

Stanislaus County Superior Court Investigator
GUARDIANSHIP QUESTIONNAIRE

Minor's Name _____ Case No. _____

Proposed Guardian's (Circle One) (Paternal or Maternal) relationship to minor _____

This form must be completed and returned with the Petition for Guardianship. If you find there is not enough room to complete your answer, use the space on the reverse of this form, clearly identifying the question. Do not leave any question blank. State N/A if the question does not apply to you. **FAILURE TO COMPLETE AND RETURN THIS FORM WITH THE PETITION WHEN SERVED ON THE INVESTIGATOR MAY RESULT IN DELAYS. ***ATTACH A COPY(IES) OF BIRTH CERTIFICATE(S) OF CHILD(REN) AND ANY DEATH CERTIFICATE(S) OF NATURAL PARENTS (if applicable).**

PERSONAL HISTORY OF PETITIONER(S)

PROPOSED GUARDIAN #1

FULL NAME: _____ **OTHER NAMES/MAIDEN** _____

Date of Birth/Birth Place _____ CA ID/DL NO. _____

Social Security No. _____

List Addresses for Past Five Years

1. _____

Phone No. () _____
From _____ to _____ () Own () Rent
Rent/Mortgage \$ _____ /Month

2. _____

Phone No. () _____
From _____ to _____ () Own () Rent
Rent/Mortgage \$ _____ /Month

3. _____

Phone No. () _____
From _____ to _____ () Own () Rent
Rent/Mortgage \$ _____ /Month

PROPOSED GUARDIAN #1 continued

Your Health (Circle) Good Fair Poor

State Any Medical Conditions Currently Being Treated For: _____

Medications – Name, Amount, Reason, How Often Taken: _____

Attending Counseling? (Circle) Yes No

Type: _____ Name of Counselor: _____

Have You Ever Been Convicted Of An Offense Other Than A Minor Traffic Violation?

(Circle) Yes No

If Yes, Please List Date: _____ City: _____ Outcome: _____

Have You Ever Been On Or Are You On Probation/Parole? (Circle) Yes No

Officer/Agent's Name: _____ County/Phone No. _____

Do You Drink Alcoholic Beverages? (Circle) Yes No How Much/Often? _____

What Drugs Do/Did You Use? _____

When Did You Last Use? _____

How Much/Often? (Circle) Daily Weekly Monthly Cost? _____

Have You Ever Entered Or Completed An Alcohol Or Drug Treatment Program?

(Circle) Yes No If Yes, Give Details: _____

Have You Ever Had Contact With A Child Protective Service Agency?

(Circle) Yes No If Yes, Give Details And County: _____

PROPOSED GUARDIAN #2 continued

Social Security No. _____

List Addresses for Past Five Years

1. _____

Phone No. () _____
From _____ to _____ () Own () Rent
Rent/Mortgage \$ _____ /Month

2. _____

Phone No. () _____
From _____ to _____ () Own () Rent
Rent/Mortgage \$ _____ /Month

3. _____

Phone No. () _____
From _____ to _____ () Own () Rent
Rent/Mortgage \$ _____ /Month

Your Health (Circle) Good Fair Poor

State Any Medical Conditions Currently Being Treated For: _____

Medications – Name, Amount, Reason, How Often Taken: _____

Attending Counseling? (Circle) Yes No

Type: _____ Name of Counselor: _____

Have You Ever Been Convicted Of An Offense Other Than A Minor Traffic Violation?

(Circle) Yes No

If Yes, Please List Date: _____ City: _____ Outcome: _____

Have You Ever Been On Or Are You On Probation/Parole? (Circle) Yes No

PROPOSED GUARDIAN #2 continued

Officer/Agent's Name: _____ County/Phone No. _____

Do You Drink Alcoholic Beverages? (Circle) Yes No How Much/Often? _____

What Drugs Do/Did You Use? _____

When Did You Last Use? _____

How Much/Often? (Circle) Daily Weekly Monthly Cost? _____

Have You Ever Entered Or Completed An Alcohol Or Drug Treatment Program?

