



**Superior Court of California
COUNTY OF ALAMEDA**

Civil Division
Berkeley Courthouse
2120 Martin Luther King Jr. Way, Berkeley, CA 94704

PROBATE GUARDIANSHIP QUESTIONNAIRE INSTRUCTIONS

1. All proposed guardians (the person asking to be guardian) must answer all the questions in this Questionnaire. The Court Investigator uses the information to report to the Judge deciding the case. This questionnaire is also available on the court's website at <http://www.alameda.courts.ca.gov/Pages.aspx/Probate-and-Court-Investigator-s-Forms>
2. To avoid a delay in your case being heard by the Judge, you must file this completed Questionnaire at the Berkeley Courthouse **AT THE SAME TIME** that you file your Petition for Appointment as Guardian.
3. Send a copy of the Questionnaire to CPS, K-230, P.O. Box 1769, Oakland, CA 94604-1769
4. If you are not related by blood to the child, you must also mail the following:
 - **A copy of Petition for Appointment of Guardian of Minor &**
 - **Notice of Hearing**Send these to Director of Social Services, 744 P Street, M.S. 19-31, Sacramento, CA 95814
5. If the Petition asks the Judge to appoint more than one person as Guardian, each additional proposed guardian must complete **Sections I & II of the questionnaire separately.**
6. If you are asking to be appointed as the **Guardian of the Estate** only, the court investigator will interview you by telephone.
7. If you are asking to be appointed as the **Guardian of the Person** (or Person *and* Estate), the court investigator must 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. **The court investigation cannot begin until after a completed questionnaire is received.**
8. The CI fee is \$800. You may ask for a Fee Waiver if you can't afford to pay. To ask for a Fee Waiver, file an Application for Waiver of Court Fees and Costs through the Clerk's Office. You may also be able to make monthly payments through Alameda County Central Collections.
9. You must sign your name on pages 4 and 13.
10. You must answer all the questions on the Questionnaire completely.
11. If you need help filling out this Questionnaire, contact the Court's Self-Help Center at 510-272-1393.
 - **FOR YOU TO BE APPOINTED AS GUARDIAN, THE CHILD(REN) MUST CURRENTLY LIVE WITH YOU.**
 - **THE CHILD(REN) MUST ALSO APPEAR WITH YOU AT THE FIRST COURT HEARING.**
 - **FILE THIS QUESTIONNAIRE WITH YOUR PETITION OR YOUR CASE WILL BE CONTINUED.**

COURT INVESTIGATOR'S OFFICE

SUPERIOR COURT OF CALIFORNIA
COUNTY OF ALAMEDA

CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE

In the Guardianship of:

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)
)
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)
)

PROBATE CASE NO: _____

HEARING DATE: _____

(Hearing date should be at least 90 days
from date of filing)

Minor(s)

TO PREVENT ANY DELAY IN YOUR HEARING, YOU MUST FILL OUT THIS QUESTIONNAIRE
COMPLETELY AND FILE IT AT THE SAME TIME THAT YOU FILE YOUR PETITION FOR
APPOINTMENT OF GUARDIAN OF MINOR

COURT CLERK: File as a confidential document

**CONFIDENTIAL GUARDIANSHIP SCREENING
(PROBATE CODE SECTION 1516)**

GUARDIANSHIP OF: _____

CASE NO.: _____

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

2. **INFORMATION ABOUT THE CHILD(REN) NEEDING GUARDIANSHIP:**

Name	Sex	Date of Birth	Place of Birth	Social Security #

Check here and list any additional children on an attached separate piece of paper.

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(REN)	TELEPHONE
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1. _____

2. _____

5. ARE YOU RELATED TO THE CHILD(REN)'S:

MOTHER BY: BLOOD MARRIAGE 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. **CHILD(REN)'S PARENTS:**

NAME	ADDRESS/PHONE	BIRTHDATE	SSN	DATE OF DEATH
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Parent 1: _____

Parent 2: _____

Check here and list any additional parents on an attached separate piece of paper.

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

NAME DATE OF BIRTH SSN RELATIONSHIP TO CHILD(REN)

- 1. _____
- 2. _____
- 3. _____

A SCREENING OF PREVIOUS CONTACTS WITH CHILD PROTECTIVE SERVICES WILL BE CONDUCTED.

