

CONFIDENTIAL



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 (619) 844-2888

**GUARDIANSHIP QUESTIONNAIRE
(CONFIDENTIAL)**

NOTICE TO PETITIONERS

When seeking guardianship of a child(ren) to whom you are related, you must file several documents in the probate business office and pay an \$800 investigation fee after Family Court Services completes the guardianship investigation. The fee may be waived or reduced by the court, or payments arranged in cases of extreme hardship. In order to begin the investigation process, copies of the following filed documents (from your initial guardianship packet) must be submitted to Family Court Services at the address listed above, prior to scheduling an investigation date:

1. Petition for Appointment of Guardian of Minor(s) (JC Form #GC-210P)
2. Order Directing or Waiving Investigation signed by Judge of the Superior Court (SDSC Form #PR-63)
3. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (JC Form #FL-105/GC-120)
4. Confidential Guardian Screening Form (JC Form #GC-212)
5. Guardianship Questionnaire (SDSC Form #FCS-045) (Provided only to Family Court Services)

Once an order has been issued for Family Court Services to complete the investigation, you can avoid delays in processing your guardianship matter by expeditiously returning these documents to Family Court Services. You may mail the information and receipt to Family Court Services at 1100 Union St., Room 430, San Diego, California 92101. You may also drop off your paperwork from 8 a.m. – 12 p.m. and 1 p.m. – 4 p.m. Monday through Friday.

Family Court Services will be seeking information regarding the social history of the proposed guardians, parents and child(ren) as is required by state law. Please complete the entire Guardianship Questionnaire (SDSC Form #FCS-045). Information provided on this questionnaire, in the family interview(s), in other submitted comments and from investigative sources will be used to prepare a family social history, evaluation, and recommendation to the court. This report will then be placed in a sealed court file. Copies will be issued to the proposed guardians, parents, and their respective attorneys.

If you have questions regarding the Family Court Services investigation process, or concerns regarding appointments, you may call the guardianship clerk at the number listed above.

The proposed guardians are responsible for notifying the parents, if possible, regarding the Family Court Services investigation appointment.

The parents do not have to be present unless they are contesting the guardianship or wish to provide information in support of it. Any adult living in the home and acting in a parental role should be present for the interview.

Please do not bring the child(ren) to the FCS appointment. A subsequent appointment will be scheduled should the investigator need to interview the child(ren).



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FAMILY COURT SERVICES

GUARDIANSHIP QUESTIONNAIRE (CONFIDENTIAL)

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO FAMILY COURT SERVICES BY: _____
Your appointment will not be set until this form has been returned to Family Court Services.

COUNSELOR: _____ **PROBATE CASE NUMBER:** _____

COURT DATE: _____ **FCS DATE:** _____

I. MINOR CHILD(REN) LISTED ON GUARDIANSHIP PETITION:

Full Legal Name	Birth Date	Social Security Number	School and Grade Level	Person with whom Residing

Is this child(ren) a member of, or eligible for membership in, an Indian tribe recognized by the federal government?
 No Not sure Yes (specify tribe): _____

Attorney for Minor(s):

Name: _____ Tel. No.: _____

Address: _____
Street Apt. City State Zip Code

II. (PROPOSED) GUARDIAN(S):

1. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____/____/____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____ Maternal Paternal

2. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____/____/____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____ Maternal Paternal

Attorney for Proposed Guardian(s):

Name: _____ Tel. No.: (____) _____

Address: _____
Street Apt. City State Zip Code

III. PARENTS OF MINOR(S): (Full legal names) If one of the natural parents has died, please mark "deceased" for that person's address and add the date of death, if known.

1. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

2. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

3. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

4. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

IV. HOUSEHOLD COMPOSITION:

A. List other adults 18 or older residing in your home. Indicate if they are acting in a parental role with the child(ren).
***** (Any individuals acting in a parental role will be required to attend the investigation interview).**

1. Full Legal Name: _____ AKA or Maiden Name: _____
 Telephone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to Child(ren): _____

2. Full Legal Name: _____ AKA or Maiden Name: _____
 Telephone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to Child(ren): _____

3. Full Legal Name: _____ AKA or Maiden Name: _____
 Telephone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to Child(ren): _____

4. Full Legal Name: _____ AKA or Maiden Name: _____
 Telephone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to Child(ren): _____

B. List other child(ren) under age 18 living in your household:

Name	Birth Date	Social Security Number	School

Your Name: _____ Relationship: _____
(Please Print)

V. LAW ENFORCEMENT INFORMATION:

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes No If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation? Yes No

Parole or Probation Officer's Name: _____ Tel. No.: (____) _____

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes No If yes, please explain: _____

VI. YOUR EDUCATION:

Highest Grade Completed: _____ Graduated High School? Yes No Year: _____

License(s) or Credential(s) Received: _____

College Degree(s) Received: _____

VII. YOUR EMPLOYMENT: *Please bring confirmation of employment, including pay stubs to the investigation interview.*

Employer: _____ Capacity/Job Title: _____

Length of Employment: _____ Salary: _____

Supervisor's Name, Address and Telephone Number: _____

VIII. YOUR HEALTH:

Name of Your Health Insurance Plan: _____

Present Health Status: Good Fair Poor

If your health is fair or poor, please explain: _____

Are you taking any medication? Yes No

If yes, what kind and for what reason(s)? _____

Special Health Problems: _____

Have you ever had any problem with the following?

Alcohol: Yes No Drugs: Yes No Mental/Emotional Problems: Yes No

If yes, what is your current condition regarding this problem? *(Bring proof of treatment to investigation interview)*

Professional Practitioners: *(Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)*

Name and Title	Date of Last Contact	Address	Telephone Number

Co-Petitioner Name: _____ Relationship: _____
(Please Print)

V. LAW ENFORCEMENT INFORMATION:

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes No If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation? Yes No

Parole or Probation Officer's Name: _____ Tel. No.: (____) _____

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes No If yes, please explain: _____

VI. YOUR EDUCATION:

Highest Grade Completed: _____ Graduated High School? Yes No Year: _____

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VII. YOUR EMPLOYMENT: *Please bring confirmation of employment, including pay stubs to the investigation interview.*

Employer: _____ Capacity/Job Title: _____

Length of Employment: _____ Salary: _____

Supervisor's Name, Address and Telephone Number: _____

VIII. YOUR HEALTH:

Name of Your Health Insurance Plan: _____

Present Health Status: Good Fair Poor

If Your Health is Fair or Poor, Please Explain: _____

Are you taking any medication? Yes No

If yes, what kind and for what reason(s)? _____

Special Health Problems: _____

Have you ever had any problem with the following?

Alcohol: Yes No Drugs: Yes No Mental/Emotional Problems: Yes No

If yes, what is your current condition regarding this problem? *(Bring proof of treatment to investigation interview)*

Professional Practitioners: *(Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)*

Name and Title	Date of Last Contact	Address	Telephone Number

IX. FAMILY FINANCES:

Residence: Please provide proof of residence, e.g. rental agreement, at investigation interview.

The home you live in is: owned rented.

How long have you lived there? _____ Monthly Cost: \$ _____ Value: \$ _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Approximate Size: _____ sq.ft.

Income: Please list source(s) of income and amount(s).

	<u>Income Source</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other Assets: Please list other major assets or real property.

	<u>Asset</u>	<u>Value</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

X. PLANS FOR CHILD CARE: (If necessary)

Care Provider(s):

Name	Address	Telephone Number	Hours	Relationship to Child

