STANISLAUS COUNTY SUPERIOR COURT INVESTIGATOR

GUARDIANSHIP QUESTIONNAIRE

Minor's Name(s):		DOB:
Proposed Guardian's is the relative	of the minor how? (circ	le one) MATERNAL or PATERNAL
Relationship: (ex. Grandmother/fat	ther, aunt/uncle, cousin.)
Enough space to complete your an question by number. DO NOT LEA' APPLY TO YOU. FAILURE TO COM	swers, use the space pro VE ANY QUESTIONS BLA PLETE & RETURN THIS FO A COPY(IES) OF BIRTH C	n for Guardianship. If you find there is not vided on page 8, clearly identifying the NK, STATE N/A IF THE QUESTION DOES NOT DRM WITH THE PETITION WHEN FILING, ERTIFICATE(S) OF EACH CHILD AND ANY e).
<u>PI</u>	ERSONAL HISTORY OF PE	ETITIONER(S)
PROPOSED GUARDIAN #1		
FULL NAME:	OTHER NAMES/MAIDEN	
DATE OF BIRTH:	*BIRTH: ID OR DL #:	
SOCIAL SECURITY #:		
LIST ADDRESSES FOR PAST 5 YEAR PRESENT ADDRESS:		
DATES:TO	RENT or OWN	MONTHLY PAYMENT: \$
PHONE NO. ()		
PRIOR ADDRESS:		
PRIOR ADDRESS:TO	RENT or OWN	MONTHLY PAYMENT: \$
PHONE NO. ()		
YOUR HEALTH:		
(CIRCLE) GOOD FAIR POOR		
STATE ANY MEDICAL CONDITIONS		ATED FOR:
MEDICATIONS – NAME AMOUNT,		EN TAKEN:
ATTENDING COUNSELING? YES or	NO	
		NSELOR:
HAVE YOU EVER BEEN ON OR ARE	YOU ON PROBATION/PA	

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: ______ PHONE #: () ______ _____ HOW LONG? _____ TITLE: 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
	ID OR DL #:
SOCIAL SECURITY #:	
LIST ADDRESSES FOR PAST 5 YEARS:	
PRESENT ADDRESS:TO REN	IT or OWN MONTHLY PAYMENT: \$
PHONE NO. ()	TO OWN MONTHET FATMENT. 9
PRIOR ADDRESS:	
DATES:TO REN	T or Own MONTHLY PAYMENT: \$
PHONE NO. ()	
YOUR HEALTH:	
(CIRCLE) GOOD FAIR POOR	
STATE ANY MEDICAL CONDITIONS CURRENTI	Y BEING TREATED FOR:
MEDICATIONS – NAME AMOUNT, REASON A	ND HOW OFTEN TAKEN:
ATTENDING COUNCELINGS VEG NO	
ATTENDING COUNSELING? YES or NO	
TYPE: N.	AME OF COUNSELOR:
HAVE YOU EVER BEEN ON OR ARE YOU ON PROFFICER/AGENT'S NAME:	ROBATION/PAROLE? YES or NO PHONE #: ()
DO/DID YOU EVER USE ILLEGAL DRUGS? YES IF YES, WHEN DID YOU LAST USE?	
HOW MUCH/OFTEN? (CIRCLE ONE) DAILY	WEEKLY MONTHLY COST? \$
HAVE YOU EVER ENTERED OR COMPLETED AI	N ALCOHOL OR DRUG TREATMENT PROGRAM? YES or NO
HAVE YOU EVER HAD CONTACT WITH A CHILI IF YES, GIVE DETAILS:	D PROTECTIVE SERVICES (CPS) AGENCY? YES or NO
HAVE YOU EVER BEEN ARRESTED FOR DOMESTIC IF YES, GIVE DETAILS:	VIOLENCE OR ANY OTHER CRIMINAL OFFENSE? YES or NO

EMPLOYMENT:		
NAME OF EMPLOYER:		
ADDRESS:		PHONE #: ()
TITLE:		LUNG!
DAYS YOU WORK:		
GROSS SALARY: \$	WE	EEKLY BIWEEKLY MONTHLY
OTHER INCOME : (CIRCLE ONE	Ξ)	
AFDC SOCIAL SECURITY	UNEMPLOYMENT	CHILD SUPPORT
AMOUNT: \$	WEEKLY or MONTHLY	FOR WHOM RECEIVED:
HAVE YOU EVER FILED BANKE IF YES, DATE:		RESULT:
HAS VOLIR SPOLISE OR ANY O	THER ADULTS IN VOLUE I	HOME BEEN ARRESTED FOR DOMESTIC VIOLENCE
		ME OF PROPOSED GUARDIAN(S)
FULL NAME:	O	OTHER NAMES/MAIDEN:
DOB:	RELATIONSHIP:	OCCUPATION:
DOES THIS PERSON HAVE A CF		
FULL NAME:	C	OTHER NAMES/MAIDEN:
DOB:	RELATIONSHIP:	OTHER NAMES/MAIDEN: OCCUPATION:
DOES THIS PERSON HAVE A CF	RIMINAL RECORD? YES (
DOB:	RELATIONSHIP:	OTHER NAMES/MAIDEN: OCCUPATION:
DOES THIS PERSON HAVE A CF	RIMINAL RECORD? YES (or NO

