Attorney or Party Without Attorney (Name and Address):	FOR COURT USE ONLY
Telephone No: Email Address: (Optional) Attorney for (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE Uisalia Division– 221 S Mooney Blvd, Room 203 Visalia, CA 93291	
South County Justice Center - 300 E. Olive Ave., Porterville, CA 93257	
Guardianship of:	Case Number:
CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE	(Probate Code §1513)

When a guardianship case is filed, the Investigator's office will open an investigation by order of the Court. The person filing for guardianship will be responsible for the \$550 investigation fee after Family Court Services completes this investigation, unless that fee is waived or reduced by the court, or payments are arranged by the Court in cases of extreme hardship.

Investigations are done by a Court Investigator for Family Court Services (FCS) or County of Tulare Health and Human Services Agency (HHSA) as follows:

Guardianship of:	Proposed Guardian(s):	Agency:
1. Person or Person/Estate	Relative	FCS
2. Person or Person/Estate	Non-Relative	HHSA
3. Person or Person/Estate	Relative & Non-relative	FCS/HHSA Rotation

Per Probate Code 1513, Family Court Services is to prepare an investigative report to include the social history of the proposed guardians, parents and child(ren) as required by state law, unless waived by the Court. Please complete this entire Guardianship Questionnaire (FCS-303). Information provided in this questionnaire, during interview(s), in other submitted paperwork and from investigative sources will be used to prepare a family social history, evaluation, and recommendation for the court. This report will then be placed in a sealed court file. Copies will be mailed to the proposed guardians, parents, and their respective attorneys.

* "Relative" is defined in Prob. Code § 1513(g) as a person who is a spouse, parent, step-parent, brother, sister, step-brother, step-sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of these persons even after the marriage has been terminated by death or dissolution.

If you are not one of the relations noted above, then you are considered a non-relative for the purposes of this investigation. If you have questions regarding the Family Court Services investigation process, you can call Family Court Services at 559-730-5000 option 6.

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

	Full Legal Name	Birth Date	Age	Person with whom Residing	Related or Not Related to Petitioner(s) *	Primary Language
#1						
#2						
#3						
#4						

Check here if you have additional children to list. Attach a separate sheet of paper titled ATTACHMENT 1 -ADDITIONAL MINOR CHILDREN to the back of this questionnaire.

II. (PROPOSED) GUARDIAN(S):

Check here if you have more than two proposed guardians. For each additional guardian, please photocopy this section and attach it to the end of this Questionnaire - titled ATTACHMENT 2 - ADDITIONAL PROPOSED GUARDIANS.

	Full Legal Name	Birth Date	Age	Primary Language
#1				
#2				

Attorney for Proposed Guardian(s):

Name:		Tel. No.: ()			
Address:					
Street	Ste	City	State	Zip Code	

MINOR CHILD(REN): ADDITIONAL INFORMATION III.

MINOR CHILD #1:

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

School Information (if school age):

School Name	<u>Address</u>	Telephone #	<u>School</u> Days/Hours	Teacher Name	<u>Child Special</u> <u>Needs:</u>

Please attach current and prior school year attendance & grade reports and copy of any educational plan if

<u>available.</u>

Child Care Information:

	Name	Address		Telephone Number	Days/Hours	Relationship to Child			
	Vho transports the child to/fro How will the child be transpor								
H	lealth Information:								
Н	ealth insurance Plan: 🗌 Me	di-Cal Other:							
Ρ	resent Health Status: 🔲 Go	od 🗌 Fair 🗌 Poor							
lf	minor's health is fair or poor	, please explain and inclu	de any specia	al health problems:	:				
ls	s minor taking any medication? Yes No If yes, what kind and for what reason(s)?								
	as the minor child ever had a <u>Alcohol</u> :	Drugs: Yes current condition regardir	No <u>M</u> ng this proble						
	Name and Title	e Date of La Contac		Address		Telephone Number			
Fi	inancial Information:								
т	Type of Income Received for Minor #1: 🗌 TANF 🔄 Cash Aid 🗌 Food stamps 🔲 SSI 🔲 SSDI 🗌 Parental								
A	ssistance 🗌 None 🗌 Oth	1er:							
lf	income received, what is the	e amount?	_						
V	Vho will manage the minor's	income?	_						
D	oes the Minor have a trust? Yes No If yes, what amount and who manages the trust?								

