

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA
OFFICE OF THE COURT INVESTIGATOR
BERKELEY COURTHOUSE
2120 MARTIN LUTHER KING, JR. WAY
BERKELEY, CA 94704
PHONE: (510) 636-8820 FAX: (510) 451-2269

PROBATE GUARDIANSHIP QUESTIONNAIRE

IMPORTANT INFORMATION REGARDING YOUR FILING - PLEASE READ

Everyone requesting a guardianship must do the following:

- ❖ In ALL cases whether the proposed guardian is a relative or not a relative of the child:

Complete the **Proposed Guardian's Questionnaire** and file it at the same time you file the Petition for Appointment of Guardian.
This is to be filed as a **Confidential** document.

- ❖ In ALL cases:

Send the completed **Proposed Guardian's Questionnaire** and a copy of the **Petition for Appointment of Guardian of Minor** to:

Child Protective Services, K-230
P.O. BOX 1769
Oakland, CA 94604-1769

- ❖ If the proposed guardian is **NOT related** to the child:

Mail a copy of the **Petition for Appointment of Guardian of Minor** and **Notice of Hearing** to:

Director of Social Services
744 P Street, M.S. 19-31
Sacramento, CA 95814



If these forms are not filed at least 60 days prior to your hearing, you must

appear in court on your hearing date to request a continuance (rescheduling of your court hearing).

PROPOSED GUARDIAN'S QUESTIONNAIRE INSTRUCTIONS

Please read these instructions carefully

1. All proposed guardians are required to complete this questionnaire.
 - File this questionnaire at the same time that you file your petition
 - Send a copy to Child Protective Services, K-230, P.O. Box 1769, Oakland, CA 94604-1769
- The information you provide will be used to prepare the report to the judge on your suitability as a guardian. This questionnaire is also available on the Court's website.
2. If there will be more than one guardian, **each guardian** must complete a **separate copy** of the questionnaire.
 3. Answer all questions honestly.
 4. Sign page 5 and the last page.
 5. If you are asking to be appointed as the **Guardian of the Estate** only, the court investigator will interview you by telephone.
 6. If you are asking to be appointed as the **Guardian of the Person** (or Person *and* Estate), the court investigator will conduct a home visit. **Everyone who lives in the home must be present during the home visit.** After this questionnaire is received, the court investigator will contact you to schedule the home visit.
 7. The **Court Investigation fee is \$800.** The fee may be waived under certain circumstances based on financial inability to pay. To obtain this waiver, you must file an Application for Waiver of Court Fees and Costs through the Clerk's Office. In some cases, you may make arrangements for monthly payments through Alameda County Central Collections.
 8. Please keep in mind that **all questions must be answered.** If you need assistance in filling out this questionnaire, please contact the Court's Self-Help Center at (510) 272-1393.

Terms:

Proposed Guardian - the person who wants to become the legal guardian

Proposed Ward or Ward - the child for which you are asking to become the legal guardian

Petitioner - the person who signed the petition asking the court to appoint a legal guardian

CONFIDENTIAL GUARDIANSHIP SCREENING (PROBATE CODE SECTION 1516)

A SCREENING OF PREVIOUS CONTACTS WITH CHILD PROTECTIVE SERVICES

GUARDIANSHIP OF: _____ CASE NO.: _____

1. **A COPY OF EACH CHILD'S BIRTH CERTIFICATE MUST BE ATTACHED TO THIS FORM.**

2. **LIST THE NAME AND DATE OF BIRTH OF EACH CHILD NEEDING A GUARDIAN:**

Check here if additional children are listed on an attached separate piece of paper.

1. _____ DATE OF BIRTH _____

2. _____ DATE OF BIRTH _____

3. _____ DATE OF BIRTH _____

4. _____ DATE OF BIRTH _____

3. Does the family have Native American/American Indian ancestry or heritage? YES NO

4. **LIST THE PROPOSED GUARDIAN(S): THIS INFORMATION IS REQUIRED**

NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD
1. _____		
2. _____		

5. ARE YOU RELATED TO THE CHILD'S: MOTHER FATHER BY: BLOOD MARRIAGE

6. HAVE YOU EVER BEEN ARRESTED, CHARGED WITH, OR CONVICTED OF ANY CRIME (REGARDLESS OF THE OUTCOME)? YES NO

NOTE: THE COURT INVESTIGATOR WILL CONDUCT A CRIMINAL BACKGROUND CHECK.

