

STANISLAUS COUNTY SUPERIOR COURT INVESTIGATOR
GUARDIANSHIP QUESTIONNAIRE

Minor's Name(s): _____ DOB: _____

Proposed Guardian's is the relative of the minor how? (circle one) MATERNAL or PATERNAL

Relationship: (ex. Grandmother/father, aunt/uncle, cousin...) _____

This form must be completed and returned with the Petition for Guardianship. If you find there is not Enough space to complete your answers, use the space provided on page 12, clearly identifying the question by number. **DO NOT LEAVE ANY QUESTIONS BLANK, STATE N/A IF THE QUESTION DOES NOT APPLY TO YOU. FAILURE TO COMPLETE & RETURN THIS FORM WITH THE PETITION WHEN FILING, MAY RESULT IN DELAYS. ATTACH A COPY(IES) OF BIRTH CERTIFICATE(S) OF EACH CHILD 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: _____ **ID OR DL#:** _____
SOCIAL SECURITY #: _____ **EMAIL:** _____

LIST ADDRESSES FOR PAST 5 YEARS:

PRESENT ADDRESS: _____
DATES: _____ TO _____ RENT or OWN MONTHLY PAYMENT: \$ _____
PHONE NO. () _____

PRIOR ADDRESS: _____
DATES: _____ TO _____ RENT or OWN MONTHLY PAYMENT: \$ _____
PHONE NO. () _____

YOUR HEALTH:

(CIRCLE) GOOD FAIR POOR

STATE ANY MEDICAL CONDITIONS CURRENTLY BEING TREATED FOR: _____

MEDICATIONS – NAME AMOUNT, REASON AND HOW OFTEN TAKEN: _____

ATTENDING COUNSELING? YES or NO

TYPE: _____ NAME OF COUNSELOR: _____

HAVE YOU EVER BEEN ON OR ARE YOU ON PROBATION/PAROLE? YES or NO

OFFICER/AGENT'S NAME: _____ PHONE #: () _____

DO/DID YOU EVER USE ILLEGAL DRUGS? YES or NO

IF YES, WHEN DID YOU LAST USE? _____

HOW MUCH/OFTEN? (CIRCLE ONE) DAILY WEEKLY MONTHLY COST? \$ _____

HAVE YOU EVER ENTERED OR COMPLETED AN ALCOHOL OR DRUG TREATMENT PROGRAM? YES or NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVER HAD CONTACT WITH A CHILD PROTECTIVE SERVICES (CPS) AGENCY? YES or NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVER BEEN ARRESTED FOR DOMESTIC VIOLENCE OR ANY OTHER CRIMINAL OFFENSE? YES or NO

IF YES, GIVE DETAILS: _____

EMPLOYMENT:

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE #: () _____

TITLE: _____ HOW LONG? _____

DAYS YOU WORK: _____ HOURS: _____

GROSS SALARY : \$ _____ WEEKLY BIWEEKLY MONTHLY

OTHER INCOME: (CIRCLE ONE)

AFDC SOCIAL SECURITY UNEMPLOYMENT CHILD SUPPORT

AMOUNT: \$ _____ WEEKLY or MONTHLY FOR WHOM RECEIVED: _____

HAVE YOU EVER FILED BANKRUPTCY: YES or NO

IF YES, DATE: _____ PLACE: _____ RESULT: _____

HAS YOUR SPOUSE OR ANY OTHER ADULTS IN YOUR HOME BEEN ARRESTED FOR DOMESTIC VIOLENCE OR ANY OTHER CRIMINAL OFFENSES? IF YES, GIVE DETAILS BELOW:

PROPOSED GUARDIAN #2

FULL NAME: _____ **OTHER NAMES/MAIDEN:** _____
DATE OF BIRTH: _____ **ID OR DL#:** _____
SOCIAL SECURITY #: _____ **EMAIL:** _____

LIST ADDRESSES FOR PAST 5 YEARS:

