
Minor's present health status	: Good [	Fair □ Poor					
If fair or poor, please explair	-						
Special health problems:							
	School o	f Child (1)	-				
Is the minor currently enrolle	d in school?						
If yes, where? Submit copy of most recent	roport card	What grade?					
		o 🗇v 🗇v					
Does the minor participate if yes, what activities?	n extracurricular a	ctivities? Yes No					
ii yes, wildi delivilles:							
	School	f Child (2)					
Is the minor currently enrolle							
If yes, where?		What grade?					
Submit copy of most recent	report card.						
Does the minor participate i	n extracurricular a	ctivities? Yes No					
	School o	f Child (3)					
Is the minor currently enrolle If yes, where?							
Submit copy of most recent	report card.	Titlal glades					
Does the minor participate i	n extracurricular a	ctivities? Yes No					
If yes, what activities?							

School of Child (4)
Is the minor currently enrolled in school? Yes No If yes, where? What grade?
Submit copy of most recent report card.
Does the minor participate in extracurricular activities? Yes No If yes, what activities?
Summary of Views
Please summarize your views and concerns as clearly as possible on the following pages. Please attach additional pages as necessary. Please reference the question number on additional pages.
1. Why are you seeking guardianship of the child?
2. If the child lives with you, when did you become child's caretaker? Do the child's parents agree with the proposed guardianship?

Is there anyone who opposes your guardianship? Please explain.
How do you plan to discipline the child?
If you are a grandparent seeking guardianship, what would you do differently in raising this grandchild to prevent the same problems that happened with your own children?
What do you believe the minor's parent(s) need to do in order to get their children back?
:/
int name of proposed guardian)  (Signature of proposed guardian)

(optional form)



### Superior Court of the State of California County of Kings

FOR COURT USE ONLY (RECEIVED ON):

### **GUARDIANSHIP QUESTIONNAIRE**

(For relative seese)

(For relative cases)	
Case Num	nber:
Hearing date (if applica	able):
structions to Petitioner:	

#### ins

The questionnaire is important in introducing you and your situation to the investigator handling your case. Attach additional pages, as needed. In order to begin the investigation ordered by the Court, each petitioner must complete a questionnaire and return it, along with your completed investigation packet to either:

### KINGS COUNTY SUPERIOR COURT

1640 Kings County Drive Hanford, CA 93230 Attention: Probate Clerk

Name of Child (1):						DOB:	
Address of Child (1)	•						
Name of Child (2):						DOB:	
Address of Child (2)			•				
Name of Child (3):						DOB:	
Address of Child (3)							
Name of Child (4):							
Address of Child (4):							
	Propos	ed Guar	dian Infor	mation			
Name of Proposed	Guardian:						
Other Names Used:							
Relationship to Child	d:						
Age:	DOB:	Place	e of Birth:				
Address:			City:		State:	Zip:	-
Home Phone:			Business	Phone:			
Sex:	Height:	Weight:		Eyes:		Hair:	
Driver's License No.							

Provide previous residential history (Past 10 years):						
		Natural Mo	ther c	f Child		
Name:		Natoral Mo	iller c	i Cinia		
Current or last known Ado	ress:					
City:		State:		Zip:	P	hone:
Height:	Weigh	it:	Eyes	:		Hair:
Driver's License No.			1			
DOB:		Place of Birth:				
Date and location of last	contact	with child:				
		Natural Fath	er of (	Child (1)		
Name:						
Current or last known Add	ress:					
City:		State:		Zip:	P	Phone:
Height:	Weigh	nt:	Eyes	:		Hair:
Driver's License No.						
DOB: Place of Birth:						
Date and location of last contact with child:						
Name		Natural Fath	er of (	Child (2)		
Name: Current or last known Address:						
Current of last known Address:						
City:				Zip:		hone:
Height:	Weigh	t:	Eyes	•		Hair:
Driver's License No.						
	DOB: Place of Birth:					
Date and location of last contact with child:						
Name:		Natural Fath	er of (	Child (3)		
Current or last known Ado	iress.					
City:	T	State:	T	Zip:	P	hone:
Height:	Weigh	t: 	Eyes	•		Hair:
Driver's License No.						
DOB:		Place of Birth:				

Date and location of la	st contact	with ch	nild:	<del> </del>				
		Nat	ural Fath	er of Cl	nild (4	)		
Name:								
Current or last known A	ddress:							
City:	State:				Zip:		Phone:	
Height:	Weight:			Eyes:	es: Hair:			
Driver's License No.								
DOB:	Place of Birth:							
Date and location of la	st contact	with ch	nild:					
	0	ther C	hildren o			ather		
Name:			Age:		OOB:		Living v	vith whom?
	Empl	oymei	nt Data o	f Propo	sed G	Suardia:	n	
Occupation:				•				· · · · · ·
If unemployed, what	are your e	employ	ment pla	ans?				
Present or last employ	yer:			Addre	ess:			
Work days & hours:		Empl	oyment l	began:	•	Enc	ded:	
•								
Previous Employer:								
Employment began:				Ende	d:			
	Ма	rital Hi	istory of F	ropose	d Gu	ardian	er e	
Namo			(List all n		s)		an arata d	Cin al
Name	Date & Pl	ace				Date 36	eparated	Final
(To Whom)		<u>4</u>	(Divorc	.e, Dea	ifn)			
Was there ever any a	lomestic v	iolenc	e in any	of the r	narria	iges?	Yes 🗌	No 🗌
If yes, please explain:			<del></del>					
								•