(Circle) Yes No If Yes, Give Details: _____

Have You Ever Had Contact With A Child Protective Service Agency?

(Circle) Yes No If Yes, Give Details And County: _____

Have You Ever Been Arrested For Domestic Violence? If Yes, Give Details: _____

Name And Address of Employer: _____

Phone () _____ Title: _____

How Long? _____ Days You Work: _____

Hours: _____ Gross Salary: _____

Other Income (Circle)

AFDC SOC. SEC. UNEMPLOYMENT CHILD SUPPORT MEDI-CAL ONLY

Amount \$ _____ Mo/Wk _____ For Whom Received: _____

Have You Ever Filed Bankruptcy: (Circle) Yes No

If So Date: _____ Place: _____ Result: _____

PROPOSED GUARDIAN #2 continued

Have You, Your Spouse Or Either Parent Ever Been Involved In Any Of The Following?

Received Counseling For Domestic Violence? (Circle) Yes No

Domestic Dispute Where Law Enforcement Was Called: (Circle) Yes No

Been The Subject Of A Domestic Or Civil Restraining Order? (Circle) Yes No

If Yes For Any, Give Date/Place/Case No./Court/Law Enforcement Agency/And Details For Each Incident:

OTHER ADULTS RESIDING IN THE HOME OF PROPOSED GUARDIAN(S)

Full Name: _____ **Other Names/Maiden:** _____

Relationship: _____ **Date of Birth:** _____ **Occupation:** _____

Does This Person Have Any Criminal Record: (Circle) Yes No

If Yes, Where/When? _____ **Charges:** _____

Full Name: _____ **Other Names/Maiden:** _____

Relationship: _____ **Date of Birth:** _____ **Occupation:** _____

Does This Person Have Any Criminal Record: (Circle) Yes No

If Yes, Where/When? _____ **Charges:** _____

Full Name: _____ **Other Names/Maiden:** _____

Relationship: _____ **Date of Birth:** _____ **Occupation:** _____

Does This Person Have Any Criminal Record: (Circle) Yes No

If Yes, Where/When? _____ **Charges:** _____

OTHER CHILDREN RESIDING IN THE HOME OF PROPOSED GUARDIAN(S)

Full Name: _____ **Date Of Birth:** _____

Name And Address of School: _____

Relationship: _____

Full Name: _____ **Date Of Birth:** _____

Name And Address of School: _____

Relationship: _____

Full Name: _____ **Date Of Birth:** _____

Name And Address of School: _____

Relationship: _____

BIRTH PARENTS

Natural Mother

Full Name: _____ **Other Names/Maiden** _____

Date of Birth: _____ **CA ID/DL No.** _____ **Social Security No.** _____

Last Known Address/Dates Lived There _____

Name And Address Of Employer _____

Telephone No. _____

Is Mother In Agreement With Guardianship? (Circle) Yes No

Does Mother Contribute To Support Of Child? (Circle) Yes No

If Yes, How? _____

Does Mother Visit With The Child? (Circle) Yes No

If Yes, How Often? _____

BIRTH PARENTS – Natural Mother Continued

Does The Mother Visit The Child Outside Of Your Home? (Circle) Yes No

Does The Mother Send Cards, Gifts Or Call For Holidays? (Circle) Yes No

Does The Mother Express An Interest In School Issues? (Circle) Yes No

Does Mother Express An Interest In Health Issues? (Circle) Yes No

Does The Mother Have Any Other Children? (Circle) Yes No

If Yes Name: _____ Date Of Birth: _____

If Yes Name: _____ Date Of Birth: _____

If Yes Name: _____ Date Of Birth: _____

Has The Mother Ever Been Arrested And/Or Convicted? (Circle) Yes No

If Yes, Give Date/Place/Charges: _____

Has The Mother Ever Been Investigated By Child Protective Services? (Circle) Yes No

If Yes, Give Date/Place/Charges: _____

Is There A Custody Order (From Divorce, Separation, Paternity) For This Child In Any County? (Circle) Yes No.

