

### 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: www.courts.ca.gov/selfhelp.htm

The California Courts Self-Help Center

E-file California:

https://california.tylerhost.net

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)  • Two (2) questionnaires are provided in this packet	Local Form			
Filing fee:  • Initial Investigation Fee	\$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

(optional for
FOR COURT USE ONLY
FOR COURT USE CIVET
(RECEIVED ON):

# **GUARDIANSHIP QUESTIONNAIRE**

(For relative cases)

Г	
Case Number:	
Hearing date (if applicable):	

#### Instructions to Petitioner:

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):			is .			
Name of Child (3):						DOB:
Address of Child (3):						
Name of Child (4):						DOB:
Address of Child (4):						
	Propos	ed Guard	lian Infor	mation		
Name of Proposed (	THE RESIDENCE OF THE PARTY OF T	ed Guard	dian Infor	mation		4 4 4 1
Name of Proposed ( Other Names Used:	THE RESIDENCE OF THE PARTY OF T	ed Guard	dian Infor	mation		444
	Guardian:	ed Guarc	dian Infor	mation		
Other Names Used: Relationship to Child	Guardian:		dian Infor	mation		
Other Names Used: Relationship to Child	Guardian:	Place		mation	State:	Zip:
Other Names Used: Relationship to Child Age:	Guardian:	Place	of Birth: City:	mation s Phone:	State:	Zip:
Other Names Used: Relationship to Child Age: Address:	Guardian: I: DOB:	Place	of Birth: City:		State:	Zip:

Provide previous residention	al history	/ (Past 10 years):				
				***************************************		
				Description of the con-	STEENAND	
Name:		Natural Mo	ther c	of Child		
Togge, hand society in supplied						
Current or last known Add	ress:					
City:		State:		Zip:	PI	hone:
Height:	Weigh	it:	Eyes	:		Hair:
Driver's License No.	**		-			
DOB:		Place of Birth:				<del></del>
Date and location of last	contact	with child:			110 1122	
<b>在在外上来</b> 多时间的一个小		Natural Fathe	er of (	Child (1)		
Name:						
Current or last known Add	ress:					
City:		State:		Zip:	PI	hone:
Height:	Weigh	it:	Eyes	:		Hair:
Driver's License No.						4
DOB:		Place of Birth:				
Date and location of last	contact	with child:				
		Natural Fathe	er of (	Child (2)		
Name:						
Current or last known Add	ress:					
City:		State:		Zip:	PI	hone:
Height:	Weigh	it:	Eyes	•		Hair:
Driver's License No.			•			
DOB:		Place of Birth:				
Date and location of last	contact	with child:				
		Natural Fath	er of (	Child (3)		
Name:						
Current or last known Add	ress:	*				
City:		State:		Zip:	PI	hone:
Height:	Weigh	it:	Eyes	:		Hair:
Driver's License No.						
DOB:		Place of Birth:				

Date and location of la	st contact	with ch	nild:						
Name:	RANGE TO THE REAL PROPERTY.	Nat	ural Fath	er of C	hild (	4)			
Current or last known A	ddress:								
City:	State: Zip: Phone:								
Height:	Weigh	t:		Eyes:			Hai	r:	
Driver's License No.									
DOB:		Place o	of Birth:						
Date and location of la	st contact	with ch	nild:						
Name:	C	ther C	hildren o	-	er or l	Father		de with	whom?
name.			Age:		DOB.		LIVII	ig wiiri	WHOTTE
								***************************************	
	Emp	loyme	nt Data o	f Prop	osed (	Guard	ian		37.10
Occupation:									
If unemployed, what	are your	employ	yment plo	ans?					
Present or last employ	yer:			Addı	ress:				
Work days & hours:		Empl	oyment l	begar	1:	E	nded:		
Previous Employer:									
Employment began:				Ende	ed:				
	Mo	arital Hi	istory of F (List all m	Propos narriage	ed Gu	Jardia	P. Harris		
Name	Date & P	lace	How Te			Date	Separate	ed	Final
(To Whom)			(Divorc	e, De	ath)				
Was there ever any d	lomestic v	violenc	e in any	of the	marri	ages?	Yes 🗌	No	
If yes, please explain:									

