

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>):</p> <p>NAME:  STATE BAR NUMBER:  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  TELEPHONE NO: <span style="float: right;">FAX NO. (<i>Optional</i>)</span>  ATTORNEY FOR (<i>Name</i>):</p>	FOR COURT USE ONLY
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b></p> <p>STREET ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:  GUARDIANSHIP OF THE    <input type="checkbox"/> PERSON                          <input type="checkbox"/> ESTATE    (Minor's Name)</p>	
<p><b>CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE  AND AUTHORIZATION FOR RELEASE OF INFORMATION</b></p> <p>(Probate Code Section 1513)</p>	CASE NUMBER:

**NOTICE TO PROPOSED GUARDIAN OR APPLICANT AND RELEASE OF INFORMATION**

Each proposed guardian must complete a separate questionnaire.

Please be advised, the information provided on this questionnaire will be used to conduct a full and complete investigation of applicant’s background. The results of the investigation and relationship histories will be fully reported to the court.

- Re: Guardianship of**            (Minor’s *name*):  
  
   (Minor’s *name*):  
  
   (Minor’s *name*):  
  
   (Minor’s *name*):  
  
   (Minor’s *name*):

I give the Court Investigator’s Office authority to release any information in its files to the Guardianship Court Investigator’s Office. Such information may include, but is not limited to, school records, medical records, employment records, and psychological records.

The Guardianship Court Investigator’s Office utilizes this information to complete its required investigation in connection with my petition for guardianship of a minor child.

I have read and understand the above conditions and agree to them.

---

PRINT NAME OF PROPOSED GUARDIAN OR APPLICANT    SIGNATURE OF PROPOSED GUARDIAN OR APPLICANT    Date

Relative (relationship) \_\_\_\_\_

Non-Relative

**PROPOSED GUARDIAN INFORMATION**

Proposed Guardian:

Last		First	Middle	Maiden Name
Phone numbers	Home:	Work:		Cell:
Address:		City:		Zip:
Place of Birth:			Date of Birth:	
Social Security Number:			Driver's License Number:	
Race or Ethnicity:				
Will you or anyone else in the home require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:				

**DESCRIBE YOUR HOME**

<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Apartment	How long at present address?
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	Monthly mortgage payment or rent? \$
No. of bedrooms:	Will the minor(s) have their own room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If shared, with whom?	Name:	Age:
Do you have any guns or other weapons stored on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type of weapon(s)?		
Where and how are they stored?		
Who cares for the minor(s) if adults are employed outside of the home?		

**OTHER CHILDREN LIVING IN YOUR HOME UNDER THE AGE OF 18 (ATTACH ADDITIONAL PAGE IF NECESSARY)**

Name	Relationship to you	Date of Birth	Place of Birth	Grade Level	Developmental Disabilities

**OTHER ADULTS LIVING IN YOUR HOME OVER THE AGE OF 18 (INCLUDING YOUR SPOUSE)**

Name	Driver's License	Social Security Number	Date of Birth	Relationship to you	Child Protective Services History (Yes/No)	Criminal History (Yes/No)

Does any adult in the home have any problem(s) that could affect the minor(s), such as a history of child abuse/molestation, violent behavior, or an alcohol or drug problem?  Yes  No

If yes, explain:

Have the police ever been to your home?  Yes  No  
 If yes, explain when and why (attach additional page if necessary):

**EMPLOYMENT / INCOME**

Are you employed?  Yes  No  
 Name of Employer: Telephone Number:  
 Address of Employer:  
 Length of Employment:  
 Job Title:  
 Last Grade Completed and Special Training:  
 Gross Monthly Income:  
 Income from other sources (retirement, SSI, etc.):

**YOUR HEALTH CONDITION (List any prior and/or current physical or mental health problems)**

Present health status:  Good  Fair  Poor  
 If Fair or Poor, please explain:  
 Have you ever been treated for or do you now have a physical impairment (e.g. hearing loss)?  Yes  No  
 If yes, explain in detail, including medications, hospitalizations, and therapy/counseling (when and where):  
 What, if any medications are you currently taking and what are they are for?  
 Do you have a history of mental health issues/impairments?  Yes  No If yes, explain:  
 Have you ever been in counseling?  Yes  No If yes, when?  
 If yes, what was/is the reason?  Drugs  Alcohol  Grief  Domestic Violence  Other  
 Explain:

**CRIMINAL BACKGROUND**

Were you ever arrested for an offense other than a minor traffic violation?  Yes  No  
 If yes, give date, place and details of offense (attach additional page if necessary):  
 Have you had previous involvement with Child Protective Services?  Yes  No  
 If yes, explain the circumstances in detail and include dates and name of County or State where involvement occurred (attach an additional page if necessary):  
 Are you currently on Probation?  Yes  No Officer's Name:  
 If yes, explain:  
 Are you currently on Parole?  Yes  No Officer's Name:  
 If yes, explain:

**MARRIAGES**Indicate if you are:  Married  Widowed  Single  Separated  Divorced  Registered Domestic Partner

If currently married or separated, what is your spouse's name?

Date of most recent marriage:

Number of children from this marriage:

Ages of children:

Previous marriages:

Name of former spouses:

How were previous marriages terminated (i.e., divorce or death)?