If Yes, Give County/Case No. And Any Details: _____

Natural Father

Full Name: _____ **Other Names** _____

Date of Birth: _____ **CA ID/DL No.** _____ **Social Security No.** _____

BIRTH PARENTS – Natural Father Continued

Last Known Address/Dates Lived There _____

Name And Address Of Employer _____

Telephone No. _____

Is Father In Agreement With Guardianship? (Circle) Yes No

Does Father Contribute To Support Of Child? (Circle) Yes No

If Yes, How? _____

Does Father Visit With The Child? (Circle) Yes No

If Yes, How Often? _____

Does The Father Visit The Child Outside Of Your Home? (Circle) Yes No

Does The Father Send Cards, Gifts Or Call For Holidays? (Circle) Yes No

Does The Father Express An Interest In School Issues? (Circle) Yes No

Does Father Express An Interest In Health Issues? (Circle) Yes No

Does The Father Have Any Other Children? (Circle) Yes No

If Yes Name: _____ Date Of Birth: _____

If Yes Name: _____ Date Of Birth: _____

If Yes Name: _____ Date Of Birth: _____

Has The Father Ever Been Arrested And/Or Convicted? (Circle) Yes No

If Yes, Give Date/Place/Charges: _____

BIRTH PARENTS - Natural Father Continued

Has The Father Ever Been Investigated By Child Protective Services? (Circle) Yes No

If Yes, Give Date/Place/Charges: _____

Is There A Custody Order (From Divorce, Separation, Paternity) For This Child In Any County? (Circle) Yes No.

If Yes, Give County/Case No. And Any Details: _____

GENERAL INFORMATION

Were The Birth Parents Ever Married? (Circle) Yes No

If Yes, Status: _____

If No, Was Paternity Ever Established (Circle) Yes No

If Yes, Case No. _____ Name/County Of Court House: _____

Is There An Order For Support? (Circle) Yes No

If Yes, How Much: _____ Paid To Whom? _____

Does The Child(ren) Have Native American Blood? (Circle) Yes No

Name of Tribe: _____

Indian Percentage: _____

Is Child(ren) A Registered Tribal Member? (Circle) Yes No

CHILDREN

Child(ren) Under Guardianship

First Child/Name: _____ Date/Place Of Birth: _____

Relationship: _____ Date Placed With Guardian: _____

Previous Schools: _____

Name _____ Address _____

Name/Address Of Child's Physician: _____

Results of Drug Test At Birth: _____

Do You Suspect Mother Used Drugs When Pregnant? _____

Does The Child Have Any Behavioral Problems And/Or Needs: (Circle) Yes No

If Yes, Explain: _____

Difficulties In School? (Circle) Yes No

Special Needs? (Circle) Yes No

Criminal Involvement? (Circle) Yes No

Second Child/Name: _____ Date/Place Of Birth: _____

Relationship: _____ Date Placed With Guardian: _____

Previous Schools: _____

Name _____ Address _____

Name/Address Of Child's Physician: _____

Results of Drug Test At Birth: _____

Do You Suspect Mother Used Drugs When Pregnant? _____

Does The Child Have Any Behavioral Problems And/Or Needs: (Circle) Yes No

If Yes, Explain: _____

CHILDREN CONTINUED

Difficulties In School? (Circle) Yes No

Special Needs? (Circle) Yes No

Criminal Involvement? (Circle) Yes No

**REMINDE R YOU MUST ATTACH A COPY OF EACH CHIL D'S B IRTH
CERTIFICAT E AND/OR ANY DEATH CERTIFICATE FOR A NATURAL PARENT TO
THIS FORM**

Additional Information

List Any Other Information You Feel May Be Helpful To The Investigation

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DATED: _____

PRINTED NAME OF PETITIONER: _____

SIGNATURE

SIGNATURE