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

FULL NAME:	DATE OF BIRTH: _	
FULL NAME:RELATIONSHIP TO CHILD:		
NAME & ADDRESS OF SCHOOL ATTENDING:		
FILL NAME.	DATE OF BIRTH	
FULL NAME:RELATIONSHIP TO CHILD:	DATE OF BIRTH: _	
NAME & ADDRESS OF SCHOOL ATTENDING:		
NAME & ADDRESS OF SCHOOL ATTENDING.		
FULL NAME:	DATE OF BIRTH:	
RELATIONSHIP TO CHILD:		
NAME & ADDRESS OF SCHOOL ATTENDING:		
BIRTH PARE	NTS INFO	
NATURAL MOTHER		
NATURAL MOTHER FILL NAME:	THER NAMES/MAIDEN:	
FULL NAME:	SOCIAL SECURITY #	
Phone Number:		
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		
DOES MOTHER VISIT THE CHILD OUTSIDE YOUR HON	MES	VEC as NO
DOES MOTHER VISIT THE CHILD OUTSIDE YOUR HON		YES or NO YES or NO
DOES MOTHER EXPRESS AN INTEREST IN SCHOOL IS		YES OF NO
DOES MOTHER EXPRESS AN INTEREST IN HEALTH ISS	OLS:	YES or NO
IF YES COMPLETE NAME(S) AND DATE OF BIRTH(S) BE	I OW:	TES OF NO
FULL NAME:		
FULL NAME:		
FULL NAME:		
HAS MOTHER EVER BEEN INVESTIGATED BY CHILD PI	ROTECTIVE SERVICES	YES or NO
IF YES, GIVE DETAILS:		
HAS MOTHER EVER BEEN ARRESTED AND/OR CONVI	TED OF A CDIMINIAL OFF	ENCES
IF YES, GIVE DETAILS:		

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IS THERE A CUSTODY ORDER (FROM DIVORCE, SEPERATION, PATERNITY) FOR THIS CHILD IN ANY **COUNTY?** YES or NO IF YES, GIVE DETAILS: NATURAL FATHER _____ OTHER NAMES/MAIDEN: _____ FULL NAME: _____ DOB: _____ CA ID/DL #: ____ SOCIAL SECURITY #: ____ Phone Number: LAST KNOWN ADDRESS/DATES LIVED THERE: NAME & ADDRESS & PHONE # OF EMPLOYER: IS FATHER IN AGREEMENT WITH GUARDIANSHIP? YES OF 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 YES or NO DOES FATHER EXPRESS AN INTEREST IN HEALTH ISSUES? 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 OF 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: _____ YES or NO IS THERE A CHILD SUPPORT ORDER?

DOES THE CHILDREN HAVE NATIVE AMERICAN BLOOM NAME OF TRIBE:				
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: SPECIAL NEEDS:	YES or NO YES or NO			
NAME & ADDRESS OF PHYSICIAN:DO YOU SUSPECT MOTHER USED DRUGS WHEN PREGI	NANT.			
RESULTS OF DRUG TEST AT BIRTH:	NANT:			
DOES THE CHILD HAVE ANY BEHAVIORAL PROBLEMS A	ND/OR NEEDS: YES or NO			
ANY CRIMINAL INVOLVEMENT? IF YES, GIVE DETAILS:	YES or NO			
CHUD MANAE.	DATE /DI ACE OF DIDTH.			
CHILD NAME:RELATIONSHIP TO MINOR:	DATE PLACED WITH GUARDIAN:			
CURRENT SCHOOL ATTENDING:				
ADDRESS OF SCHOOL:	YES or NO			
DIFFICULTIES IN SCHOOL: SPECIAL NEEDS:	YES OF NO			
NAME & ADDRESS OF PHYSICIAN:				
DO YOU SUSPECT MOTHER USED DRUGS WHEN PREGIRESULTS OF DRUG TEST AT BIRTH:				
DOES THE CHILD HAVE ANY BEHAVIORAL PROBLEMS A	ND/OR NEEDS: YES or NO			
ANY CRIMINAL INVOLVEMENT? IF YES, GIVE DETAILS:	YES or NO			
CHILD NAME.	DATE/DI ACE OF BIRTH.			
CHILD NAME:RELATIONSHIP TO MINOR:	DATE PLACE OF BIRTH:			
CURRENT SCHOOL ATTENDING:				
ADDRESS OF SCHOOL: DIFFICULTIES IN SCHOOL:	YES or NO			
SPECIAL NEEDS:	YES OF 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 A IF YES, EXPLAIN:	AND/OR NEEDS: YES or NO
ANY CRIMINAL INVOLVEMENT? IF YES, GIVE DETAILS:	YES or NO
REMINDER YOU MUST ATTACH A COPY OF EAC	CH CHILDS BIRTH CERTIFICATE AND/OR ANY
DEATH CERTIFICATE(S) FOR	THE NATURAL PARENTS
ADDITIONAL IN	FORMATION
LIST ANY OTHER INFORMATION BELOW YOU FEEL MA APPOINTED TO YOUR CASE.	Y BE HELPFUL TO THE COURT INVESTIGATOR
I, DECLARE UNDER PENALTY OF PERJURY THAT THE II CORRECT TO THE BEST OF MY KNOWLEDGE.	NFORMATION ON THIS FORM IS TRUE AND
DATE:	
PRINTED NAME OF PETITIONER	SIGNATURE OF PETITIONER
PRINTED NAME OF PETITIONER	SIGNATURE OF PETITIONER