CONFIDENTIAL



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 (619) 450-7888

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 before Family Court Services can begin 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)
- Receipt from the probate business office for payment of the \$800 investigation fee or an order indicating that the court has waived the FCS investigation fees. Fees must be paid at the probate business office. FCS investigation appointment cannot be scheduled without receipt of payment or an order waiving the fees.

Once an order has been issued for Family Court Services to complete the investigation, and the investigation fee has been paid, waived or reduced, 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 1555 6th Avenue, 2nd Floor, San Diego, California 92101. You may also drop off your paperwork from 8 a.m. - 12 p.m. and 1 p.m. - 5 p.m., Monday through Thursday and 8:00 a.m. - 12:00 p.m. on 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

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:_____

Ι. 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:	Ste.	City		State		Code
II.	Chool Chool	Ste.	City	5	tate	Zıp	Code
	1. Full Legal Name:	Al	KA or Maiden N	Name:			
	Address:						
	Street Telephone Numbers: Home ()		Work (State		Zip Code
	Social Security Number:	Birth Date:/	/ F	lace of Birth:			
	Driver License Number:	State:		Currently	∕ Valid: 🗌	Yes	🗌 No
	Relationship to Child(ren) on Petition:				Maternal	🗌 Pa	aternal
	2. Full Legal Name:	AI	KA or Maiden N	Name:			
	Address:	Apt.	0.1				Zip Code
	Telephone Numbers: Home ()	Apt.	Work (
	Social Security Number:	Birth Date:/	/ P	lace of Birth:			
	Driver License Number:	State:		Currently	∕ Valid: 🗌	Yes	🗌 No
	Relationship to Child(ren) on Petition:				Maternal	🗌 Pa	aternal
	Attorney for Proposed Guardian(s):						
	Name:		Tel.	No.: ()			
	Address:						
III.	Street PARENTS OF MINOR(S): (Full legal name				state ark "decea		ip Code or that
SDS	C FCS-045 (Rev. 9/12) GUA	ARDIANSHIP QUEST (CONFIDENTIA)				F	Page 2 of 8

person's address and add the date of death, if known.

1. Full Legal Name:	AKA or Maiden Name:				
Address:	Apt.	Citv		7. 0. 1	
Telephone Numbers: Home ()		- 7	State	Zip Code	
Social Security Number:					
Driver License Number:					
Relationship to Child(ren) on Petition:					
<u>Attorney</u> : Name:		Tel. No.:	()		
Address:			<u></u> /		
Street	Ste.	City	State	Zip Code	
2. Full Legal Name:	AKA or M	laiden Name:			
Address:	Apt.	City	State	Zip Code	
Telephone Numbers: Home ()		,		•	
Social Security Number:	Birth Date: //	/ Place	of Birth:		
Driver License Number:	State:		_Currently Valid: 🗌 Yes	🗌 No	
Relationship to Child(ren) on Petition:	_				
<u>Attorney</u> : Name:		Tel. No.:	()		
Address:					
Street	Ste.	City	State	Zip Code	
3. Full Legal Name:		or Maiden Name	:		
Address:	Apt.	City	State	Zip Code	
Telephone Numbers: Home ()					
Social Security Number:	Birth Date: //	/ Place	e of Birth:		
Driver License Number:	State:		_ Currently Valid: 🗌 Yes	🗌 No	
Relationship to Child(ren) on Petition:					
<u>Attorney</u> : Name:		Tel. No.:	()		
Address:					
Street	Ste.	City	State	Zip Code	
4. Full Legal Name:	AKA c	or Maiden Name:			
Address:	Apt.	City	State	Zip Code	
Telephone Numbers: Home ()		,		•	
Social Security Number:	Birth Date: //	/ Place	of Birth:		
Driver License Number:	State:		_Currently Valid: 🗌 Yes	🗌 No	
Relationship to Child(ren) on Petition:	_	_			
Attorney:					
Name:			()		
Address:	Ste.	City	State	Zip Code	
		- 7		,	