Number of children from previous marriages:

Ages of children:

**SPOUSE INFORMATION** (Complete only if spouse is *not* a proposed guardian and is, therefore, not required to complete a separate questionnaire)

Full name:

Maiden name (if applicable):

Aliases:

Language(s) spoken (including sign language):

Race/Ethnicity:

Age:

Date of Birth:

Place of Birth:

Social Security Number:

Driver's License Number:

Telephone Number ( TDD):

Mobile Phone Number:

Employer Name:

Employer Phone Number:

Employer Address:

Job Title:

Present health status:  Good  Fair  PoorDoes your spouse take any medication?  Yes  NoDoes your spouse have any special health problems?  Yes  NoDoes your spouse have any mental/emotional problems?  Yes  NoHas your spouse ever used drugs or alcohol?  Yes  NoHave charges ever been filed against your spouse for crimes other than minor traffic citations?  Yes  NoIs your spouse on parole or probation?  Yes  No

If yes, parole or probation officer's name:

Phone Number:

Has your spouse had previous involvement with Child Protective Services?  Yes  No**INFORMATION ABOUT THE MINOR(S) NEEDING GUARDIANSHIP** (ATTACH ADDITIONAL PAGE IF NECESSARY)**Minor 1**

Name:

Age:

Ethnicity:

Date of Birth:

Place of Birth:

Date placed with petitioner:

Relationship to Petitioner:

Name of school:

Telephone:

Grade Level:

Teacher's Name:

Name of physician caring for minor:

Telephone:

Address of Physician:

Describe known medical needs, mental health needs, and/or other special needs:

How do you plan to meet the minor's medical, mental health, and/or special needs?			
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who is the social worker?		Telephone Number:	
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Date of the order:		Case Number:	
Where did the proceeding take place? County:		State:	
<b>Minor 2</b> <input type="checkbox"/> <b>Not applicable</b>			
Name:		Age:	Ethnicity:
Date of Birth:		Place of Birth:	
Date placed with petitioner:		Relationship to Petitioner	
Name of school:		Telephone:	
Grade Level:		Teacher's Name:	
Name of physician caring for minor:		Telephone:	
Address of Physician:			
Describe known medical needs, mental health needs, and/or other special needs:			
How do you plan to meet the minor's medical, mental health, and/or special needs?			
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who is the social worker?			Telephone Number:
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Date of the order:		Case Number:	
Where did the proceeding take place? County:		State:	
<b>Minor 3</b> <input type="checkbox"/> <b>Not applicable</b>			
Name:		Age:	Ethnicity:
Date of Birth:		Place of Birth:	
Date placed with petitioner:		Relationship to Petitioner	
Name of school:		Telephone:	
Grade Level:		Teacher's Name:	
Name of physician caring for minor:		Telephone:	
Address of Physician:			
Describe known medical needs, mental health needs, and/or other special needs:			
How do you plan to meet the minor's medical, mental health, and/or special needs?			
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who is the social worker?			Telephone Number:
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Date of the order:		Case Number:	
Where did the proceeding take place? (County)		(State)	

<b>Minor 4</b> <input type="checkbox"/> <b>Not applicable</b>		
Name:	Age:	Ethnicity:
Date of Birth:	Place of Birth:	
Date placed with petitioner:	Relationship to Petitioner	
Name of school:		Telephone:
Grade Level:	Teacher's Name:	
Name of physician caring for minor:		Telephone:
Address of Physician:		
Describe known medical needs, mental health needs, and/or other special needs:		
How do you plan to meet the minor's medical, mental health, and/or special needs?		
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who is the social worker?		Telephone Number:
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
Date of the order:	Case Number:	
Where did the proceeding take place? County:		State:

<b>Minor 5</b> <input type="checkbox"/> <b>Not applicable</b>		
Name:	Age:	Ethnicity:
Date of Birth:	Place of Birth:	
Date placed with petitioner:	Relationship to Petitioner	
Name of school:		Telephone:
Grade Level:	Teacher's Name:	
Name of physician caring for minor:		Telephone:
Address of Physician:		
Describe known medical needs, mental health needs, and/or other special needs:		
How do you plan to meet the minor's medical, mental health, and/or special needs?		
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who is the social worker?		Telephone Number:
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
Date of the order:	Case Number:	
Where did the proceeding take place? County:		State:

<b>REFERENCES</b>			
Provide (2) non-related references who have knowledge of your home life and standing in the community.			
NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION

**BIRTH PARENTS**

Mother's Name:	Date of Birth:	Telephone:
----------------	----------------	------------

Address:		
----------	--	--

Last contact with minor(s):		
-----------------------------	--	--

--	--	--

Father's Name:	Date of Birth:	Telephone:
----------------	----------------	------------

Address:		
----------	--	--

Last contact with minor(s):		
-----------------------------	--	--

--	--	--

What is the relationship between Petitioner and birth parents? (visitation schedule, areas of conflict or disagreement)?		
--	--	--

--	--	--

--	--	--

How long do you expect this guardianship to last?		
---	--	--

--	--	--

What are the long term plans for the minor(s)?		
--	--	--

--	--	--

Is the birth mother in agreement with guardianship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
---	------------------------------	-----------------------------	----------------------------------

Comments:			
-----------	--	--	--

--	--	--	--

--	--	--	--

Is the birth father in agreement with guardianship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
---	------------------------------	-----------------------------	----------------------------------

Comments:			
-----------	--	--	--

--	--	--	--

--	--	--	--

Have the birth parents made you aware of their plans for the minor(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If yes, describe known plans:		
-------------------------------	--	--

--	--	--

***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct***

**Date:**

\_\_\_\_\_  
 TYPE OR PRINT NAME OF PROPOSED GUARDIAN OR APPLICANT



\_\_\_\_\_  
 SIGNATURE OF PROPOSED GUARDIAN OR APPLICANT