7. **WARD'S PARENTS:**

NAME	ADDRESS	DATE OF BIRTH
1. Mother: _____		
2. Father: _____		

8. **OTHER PEOPLE LIVING IN YOUR HOME, AGE 18 AND OVER:**

NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD
1. _____		
2. _____		
3. _____		

DO NOT WRITE BELOW THIS LINE DEPARTMENT OF SOCIAL SERVICES USE ONLY

[] NO INFORMATION AVAILABLE [] INFORMATION AVAILABLE

Screening by Worker #: _____ Date: _____ Phone No.: _____

GUARDIANSHIP OF: _____ CASE NO.: _____

AGREEMENT TO RELEASE AND SHARE RECORDS

By my signature below, I agree that I, _____,
(PRINT NAME OF ALL PROPOSED GUARDIANS)
am the proposed guardian in this matter. I consent to the release of any and all records about me in
the possession of Child Protective Services, and to the delivery of those records to the Court
Investigator and the Court for use in determining my suitability as guardian. I also consent to the
Court Investigator and the Court sharing all records with all counsel in the guardianship case.

Date: _____

Date: _____

Signature(s) of all Proposed Guardian(s) required

CONFIDENTIAL PROPOSED GUARDIAN'S QUESTIONNAIRE (Probate Code 1513(a)(1))

YOU MUST ANSWER ALL QUESTIONS. Write "N/A" if a question does not apply to you.

GUARDIANSHIP OF: _____ CASE NO. : _____

Will you or anyone else in the home require an interpreter? YES NO Language : _____

SECTION I

PROPOSED GUARDIAN'S INFORMATION (This information is about the person who wants to be guardian. Complete a separate questionnaire for each proposed guardian):

Name: _____ Date of Birth: _____

Phone numbers: Home _____ Work _____ Cell : _____

Home Address: _____ City: _____ Zip: _____

Email address: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Are you currently: Married Widowed Single Separated Divorced

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

List **your** children, **even if** they are adults and not living with you. Provide their date of birth, address, and whether they have ever been arrested or charged with a crime.

NAME	DATE OF BIRTH	ADDRESS	ARRESTED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

More children listed on separate sheet.

YOUR HEALTH CONDITION: List any current physical or mental health problems.

Are you being treated by a doctor or other health care practitioner? YES NO

If yes, list the condition for which you are being treated _____

List any medications you are currently taking and state what they are for _____

Have you ever been in counseling? YES NO

If yes, what was the reason? Drugs Alcohol Grief Domestic Violence Other_____

Explain: _____

EDUCATIONAL HISTORY:

Last school attended: _____

Where & When:

Highest Degree(s) earned: _____ Where & When: _____

Other courses taken: _____

MILITARY HISTORY:

Branch of Service: _____ Date Enlisted: _____ Date Discharged: _____

Type of Discharge: Honorable General Good of Service Dishonorable

EMPLOYMENT:

Are you employed? YES NO

Name of Employer _____ Address: _____

Length of employment: _____ Job Title: _____

Responsibilities/duties: _____

Are you retired or have you been at your current employment for less than five years? YES NO

If yes, please list your work history for the past five years:

Name of Employer _____ Employed From _____ To _____

Name of Employer _____ Employed From _____ To _____

Name of Employer _____ Employed From _____ To _____

PROPOSED GUARDIAN'S FINANCIAL INFORMATION:

Income:	Amount	Expenses:	Amount
Monthly take-home pay	\$	Rent/Mortgage	\$
Other monthly income:		Credit Card/other monthly payments	\$
Welfare	\$	Food	\$
SSI	\$	Clothing	\$
Unemployment	\$	Medical	\$
Spousal/Child Support	\$	Transportation	\$
Other	\$	Childcare:	\$
Total Monthly Income: \$		Total Monthly Expenses: \$	

Does anyone else contribute money to the household? YES NO
 If yes, who? _____ How much? \$ _____ How often? _____

Does anyone else contribute money to support the child(ren) needing the guardianship? YES NO
 If yes, who? _____ How much? \$ _____ How often? _____

Your Financial Resources:

Checking Accounts Balance \$ _____
 Savings Accounts Balance \$ _____
 Other Investments Value \$ _____

Are you financially able to support the child(ren)? YES NO
 If your expenses are greater than your income, how will you make up the difference?