<b>海</b> 特别的人		osed Guardiar	n's Children irst & last names)	<b>非</b> 为一次 <b>发展</b> 。"
Name	Age	DOB	Child	dren's Address
(list all)			(IT CITTE	erent than parent)
= 2				
				_
Do any of the Proposed	Guardian's	children have	criminal histories	or involvement with Child
Protective Services? Yes	☐ No ☐	If yes, ple	ease explain:	
Which Cale all and a dead 2		Educatio	Season to the second second second second second	
High School graduate?	-1.	Year:	Name of sch	1001:
If not, grade last attende	ea: 			
Reason for leaving:				A A - of - o
College or University	Attended	Deg	gree/Units	Major
Total Section Control of the Control		Health		
Insurance:		пеаш		
Present health status: C	Good 🔲 I	air Poor		
If fair or poor, please exp	lain:	<u> </u>		
Have you ever had a sub				owing?
Alcohol Yes No If yes to any of the above	Drugs e please ex		)	
II yes to diffy of the door.				
List all medications curre	ntly takina:			ir
	,			

	<b>并是一个一个一个</b>	Criminal Record	<b>基础的企业的</b>	"""""。"一个""一个"的"一个"。"一个""一个""一个"。"一个""一个""一个""一个""一个""一个""一个""一个""一个""一个"	
Have charges ever bee	n filed against v	you for any crime	e other than a traf	fic violation?	
Yes No If yes, p	lease specify:				
List Arrests	Where		When	Charge	
10					
Are you currently on Pro	bation?	Officer'	s Name:		
Are you currently on Pai	role?	Agent's	Name:		
Have you ever been inv	olved with Chil	ld Protective Sen	vices?		
Yes No If yes	, please explair	n:			
	Family Functi	ioning of Propose	ed Guardian		
What types of activities					
			<u> </u>		
16.62 (1.16. ) (1.16. ) (1.16. ) (1.16. )	AN AN AN AN	Housing	CT 444 15 TO TA		
How many bedrooms?	Hous	The second secon	ent 🗌		
		or Child Care (If n		"我们的一个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	
Name:	Addre	ess:	Phone:		
Relationship to child:			Hours		
Name:	Addre	ess:	Phone:		
Relationship to child:			Hours		
		hers in Househol		<b>新生产工业</b> 人	
Name	DOB	Relation to Guardian	Driver's License Number	Social Security Number	
		Codididi	Homber	Homber	

	/XX 200		
		ofessional Practitioners elogists, counselors, social worker Address	
Name & IIIIe	Lasi Coniaci	Address	Phone
Minor's present health status If fair or poor, please explain		Fair Poor	
Special health problems:			
-			
Totale Tags agreement to the constitution of the			
(Medical doctor	s, psychiatrists, psycho	ofessional Practitioners ologists, counselors, social worker	
Name & Title	Last Contact	Address	Phone
*			1
Minor's present health status		Fair Poor	
If fair or poor, please explair	1;		
Special health problems:			
,			
Mir	nor (3) History – Pro	fessional Practitioners	
		logists, counselors, social workers Address	s, etc.) Phone
Traine at time		7144.055	7110110
,			
Minor's present health status If fair or poor, please explain	( Table 1971)	Fair Poor	
ii idii oi pooi, piedse expidii	1.		1
Special health problems:			
			85

Mir (Medical doctor	nor (4) History — Pro s, psychiatrists, psycho	fessional Practitior logists, counselors, soc	ners cial workers, etc	:.)
Name & Title	Last Contact	Address		Phone
Minor's present health status	s: Good [	Fair Poor		
If fair or poor, please explain	-			
Special health problems:				
,				
			***************************************	
	School o	f Child (1)		(A) 全 <b>城</b> (A)
Is the minor currently enrolle	ed in school?	res 🗌 No	_	
If yes, where? Submit copy of most recent	roport card	What grad	eş	
		1: :1: - 2		
Does the minor participate If yes, what activities?	in extracurricular c	ictivities? Lites	∐No	
n yes, mai denimes.				
Stranger to the second of the	School o	f Child (2)		
Is the minor currently enrolle		Yes No		
If yes, where?		What grad	e?	
Submit copy of most recent	report card.			
Does the minor participate	in extracurricular c	activities? Yes	□No	
If yes, what activities?				
le the project of the state of		of Child (3)		
Is the minor currently enrolled If yes, where?	ed in school?	Yes ∐No What grad	es	
Submit copy of most recent	report card.			
Does the minor participate	in extracurricular c	activities? Yes	□No	
If yes, what activities?				