IV. HOUSEHOLD COMPOSITION:

A. List other adults 18 or older residing in your home. In ***(Any individuals acting in a parental role will be	dicate if they are acting in a parental role with the child(ren). required to attend the investigation interview).
1. Full Legal Name:	AKA or Maiden Name:
	Work ()
Birth Date: / / Birth Place:	ex: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:	ex: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:(Please Print)		Relationship:				
(Please Print)						
V. LAW ENFORCEMENT INFORMATION	i:					
Have charges ever been filed against ye	lave charges ever been filed against you for crimes other than minor traffic citations?					
Yes No If yes, please explain:						
<u>Charge</u> 1)		<u>City/State</u>	Date			
2)						
Are you on parole or probation? 🗌 Yes						
Parole or Probation Officer's Name:		Tel. No.: ()				
Have you or anyone living in your home	ever been accused	l of child abuse or child molestation?				
☐ Yes ☐ No If yes, please explain:						
VI. YOUR EDUCATION:						
	Creducted H					
		igh School? 🗌 Yes 🗌 No Year:				
College Degree(s) Received.						
VII. YOUR EMPLOYMENT: Please bring co	onfirmation of emplo	yment, including pay stubs to the investi	gation interview.			
Employer:		Capacity/Job Title:				
Length of Employment:		Salary:				
Supervisor's Name, Address and Telep	hone Number:					
VIII. YOUR HEALTH:						
Name of Your Health Insurance Plan:						
Present Health Status: 🗌 Good 🔲	Fair 🗌 Poor					
If your health is fair or poor, Please exp	plain:					
Are you taking any medication?	s 🗌 No					
If yes, what kind and for what reason(s)?					
Special Health Problems:						
Have you ever had any problem with th	e following?					
<u>Alcohol</u> : 🗌 Yes 🗌 No 🛛 <u>Dru</u>	gs: 🗌 Yes 🗌 No	Mental/Emotional Problems:	Yes 🗌 No			
If yes, what is your current condition re	garding this problen	n? (Bring proof of treatment to investigati	ion interview)			
Protessional Practitioners: (Medical docto		counselors who may have treated you within				
Name and Title	Date of Last Contact	Address	Telephone Number			

Co	-Petitioner Name:(Please Print		_ Relationship:	
	(Please Print	t)		
V.	LAW ENFORCEMENT INFORMATION:			
	Have charges ever been filed against you t	for crimes other t	han minor traffic citations?	
	Yes No If yes, please explain:			
	<u>Charge</u> 1)		City/State	Date
	2)			
	3)			
	Are you on parole or probation? Yes			
	Parole or Probation Officer's Name:		Tel. No.: ()	
	Have you or anyone living in your home ev			
	Yes No If yes, please explain:			
VI.	YOUR EDUCATION:			
	Highest Grade Completed:			
	License(s) or Credential(s) Received:			
	College Degree(s) Received:			
VII.	YOUR EMPLOYMENT: Please bring confi	irmation of emplo	yment, including pay stubs to the invest	igation interview.
	Employer:		Capacity/Job Title:	
	Length of Employment:		Salary:	
	Supervisor's Name, Address and Telephor	ne Number:		
VIII	. YOUR HEALTH:			
	Name of Your Health Insurance Plan:			
	Present Health Status: Good Fair			
	If Your Health is Fair or Poor, Please Expl	ain:		
	Are you taking any medication?	No		
	If yes, what kind and for what reason(s)? _			
	Special Health Problems:			
	Have you ever had any problem with the f	ollowing?		
	Alcohol: 🗌 Yes 🗌 No 🛛 Drugs:	🗌 Yes 🗌 No	Mental/Emotional Problems:	Yes 🗌 No
	If yes, what is your current condition regar	ding this problen	n? (Bring proof of treatment to investigat	ion interview)
	Professional Practitioners: (Medical doctors,	novebethereniste	acuraciare who may have treated you within	a the next two vectors
	Name and Title	Date of Last Contact	Address	Telephone Number

IX. FAMILY FINANCES:

Residence: Please provide proof of residence	ce, e.g. rental agreement,	at investigation	on interview.	
The home you live in is: owned rent	ed.			
How long have you lived there?	Monthly Cost: \$		Value: \$	
Number of Bedrooms: Number of	of Bathrooms:	_ Approximat	e Size:	sq.ft.
Income: Please list source(s) of income and Income So			<u>Amount</u>	
1		<u> </u>		
2				
3				
Other Assets: Please list other major assets Asset	or real property.		Value	
1				
2				
3.				

X. PLANS FOR CHILD CARE: (If necessary)

Care Provider(s):

Name	Address	Telephone Number	Hours	Relationship to Child

XI. SUMMARY OF CIRCUMSTANCES:

1. Briefly summarize the reasons why you are requesting this guardianship. You may attach declarations which are being provided to the court in this regard.

2. If more than one person is competing for custody of the child(ren), give reason why you should be primarily responsible for the child(ren).

3. At your Family Court Services appointment we will be seeking information from you regarding the history of the proposed guardians, the natural parents, and the child(ren). You may assist that process by writing down, here or on separate paper, relevant information regarding your family's history and composition, your education and work experience, the child(ren)'s activities, schooling, special needs, visitation with other family members, and anything else you think is important for the children. You may bring this information with you for your interview.

4. To the best of your knowledge, is the mother, the father, or are both parents contesting the guardianship?

I declare under penalty of perjury under the laws of the State of California that all of the information I have submitted in this Guardianship Questionnaire is true and correct.

Date:

Type or print name

Signature

Date:

Type or print name