AGREEMENT TO RELEASE AND SHARE INFORMATION

By signing below, I agree that I am the proposed guardian in this matter. I consent to the release of any and all records about me in possession of Child Protective Services, and to the delivery of those records to the Court Investigator and Court for use in determining my suitability as guardian. I consent to the release of any and all criminal records about me from the Court Investigator's background check to Child Protective Services. I also consent to the Court Investigator and Court sharing all records with all counsel in the guardianship case.

Date: _____

Signature(s) of Proposed Guardian(s) required

Date: _____

Signature(s) of Proposed Guardian(s) required

DO NOT WRITE BELOW THIS LINE

DEPARTMENT OF SOCIAL SERVICES USE ONLY

- NO INFORMATION AVAILABLE
- INFORMATION AVAILABLE (see attached results form from CWW)

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

CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE

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 Sections I & II of this 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

Check here and list any additional children on a separate sheet of paper.

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

List any medications you are 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:

Did you receive a high school diploma or GED? YES NO

If yes, where & when: _____

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

EMPLOYMENT:

Are you employed? YES NO

Name of Employer _____ Address: _____

Length of employment: _____ Job Title: _____

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

If yes, please list work history for the past 5 years:

Name of Employer _____ Employed from _____ to _____

Name of Employer _____ Employed from _____ to _____

PROPOSED GUARDIAN'S FINANCIAL INFORMATION:

Total Monthly Income: \$

Total Monthly Expenses: \$

Total Assets

Total Liabilities

Does anyone else contribute money to the household or contribute money to support the child(ren) needing the guardianship? YES NO

If yes, who? _____ How much? \$ _____ How often? _____

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 the child(ren)?

	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**. You must provide the **complete name, address, including zip codes and daytime phone numbers**. Please notify each reference that we will be contacting them by letter or telephone.

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

SECTION II

DESCRIBE YOUR HOME:

Single family home Apartment No. of bedrooms _____ No. of bathrooms _____

How long have you lived here? _____

Will child(ren) 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

Are there pets in the home? _____

Does any adult in the home have any problem(s) that could affect the child, 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 in the home object to the guardianship? YES NO If yes, who? _____

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

Name	Date of Birth	School Attending	Relation to Guardian

SECTION III

INFORMATION ABOUT THE CHILD(REN) NEEDING GUARDIANSHIP:

1. Have any of the child(ren) been involved with the Juvenile Court? YES NO DON'T KNOW

2. Do any of the child(ren) have a Social Worker? YES NO DON'T KNOW

If, yes, what is the Social Worker's name? _____ Phone number _____

3. Why do you need the guardianship? _____

4. Has the child(ren) been subjected to abuse, neglect, or abandonment? YES NO DON'T KNOW

5. Please provide names and ages of the siblings (brothers and sisters) of the child(ren) and the person with whom they live:

NAME OF SIBLING	AGE	WITH WHOM THEY LIVE

6. Does the child(ren) visit his/her brothers and/or sisters? YES NO How often? _____

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

8. 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 may be contacting them. Please attach a copy of the child(ren)'s most recent report card to this questionnaire).

Name _____ Director or Principal _____

Address _____

Teacher's Name _____

Grade level _____ If Daycare, is it licensed? _____

Does the child(ren) have any special educational needs? YES NO DON'T KNOW

Describe _____

Is the child(ren) receiving services through the Regional Center? YES NO DON'T KNOW

Case Manager: _____ Telephone: _____

MEDICAL/HEALTH CARE:

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 DON'T KNOW

Does the child have any medical problems, physical or psychological?

YES NO

Does the child take any prescribed medications? YES NO

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 CHILD(REN):

(Please provide the most current information available).

Mother's Name: _____ SSN: _____

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

Address: _____ Telephone: _____

Father's Name: _____ SSN: _____

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

Address: _____ Telephone: _____

Does the child(ren) have contact with the 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

Does the child(ren) have contact with the 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

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

SECTION V

GUARDIANSHIP OF THE ESTATE ONLY

Where is the money or property coming from that the child(ren) 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 child(ren)'s share \$ _____

Cash, \$ _____ Location _____

Stock/Bonds \$ _____ Location _____

Other, describe _____

Insurance benefit, Insured: _____ Relation to child(ren) _____ 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 child(ren) **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 child(ren) **already** have any other investments or property?

YES NO DON'T KNOW

What _____ Value \$ _____

Do you expect to request to use the child(ren)'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 preceding is true and correct.

Executed in _____ California on _____

City _____ Date _____

Signatures _____