School of Child (4)
Is the minor currently enrolled in school? Yes No
f 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
osminary or 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.
<ol> <li>Why are you seeking guardianship of the child?</li> </ol>
1. Willy die you seeking godinalensing of the orinia.
3 *** , 100 ***
2. If the child lives with you, when did you become child's caretaker? Do the
child's parents agree with the proposed guardianship?
` <u></u>

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:	
(prin	at name of proposed guardian) (Signature of proposed guardian)

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# Superior Court of the State of California County of Kings

(optional form) FOR COURT USE ONLY (RECEIVED ON):

# **GUARDIANSHIP QUESTIONNAIRE**

(For relative cases)

8			Case Number:			
		Heari	ng date (if applicable):			
Instructions to Petit	ioner:			O		
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						
Name of Child (1):					DOB:	
Address of Child (1)	:					
Name of Child (2):	F				DOB:	
Address of Child (2)	:					
Name of Child (3):					DOB:	
Address of Child (3)	:					
Name of Child (4): DOB:					8	
Address of Child (4)	:					
Name of Proposed		Guai	dian Information			· 在一个数据证明
Other Names Used:						
Relationship to Chil	d:					
Age:	DOB:	Plac	e of Birth:			
Address:			City:	State:	Zi	p:

Business Phone:

Eyes:

Weight:

Height:

Home Phone:

Driver's License No.

Sex:

Hair:

Provide previous residenti	al histon	y (Past 10 years):					
				*****************		***************************************	
		Netural Mo	thoro	f Child		WALKES BY THE M	
Name:		Natural Mo	mer c	or Cillia			
Current or last known Add	dress:						
City:		State:		Zip:		Phone:	
Height:	Weigh		Eyes	i i	'	Hair:	
Driver's License No.	· vveigi		Lyes			Tidii.	
DOB:	T	Place of Birth:					
Date and location of last		CONTRACTOR					
Date and location of last	Confact	Will Child.					
	<b>发起 超级</b> 器	Network Both		Child (1)	4 1 545		
Name:		Natural Fath	el oi (	Shilla (1)	祖民自由總		
Current or last known Add	dress:						
				7.			
City:	T	State:	т-	Zip:	1	Phone:	
Height:	Weigh	nt:	Eyes	i: 		Hair:	
Driver's License No.							
DOB:		Place of Birth:					
Date and location of last	contact						
Name:		Natural Fath	er of (	Child (2)		的建星人员	
Current or last known Add	droce:						
Colletti ol lasi kilowii Add	JI 633.						÷
City:		State:		Zip:	F	Phone:	1
Height:	Weigh	nt:	Eyes	:		Hair:	
Driver's License No.							
DOB:	DOB: Place of Birth:						
Date and location of last	contact	with child:					
		Natural Fath	er of (	Child (3)			
Name:							
Current or last known Add	dress:						
City:		State:		Zip:	F	Phone:	
Height:	Weigh	it:	Eyes	:		Hair:	
Driver's License No.							
DOB:		Place of Birth:					

Date and location of las	t contact wi	ith child:				
Name:		Natural Fath	er of Child (	(4)	7.4	
Current or last known Ad	dress:					
City:	15	state:	Zip:		Phone:	
Height:	Weight:		Eyes:		Hair:	
Driver's License No.						
DOB:	Plo	ace of Birth:				
Date and location of las	t contact wi	ith child:				
	Oth	er Children o	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		
Name:		Age:	DOB:		Living v	with whom?
	25					
	Employ	ment Data o	f Proposed	Guardian	10000000000000000000000000000000000000	
Occupation:			-			
If unemployed, what o		nployment pla				
Present or last employe	er:		Address:			
Work days & hours:	E	Employment I	began:	Ende	ed:	
Previous Employer:						
Employment began:			Ended:			
	Marit	al History of F (List all n	Proposed G narriages)	uardian		<b>第二次</b>
Name [	Date & Plac		erminated	Date Se	parated	Final
(To Whom)		(Divorc	e, Death)			
Was there ever any do	mestic viol	lence in any	of the marri	ages? \	res 🗌	No 🗌
If yes, please explain:						