PRESENT ADDRESS: _____
DATES: _____ TO _____ RENT or OWN MONTHLY PAYMENT: \$ _____
PHONE NO. () _____

PRIOR ADDRESS: _____
DATES: _____ TO _____ RENT or OWN MONTHLY PAYMENT: \$ _____
PHONE NO. () _____

YOUR HEALTH:
(CIRCLE) GOOD FAIR POOR

STATE ANY MEDICAL CONDITIONS CURRENTLY BEING TREATED FOR: _____

MEDICATIONS – NAME AMOUNT, REASON AND HOW OFTEN TAKEN: _____

ATTENDING COUNSELING? YES or NO

TYPE: _____ NAME OF COUNSELOR: _____

HAVE YOU EVER BEEN ON OR ARE YOU ON PROBATION/PAROLE? YES or NO

OFFICER/AGENT'S NAME: _____ PHONE #: () _____

DO/DID YOU EVER USE ILLEGAL DRUGS? YES or NO

IF YES, WHEN DID YOU LAST USE? _____

HOW MUCH/OFTEN? (CIRCLE ONE) DAILY WEEKLY MONTHLY COST? \$ _____

HAVE YOU EVER ENTERED OR COMPLETED AN ALCOHOL OR DRUG TREATMENT PROGRAM? YES or NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVER HAD CONTACT WITH A CHILD PROTECTIVE SERVICES (CPS) AGENCY? YES or NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVER BEEN ARRESTED FOR DOMESTIC VIOLENCE OR ANY OTHER CRIMINAL OFFENSE? YES or NO

IF YES, GIVE DETAILS: _____

EMPLOYMENT:

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE #: () _____

TITLE: _____ HOW LONG? _____

DAYS YOU WORK: _____ HOURS: _____

GROSS SALARY : \$ _____ WEEKLY BIWEEKLY MONTHLY

OTHER INCOME: (CIRCLE ONE)

AFDC SOCIAL SECURITY UNEMPLOYMENT CHILD SUPPORT

AMOUNT: \$ _____ WEEKLY or MONTHLY FOR WHOM RECEIVED: _____

HAVE YOU EVER FILED BANKRUPTCY: YES or NO

IF YES, DATE: _____ PLACE: _____ RESULT: _____

HAS YOUR SPOUSE OR ANY OTHER ADULTS IN YOUR HOME BEEN ARRESTED FOR DOMESTIC VIOLENCE

OR ANY OTHER CRIMINAL OFFENSES? IF YES, GIVE DETAILS BELOW:

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

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

DOB: _____ RELATIONSHIP: _____ OCCUPATION: _____

DOES THIS PERSON HAVE A CRIMINAL RECORD? YES or NO

IF YES, GIVE DETAILS: _____

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

DOB: _____ RELATIONSHIP: _____ OCCUPATION: _____

DOES THIS PERSON HAVE A CRIMINAL RECORD? YES or NO

IF YES, GIVE DETAILS: _____

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

DOB: _____ RELATIONSHIP: _____ OCCUPATION: _____

DOES THIS PERSON HAVE A CRIMINAL RECORD? YES or NO

IF YES, GIVE DETAILS: _____

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

FULL NAME: _____ **DATE OF BIRTH:** _____
RELATIONSHIP TO CHILD: _____
NAME & ADDRESS OF SCHOOL ATTENDING: _____

FULL NAME: _____ **DATE OF BIRTH:** _____
RELATIONSHIP TO CHILD: _____
NAME & ADDRESS OF SCHOOL ATTENDING: _____

FULL NAME: _____ **DATE OF BIRTH:** _____
RELATIONSHIP TO CHILD: _____
NAME & ADDRESS OF SCHOOL ATTENDING: _____

BIRTH PARENTS INFO

NATURAL MOTHER

FULL NAME: _____ **OTHER NAMES/MAIDEN:** _____
DOB: _____ **CA ID/DL #:** _____ **SOCIAL SECURITY #:** _____
LAST KNOWN ADDRESS/DATES LIVED THERE:

NAME & ADDRESS & PHONE # OF EMPLOYER: _____

IS MOTHER IN AGREEMENT WITH GUARDIANSHIP? YES or NO

DOES MOTHER VISIT WITH CHILD? YES or NO

IF YES, HOW OFTEN: _____

DOES MOTHER VISIT THE CHILD OUTSIDE YOUR HOME? YES or NO

DOES MOTHER EXPRESS AN INTEREST IN SCHOOL ISSUES? YES or NO

DOES MOTHER EXPRESS AN INTEREST IN HEALTH ISSUES? YES or NO

DOES MOTHER HAVE ANY OTHER CHILDREN? YES or NO

IF YES COMPLETE NAME(S) AND DATE OF BIRTH(S) BELOW:

FULL NAME: _____ **DATE OF BIRTH:** _____

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FULL NAME: _____ **DATE OF BIRTH:** _____

HAS MOTHER EVER BEEN INVESTIGATED BY CHILD PROTECTIVE SERVICES YES or NO

IF YES, GIVE DETAILS: _____

HAS MOTHER EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIMINAL OFFENSE?