Have you applied for, or are you already receiving, benefits for this child?

	YES	NO	
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____
Medi-Cal	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____

Is someone else, such as a parent, receiving the above benefits for the child(ren)?
 YES NO UNKNOWN
 Who: _____ Relationship to child: _____

REFERENCES:

Please list **three references** who have known you **at least five years and who are NOT relatives**. Give complete name, complete address, including zip codes and daytime phone numbers. Please notify them that we will be contacting them by letter or telephone.

PRINT NAME	STREET ADDRESS, CITY, ZIP CODE	DAYTIME TELEPHONE
1.		
2.		
3.		

If you cannot provide 3 non-relative references, please explain: _____

Please tell us anything else about you that relates to your ability to be a guardian:

SECTION II

DESCRIBE YOUR HOME:

Single family home Apartment No. of bedrooms _____ No. of bathrooms _____
 How long have you lived here? _____

Will ward have own room YES NO If shared, with whom? Name: _____ Age: _____

Do you have any guns or other weapons stored on the property? YES NO

If yes, what type of weapon? _____ Where and how are they stored? _____

Is there a swimming pool or hot tub? YES NO Is it fenced? YES NO

Pets in the home: _____

OTHER CHILDREN IN THE HOME (under 18 years of age):

Name	Date of Birth	School Attending	Relation to guardian

OTHER ADULTS IN THE HOME (18 and over):

Name	Date of Birth	Social Security #	Employer/School	Relation to guardian

Does any adult in the home have any problem/s that could affect the minor such as a history of child abuse/molest, criminal background, violent behavior, alcohol or drug problem?

YES NO

Explain _____

Have the police ever been to your home? YES NO

If yes, when and why? _____

Does anyone object to the guardianship? YES NO If yes, who? _____

SECTION III

INFORMATION ABOUT THE CHILD(REN) NEEDING GUARDIANSHIP:

Name	Sex	Date of Birth	Place of Birth	Social Security #

More listed on separate sheet

1. Has the child been involved with the Juvenile Court? YES NO DON'T KNOW

2. Does the child have a Social Worker? YES NO DON'T KNOW

If, yes, who is the Social Worker? _____ Telephone _____

3. Is there a custody or visitation order for the child(ren)? YES NO DON'T KNOW

Date of the order: _____ Case Number: _____

Where did the proceeding take place? (County) _____ (State) _____

4. Why do you need the guardianship? _____

5. How did the child(ren) come to you? _____

6. Has the child(ren) been subjected to abuse, neglect, or abandonment?

YES NO DON'T KNOW

If yes, explain: _____

7. Please describe the child's adjustment to your home _____

8. Does the child have siblings (brothers and sisters)? YES NO

Please provide names and ages of the siblings and the person with whom they live:

NAME OF SIBLING	AGE	WITH WHOM THEY LIVE

9. Does the child visit his/her brothers and/or sisters? YES NO How often? _____

10. Is there any specific religious or cultural heritage, such as Native American ancestry, that would affect the child's future plans? YES NO Explain: _____

11. Does the family have Native American ancestry or receive any medical or other services/benefits from a tribe?
YES NO UNKNOWN

If yes, please explain: _____

Name of Tribe: _____

SCHOOL AND/OR DAY CARE:

(Please contact the child/ren's school or daycare and tell them that we will be contacting them. Please attach a copy of the child's most recent report card to this questionnaire).

Name _____ Director or Principal _____

Address _____

Teacher's Name _____

Grade level _____ If Daycare, is it licensed? _____

How is the child doing in school? (Attach copy of recent report card) _____

Does the child have any problems with teachers or other children in school? If so, please explain.

What school and non-school activities does the child participate in (sports, scouting, dance, Little League, martial arts, music, etc.)? _____

Does the child have any special educational needs? YES NO

Describe _____

Is the child receiving Special Education/Resource Services? YES NO

Describe _____

Is the child receiving services through the Regional Center? YES NO

Case Manager: _____ Telephone: _____

If the child has special needs, how do you plan to address these needs? _____

MEDICAL/HEALTH CARE:

(Please attach a copy of the child's immunization record).