MINOR CHILD #2:

Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government?

□ No □ Not sure □ Yes (*specify tribe*):

School Information (if school age):

School Name	Address	Telephone #	<u>School</u>	Teacher Name	Child Special
			Days/Hours		Needs:

Please attach current and prior school year attendance & grade reports and copy of any educational plan if available.

Child Care Information:

Name	Address	Telephone Number	Days/Hours	Relationship to Child

Who transports the child to/from school and/or child care? Name:_____ Relationship:_____ How will the child be transported if you are granted guardianship?

Health Information:			
Health insurance Plan: Medi-Cal O	ther:		
Present Health Status: Good Fair	Poor		
If minor's health is fair or poor, please expla	ain and include ar	ny special health problems:	
Is minor taking any medication? Yes	No If yes, wh	nat kind and for what reason(s)?	
Has the minor child ever had any problem w	vith the following	?	
Alcohol: Yes No Drugs:	🗌 Yes 🗌 No	Mental/Emotional Problems: 🗌 Ye	s 🗌 No
If yes, what is the child's current co	ndition regarding	this problem?	
Professional Practitioners: (Medical doctors,	dentists, eye docto	or, counselors, regional center workers etc.)	
Name and Title	Date of Last Contact	Address	Telephone Number
Financial Information:			
Type of Income Received for Minor #2:	TANF Cash	n Aid 🔲 Food stamps 🔄 SSI 📃 SSDI	Parental
Type of Income Received for Minor #2:	_	n Aid 🗌 Food stamps 🔄 SSI 🔲 SSDI	Parental

Who will manage the minor's income?

Does the Minor have a trust? 🗌 Yes 🗌 No If yes, what amount and who manages the trust?

MINOR CHILD #3:

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

School Information (if school age):

School Name	<u>Address</u>	Telephone #	<u>School</u> Days/Hours	Teacher Name	<u>Child Special</u> <u>Needs:</u>

Please attach current and prior school year attendance & grade reports and copy of any educational plan if

available.

Child Care Information:

Name	Address	Telephone Number	Days/Hours	Relationship to Child

Who transports the child to/from school and/or child care? Name:_____ Relationship:_____ How will the child be transported if you are granted guardianship?

Health Information:

Health insurance Plan:	🗌 Medi-Cal	Other:

Present Health Status:	🗌 Good	🗌 Fair	🗌 Poor
------------------------	--------	--------	--------

If minor's health is fair or poor, please explain and include any special health problems:

Is minor taking any medication? Yes No If yes, what kind and for what reason(s)?

Has the minor child ever had	any problem wit	h the following?
------------------------------	-----------------	------------------

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

If yes, what is the child's current condition regarding this problem?	
if yes, what is the child's current condition regarding this problem:	

Professional Practitioners: (Medical doctors, dentists, eye doctor, counselors, regional center workers etc.)

Name and Title	Date of Last Contact	Address	Telephone Number

Financial Information:

Type of Income Received for Minor #3: TANF	Cash Aid Food stamps	🗌 SSI	SSDI 🗌 Parental
Assistance 🗌 None 🗌 Other:			
If income received, what is the amount?			

Who will manage the minor's income?

Does the Minor have a trust? Yes No If yes, what amount and who manages the trust?

MINOR CHILD #4:

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

School Information (if school age):

School Name	<u>Address</u>	<u>Telephone #</u>	<u>School</u> Days/Hours	Teacher Name	<u>Child Special</u> <u>Needs:</u>

Please attach current and prior school year attendance & grade reports and copy of any educational plan if

available.