IF YES, GIVE DETAILS: _____

IS THERE A CUSTODY ORDER (FROM DIVORCE, SEPERATION, PATERNITY) FOR THIS CHILD IN ANY COUNTY? YES or NO

IF YES, GIVE DETAILS: _____

NATURAL FATHER

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

DOB: _____ **CA ID/DL #:** _____ **SOCIAL SECURITY #:** _____

LAST KNOWN ADDRESS/DATES LIVED THERE: _____

NAME & ADDRESS & PHONE # OF EMPLOYER: _____

IS FATHER IN AGREEMENT WITH GUARDIANSHIP? YES or NO

DOES FATHER VISIT WITH CHILD? YES or NO

IF YES, HOW OFTEN: _____

DOES FATHER VISIT THE CHILD OUTSIDE YOUR HOME? YES or NO

DOES FATHER EXPRESS AN INTEREST IN SCHOOL ISSUES? YES or NO

DOES FATHER EXPRESS AN INTEREST IN HEALTH ISSUES? YES or NO

DOES FATHER HAVE ANY OTHER CHILDREN? YES or NO

IF YES COMPLETE NAME(S) AND DATE OF BIRTH(S) BELOW:

FULL NAME: _____ DATE OF BIRTH: _____

FULL NAME: _____ DATE OF BIRTH: _____

FULL NAME: _____ DATE OF BIRTH: _____

HAS FATHER EVER BEEN INVESTIGATED BY CHILD PROTECTIVE SERVICES YES or NO

IF YES, GIVE DETAILS: _____

HAS FATHER EVER BEEN ARRESTED AND/OR CONVITED OF A CRIMINAL OFFENSE?

IF YES, GIVE DETAILS: _____

IS THERE A CUSTODY ORDER (FROM DIVORCE, SEPERATION, PATERNITY) FOR THIS CHILD IN ANY COUNTY? YES or NO

IF YES, GIVE DETAILS: _____

GENERAL INFORMATION

WHERE THE BIRTH PARENTS EVER MARRIED? YES or NO

IF YES: (circle one) STILL MARRIED DIVORCED SEPERATED UNKNOWN

IF NO, WAS PATERNITY EVER ESTABLISHED: YES or NO

IF YES, CASE #: _____ NAME/COUNTY OF COURT HOUSE: _____

IS THERE A CHILD SUPPORT ORDER? YES or NO

DOES THE CHILDREN HAVE NATIVE AMERICAN BLOOD? YES or NO

NAME OF TRIBE: _____
INDIAN PERCENTAGE: _____
IS THE CHILD(REN) A REGISTERED TRIBAL MEMBER? YES or NO

CHILDREN YOU ARE REQUESTING GUARDIANSHIP OF

CHILD NAME: _____ **DATE/PLACE OF BIRTH:** _____
RELATIONSHIP TO MINOR: _____ **DATE PLACED WITH GUARDIAN:** _____

CURRENT SCHOOL ATTENDING: _____
ADDRESS OF SCHOOL: _____
DIFFICULTIES IN SCHOOL: YES or NO
SPECIAL NEEDS: YES or NO

NAME & ADDRESS OF PHYSICIAN: _____
DO YOU SUSPECT MOTHER USED DRUGS WHEN PREGNANT: _____
RESULTS OF DRUG TEST AT BIRTH: _____
DOES THE CHILD HAVE ANY BEHAVIORAL PROBLEMS AND/OR NEEDS: YES or NO
IF YES, EXPLAIN: _____

ANY CRIMINAL INVOLVEMENT? YES or NO
IF YES, GIVE DETAILS: _____

CHILD NAME: _____ **DATE/PLACE OF BIRTH:** _____
RELATIONSHIP TO MINOR: _____ **DATE PLACED WITH GUARDIAN:** _____

CURRENT SCHOOL ATTENDING: _____
ADDRESS OF SCHOOL: _____
DIFFICULTIES IN SCHOOL: YES or NO
SPECIAL NEEDS: YES or NO

NAME & ADDRESS OF PHYSICIAN: _____
DO YOU SUSPECT MOTHER USED DRUGS WHEN PREGNANT: _____
RESULTS OF DRUG TEST AT BIRTH: _____
DOES THE CHILD HAVE ANY BEHAVIORAL PROBLEMS AND/OR NEEDS: YES or NO
IF YES, EXPLAIN: _____

ANY CRIMINAL INVOLVEMENT? YES or NO
IF YES, GIVE DETAILS: _____

CHILD NAME: _____ **DATE/PLACE OF BIRTH:** _____
RELATIONSHIP TO MINOR: _____ **DATE PLACED WITH GUARDIAN:** _____

CURRENT SCHOOL ATTENDING: _____
ADDRESS OF SCHOOL: _____
DIFFICULTIES IN SCHOOL: YES or NO
SPECIAL NEEDS: YES or NO

NAME & ADDRESS OF PHYSICIAN: _____
DO YOU SUSPECT MOTHER USED DRUGS WHEN PREGNANT: _____
RESULTS OF DRUG TEST AT BIRTH: _____