TO THE STATE OF		ed Guardian	's Children st & last names)	
Name	Age	DOB	Child	ren's Address
(list all)	+		(If differ	rent than parent)
Do any of the Proposed	Guardian's ch	nildren have	criminal histories o	or involvement with Child
Protective Services? Yes	☐ No ☐	If yes, ple	ase explain:	
Bearway Error Cale Co		Education	10 10 10 10 10 10 10 10 10 10 10 10 10 1	The state of the s
High School graduate?	E PER CONTRACTOR DE LA CO	Year:	Name of sch	ool:
If not, grade last attende	d:	4		
Reason for leaving:				- ,
College or University	Attended	Deg	ree/Units	Major
BRIES TO A STATE OF		Health	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Insurance:	7/			
Present health status: G	ood 🗌 Fa	ir Poor		
If fair or poor, please exp	lain:			
Have you ever had a sub	stance abuse	e problem wi	th any of the follo	owing?
Alcohol Yes No	Drugs [	]Yes   No		
If yes to any of the above	e, please expl	lain:		
				*
List all medications curre	ntly taking:		-	
List all medications curre	ntly taking:			
List all medications curre	ntly taking:			

		<b>Criminal Record</b>		
Have charges ever bee	n filed agains	t you for any crime	e other than a traf	fic violation?
Yes No If yes, p	lease specify:	•1		
List Arrests	Where	e	When	Charge
Are you currently on Pro	bation?	Officer'	s Name:	
Are you currently on Par	oles	Agent's	Name:	
Have you ever been inv	olved with Ch	hild Protective Sen	vices?	
☐Yes ☐No If yes	, please explo	ain:		
	Family Fund	ctioning of Propose	ed Guardian	
What types of activities	do you partic	cipate in as a famil	Àś	
		Housing		2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
How many bedrooms?	Но	use Apartme	ent 🔲	
Name:	Plans Addr	for Child Care (If n	Phone:	
Relationship to child:			Hours	
Name:	Addr	recc.	Phone:	
Relationship to child:		Hours		
Relationship to child.		Others in Hermahal		
Name	DOB	Others in Househol Relation to	Driver's License	Social Security
		Guardian	Number	Number
			100	

Mi (Medical docto	nor (1) History – Pro	ofessional Practitioners ologists, counselors, social worke	rs, etc.)
Name & Title	Last Contact	Address	Phone
Minor's present health statu If fair or poor, please explai		Fair Poor	
Special health problems:			
	***************************************		
Mi	nor (2) History – Pro	ofessional Practitioners	
(Medical docto Name & Title	rs, psychiatrists, psycho Last Contact	ologists, counselors, social worke Address	rs, etc.) Phone
Nume & me	Lusi Conidei	Addiess	THORE
Minor's present health statu	s: Good [	Fair Poor	1
If fair or poor, please explai	n:		
Special health problems:			
Mi (Medical docto	nor (3) History – Pro rs, psychiatrists, psycho	ofessional Practitioners ologists, counselors, social worke	rs, etc.)
Name & Title	Last Contact	Address	Phone
Minorla mana at ha alth at at.	s: NGood [	Прети	
Minor's present health statu If fair or poor, please explai		FairPoor	
	-		
Special health problems:			·

Mil (Medical doctor	nor (4) History – Pro	ofessional Practitioners ologists, counselors, social worker	s, etc.)
Name & Title	Last Contact	Address	Phone
Minaria areasat basilib statu	. DCaad	Fair Poor	
Minor's present health statu If fair or poor, please explair			
in rail of poor, produce or, pro-			
Special health problems:			
,			
		of Child (1)	
Is the minor currently enrolled	ed in school?	Yes No What grade?	
If yes, where? Submit copy of most recent	report card.	What grades	
Does the minor participate		activities? Tyes TNo	
If yes, what activities?	in extraconicolar c	GCIIVIIIE39 TTC3	
	School	of Child (2)	
Is the minor currently enrolle		Yes No	
If yes, where?		What grade?	
Submit copy of most recent	report card.		
Does the minor participate	in extracurricular o	activities? Yes No	
If yes, what activities?			
	School o	of Child (3)	Color Color Color
Is the minor currently enrolle		Yes No	
If yes, where?		What grade?	
Submit copy of most recen	t report card.		
Does the minor participate	in extracurricular o	activities? Yes No	
If yes, what activities?	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 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.
<ol> <li>Why are you seeking guardianship of the child?</li> </ol>
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:	
(prin	it name of proposed guardian) (Signature of proposed guardian)