Child Care Information:

	Name	Ad	ddress		Telephone Number	Days/Hours	Relationship to Child	
	Who transports the child to/from school and/or child care? Name: Relationship: How will the child be transported if you are granted guardianship? Relationship:							
H	lealth Information:							
Н	ealth insurance Plan: 🗌 Me	edi-Cal 🗌 Other	:					
Ρ	resent Health Status: 🔲 Go	od 🗌 Fair 🗌] Poor					
lf	minor's health is fair or poor,	, please explain a	and include a	ny specia	I health problems	:		
ls	minor taking any medication	n? 🗌 Yes 🗌 N	lo If yes, wh	nat kind a	nd for what reaso	n(s)?		
	as the minor child ever had a <u>Alcohol</u> :	Drugs: Drugs: Drugs: Drugs:	Yes INO	<u>Me</u> s problem				
	Name and Title	, D	ate of Last Contact		Address		Telephone Number	
E	inancial Information:			1				
Т	ype of Income Received for	Minor #4: 🔲 TAI	NF 🗌 Casl	h Aid 🗌	Food stamps] SSI 🗌 SSDI	Parental	
A	ssistance 🗌 None 🗌 Oth	er:						
lf	income received, what is the	e amount?						
W	/ho will manage the minor's i	income?						
D	oes the Minor have a trust?	Yes No	If yes, what	amount a	and who manages	s the trust?		

CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE

Check here if you have additional children to list. Attach a separate sheet of paper titled ATTACHMENT 3-ADDITIONAL MINOR CHILDREN INFORMATION to the back of this questionnaire.

IV. 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 ()			
Birth Date:/ Place of Birth:		Decea	ased? 🗌 Yes 🗌 No 🔄		
Driver License Number:	State:		Currently Valid: 🗌 Yes	🗌 No	
Relationship to Minor 1:MotherFatherRelationship to Minor 2:MotherFatherRelationship to Minor 3:MotherFatherRelationship to Minor 4:MotherFather					

List other child(ren) of the Legal Parent not listed in this petition.

Name	Birth Date	Location

2. Full Legal Name:	AKA or M	laiden Name:		
Address:	Apt.	City Work (State	Zip Code
Birth Date:// Place of Birth:		,	Deceased? 🗌 Yes	🗌 No
Driver License Number:	State:		Currently Valid: 🗌 Yes	🗌 No
Relationship to Minor 1:MotherFatherRelationship to Minor 2:MotherFatherRelationship to Minor 3:MotherFatherRelationship to Minor 4:MotherFather				

List other child(ren) of the Legal Parent not listed in this petition.

Name	Birth Date	Location

Street

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

City

Address: ____

Apt.

State

PROBATE CASE NUMBER:______PROBATE CASE NAME:_____

Telephone Numbers: Home ()		Work ()		
Birth Date:/ Place of	of Birth:		Deceased? 🗌 Yes	🗌 No
Driver License Number:	State:		Currently Valid: 🗌 Yes	🗌 No
Relationship to Minor 1: Mother Relationship to Minor 2: Mother Relationship to Minor 3: Mother Relationship to Minor 4: Mother Relationship to Minor 4: Mother	Father Father			

List other child(ren) of the Legal Parent not listed in this petition.

Name	Birth Date	Location

4. Full Legal Name:	AKA or N	laiden Name:		
Address:				
Street Telephone Numbers: Home ()	Apt.	Work ()	State	Zip Code
Birth Date:/ Place of Birth:			Deceased? 🗌 Yes	🗌 No
Driver License Number:	State:		Currently Valid: Ves	🗌 No
Relationship to Minor 1:MotherFatherRelationship to Minor 2:MotherFatherRelationship to Minor 3:MotherFatherRelationship to Minor 4:MotherFather				

List other child(ren) of the Legal Parent not listed in this petition.

Name	Birth Date	Location

Check here if you have additional Legal Parents to list. Attach a separate sheet of paper titled ATTACHMENT 4 -ADDITIONAL LEGAL PARENTS to the back of this questionnaire.

V. PROPOSED GUARDIAN #1 ADDITIONAL INFORMATION:

Check here if you have more than two proposed guardians. For each additional guardian, please photocopy this section and attach it to the end of this Questionnaire - titled ATTACHMENT 5 - PROPOSED GUARDIAN ADDITIONAL INFORMATION.