Doctor's Name: _____

Address: _____ Telephone: _____

Dentist's Name: _____

Address: _____ Telephone: _____

Medical Insurance Provider: _____ Medical Number: _____

Date of last medical appointment: _____ Reason for visit: _____

Date of last dental appointment: _____ Reason for visit: _____

Are all required immunizations current? YES NO

Does the child have any medical problems, physical or developmental disabilities, etc.?

YES NO

If yes, what is your plan to meet these needs? _____

Does the child take any prescribed medications? YES NO

If yes, what? _____

Does the child have any behavioral, emotional or psychological problems? YES NO

Describe _____

Has the child ever been hospitalized? YES NO Why, When? _____

Has the child seen a counselor in the past? YES NO Why, When? _____

Is the child seeing a counselor now? YES NO If yes, how often? _____

Name of counselor: _____ Telephone: _____

SECTION IV

INFORMATION ABOUT THE NATURAL PARENTS OF PROPOSED WARD(S):

(The Court Investigator may need to contact the parents. Please provide the most current information available).

Are the parents Married Separated Divorced Living together

Mother's Name: _____ **SSN:** _____

Date of Birth: _____ If deceased, date of death: _____

Address: _____ Telephone: _____

Employed at: _____ Monthly Income: \$ _____

Is mother paying child support? YES NO DON'T KNOW Amount \$ _____

Does the child see mother? YES NO Explain: _____

Does the mother agree to the guardianship? YES NO DON'T KNOW

Does the mother have Native American Ancestry? YES NO DON'T KNOW

Father's Name: _____ **SSN:** _____

Date of Birth: _____ If deceased, date of death: _____

Address: _____ Telephone: _____

Employed at: _____ Monthly Income: \$ _____

Is father paying child support? YES NO DON'T KNOW Amount \$ _____

Does the child see father? YES NO Explain: _____

Does the father agree to the guardianship? YES NO DON'T KNOW

Does the father have Native American Ancestry? YES NO DON'T KNOW

To your knowledge, are the natural parents:

Involved in drugs? YES NO DON'T KNOW Which parent? _____

In jail or prison? YES NO DON'T KNOW

Which parent? _____ Where? _____

In the military? YES NO DON'T KNOW

Which parent? _____ Where? _____

SECTION V

GUARDIANSHIP OF THE ESTATE ONLY

(Complete this section if you want to be Guardian of the Estate. If not, skip this section and continue to the next page).

Where is the money or property coming from that the child will be receiving?:

Inheritance - Attach a copy of the will *or* provide -

Name of the deceased person: _____ Date of death: _____ Probate Case No. _____ Estate administered in (County) _____ (State) _____

Child will inherit:

Real estate - Address _____ Value of minor's share \$ _____

Cash, \$ _____ Location _____

Stock/Bonds \$ _____ Location _____

Other, describe _____

Insurance benefit, Insured: _____ Relation to child _____ Value \$ _____

Gift from (Name) _____ (relation) _____ Type of asset (cash, real property, etc.) _____ Value \$ _____

Personal Injury Settlement -

Case No. _____, in (County) _____, (State) _____ where the case was settled. Value \$ _____

Other source, describe _____ Value \$ _____

What are your plans for managing the estate? (Place money in a blocked bank account? investments? rental of real property? etc.) _____

Does the minor **already** have money in an individual or joint account?

YES NO DON'T KNOW

Location: _____, balance: \$ _____

name on individual and/or joint accounts: _____

Does the minor **already** have any other investments or property?

YES NO DON'T KNOW

What _____ Value \$ _____

Do you expect to request to use the minor's estate for any purpose (taxes, tax preparation, bond premiums, court costs/fees and other expenses)? YES NO If yes, what expenses will you request the court to approve? _____

Please provide the name, address and phone number of one person who will always know how to get in contact with you.

(Name) (Address) (Telephone)

Name of person who helped you complete this form _____

Address _____

Bar No. _____ Telephone _____ Fax Number _____

VERIFICATION

I/We the undersigned declare under the penalty of perjury that the foregoing is true and correct.

Executed in _____ California on _____.
City Date

Signatures _____