			an's Children n, first & last names	)
Name	Age	DOB	Chil	dren's Address
(list all)			(If diff	erent than parent)
Do any of the Proposed (	Juardian's	children hav	/ ve criminal histories	or involvement with Child
Protective Services? Yes		_	please explain:	
			·	
		Educa	tion	
High School graduate?		Year:	Name of sc	hool:
If not, grade last attende	d:		,	
Reason for leaving:				
College or University Attended		D	egree/Units	Major
		Heal	th	
Insurance:		Fair D		
Present health status: G		Fair Po	oor [_]	
If fair or poor, please exp	iain:			
	-1			
Have you ever had a sub Alcohol Yes No			No	liowings
If yes to any of the above				
List all medications currer	ntly taking:			

		Criminal Record	!				
Have charges ever been filed against you for any crime other than a traffic violation?							
Yes No If yes, please specify:							
List Arrests	Wher	re	When	Charge			
Are you currently on Pro	bation?	Officer	's Name:				
Are you currently on Par	role?	Agent'	Agent's Name:				
Have you ever been inv							
	, please expl		VICC3 :				
Lites Litto li yes	, piedse expir	uii i.					
What types of activities		ctioning of Propos					
TYTICITY PES OF CENTILES			my •				
		Housing					
How many bedrooms? House Apartment							
		for Child Care (If					
Name:	Add	ress:	Phone:				
Relationship to child:			Hours				
Name:	ress:	Phone:	Phone:				
Relationship to child:			Hours				
Others in Household							
Name	DOB	Relation to Guardian	Driver's License Number	Social Security Number			
		Godialaii	Nomber	Nomber			
			1				

(88.19.19.19	Minor (1) History – Profe	ssional riacilitoriers	ra ota)	
Name & Title	Last Contact	gists, counselors, social worke Address	kers, etc.) Phone	
Minor's present health sta	tus: Good	Fair Poor		
fair or poor, please explo				
special health problems:				
	Minor (2) History – Profe	essional Practitioners		
(Medical doc	tors, psychiatrists, psycholog	gists, counselors, social worke		
Name & Title	Last Contact	Address	Phone	
		г ·	1	
Minor's present health sta f fair or poor, please expl		Fair Poor		
Trail of poor, piedse expir	GII I,			
Special health problems:				
	Minor (3) History – Profe	essional Practitioners		
(Medical doc	tors, psychiatrists, psycholo	gists, counselors, social worke		
(Medical doc Name & Title	Minor (3) History – Profe tors, psychiatrists, psycholo Last Contact	essional Practitioners gists, counselors, social worke Address	rs, etc.) Phone	
(Medical doc	tors, psychiatrists, psycholo	gists, counselors, social worke		
(Medical doc Name & Title	Last Contact	gists, counselors, social worke Address		
(Medical doc Name & Title Minor's present health sta	Last Contact  tos: Good	gists, counselors, social worke		
(Medical doc	Last Contact  tos: Good	gists, counselors, social worke Address		
(Medical doc Name & Title Minor's present health sta If fair or poor, please expl	Last Contact  tos: Good	gists, counselors, social worke Address		
(Medical doc Name & Title Minor's present health sta	Last Contact  tos: Good	gists, counselors, social worke Address		

Mir (Medical doctor	nor (4) History – Pro	fessional Practitioners ologists, counselors, social worker	s, etc.)
Name & Title	Last Contact	Address	Phone
Minor's present health statu: If fair or poor, please explair		Fair Poor	
Special health problems:			
	0	( 0   1   /1 )	
Is the minor currently enrolle		f Child (1) Yes No	<u> </u>
If yes, where?	a 1113C110019 []	What grade?	
Submit copy of most recent	report card.		
Does the minor participate i If yes, what activities?	n extracurricular a	ctivities?  Yes No	
	•		
	School o	f Child (2)	
Is the minor currently enrolle	d in school?		
If yes, where? Submit copy of most recent	report card	What grade?	
Does the minor participate i		ictivities? Tyes Tho	
If yes, what activities?	· ·	icitatiles Tites Tite	
	School o	f Child (3)	
Is the minor currently enrolle If yes, where?		Yes □No What grade?	
Submit copy of most recent	report card.		
Does the minor participate if yes, what activities?	n extracumicular o	ictivities? Yes No	

School of Child (4)
Is the minor currently enrolled in school? Yes No If yes, where? What grade?
Submit copy of most recent report card.
Does the minor participate in extracumicular activities? Yes No If yes, what activities?
Summary of Views
Please summarize your views and concerns as clearly as possible on the following pages. Please attach additional pages as necessary. Please reference the question number on additional pages.
1. Why are you seeking guardianship of the child?
2. If the child lives with you, when did you become child's caretaker? Do the child's parents agree with the proposed guardianship?

3.	Is there anyone who opposes your guardianship? Please explain.
4.	How do you plan to discipline the child?
5.	If you are a grandparent seeking guardianship, what would you do differently in raising this grandchild to prevent the same problems that happened with your own children?
6.	What do you believe the minor's parent(s) need to do in order to get their children back?
Date:	
.—(prir	nt name of proposed guardian) (Signature of proposed guardian)