Full Legal Name:	AKA	or Maiden Name	ə:	
Address:				
Street Telephone Numbers: Home ()	Apt.	Work ()	State	Zip Code
Birth Date:/ Place of Birth:				
Driver License Number:	State:		Currently Valid:	Yes 🗌 No
Relationship to Minor 1: Relationship to Minor 2: Relationship to Minor 3: Relationship to Minor 4: List other child(ren) of the Proposed Guardiar	Matern Matern Matern	al (on mother's s al (on mother's s al (on mother's s	ide)	father's side) father's side)
Name	Birth Date		Location	
HOUSEHOLD COMPOSITION: List other adults 1. Full Legal Name:	AKA	or Maiden Name	e:	
Telephone Numbers: Home () Birth Date: / / Birth Place:				
Driver License Number:			Currently Valid:	∕es □No
Relationship to Petitioner(s):				
2. Full Legal Name:				
Telephone Numbers: Home ()				
Birth Date:/ Birth Place:				
Driver License Number:			Currently Valid: 🗌 Y	es 🗌 No
Relationship to Petitioner(s):			d(ren):	
3. Full Legal Name:	AKA	or Maiden Name	9:	
Telephone Numbers: Home ()				
Birth Date:/ / Birth Place:				
Driver License Number:	State	:	Currently Valid: 🗌 Y	es 🗌 No
Relationship to Petitioner(s):	Re	lationship to Chil	d(ren):	
4. Full Legal Name:	AKA	or Maiden Name	9:	
Telephone Numbers: Home ()				
	-			

PROBATE CASE NUMBER: ______PROBATE CASE NAME: _____ Driver License Number: ______State: _____ Currently Valid: __ Yes __ No

Relationship to Petitioner(s): ______ Relationship to Child(ren): _____

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

Name	Birth Date	School	Relationship to Child(ren)Location

LAW ENFORCEMENT INFORMATION:

If you have ever been convicted of a crime Charge	other than minor	traffic citations, please pr City/State	rovide the following	g information: : Date
1)				
2)				
3)				
If you are on Parole or Probation, please p	ovide your Office	er's Name:	Tel. No.: (()
Has anyone in your household ever applied	d for a domestic	violence restraining order	or had one issued	against them?
Yes No; If yes, please explain:				
YOUR EDUCATION:				
Highest Grade Completed:	Graduated Hig	jh School? 🗌 Yes 🗌 I	No Year:	
License(s) or Credential(s) Received:				
College Degree(s) Received:				
YOUR EMPLOYMENT: If you are not employe	d, please indicat	e the source of income		
Employer:		Capacity/Job Title:		
Length of Employment:		Salary:		
Supervisor's Name, Address and Telephon	e Number:			
YOUR HEALTH:				
Name of Your Health Insurance Plan:				
Present Health Status: 🗌 Good 🛛 Fair	Poor			
If your health is fair or poor, please explair	n:			
Are you taking any medication?	□ No; If yes, wh	at kind and for what reas	on(s)?	
Special Health Problems:				
Have you ever had any problem with the fo	ollowing?			
Alcohol: Yes No Drugs:	🗌 Yes 🗌 No	Mental/Emotional	Problems: Yes	3 🗌 No
If yes, what is your current condition regard	ding this problem	?		
Professional Practitioners: (Medical doctors,	counselors, or pro	viders who may have treated	d you within the past	two years.)
Name and Title	Date of Last Contact	Address	\$	Telephone Number

PROPOSED GUARDIAN #2 ADDITIONAL INFORMATION:

Full Legal Name:	AKA	or Maiden Name:		
Address:	Apt.			
Street Telephone Numbers: Home ()	Apt.	Work ()		Zip Code
Birth Date:/ Place of Birth:				
Driver License Number:	State:	0	Currently Valid: 🗌 Yes	s 🗌 No
Relationship to Minor 1: Relationship to Minor 2: Relationship to Minor 3: Relationship to Minor 4:	Materna Materna Materna	al (on mother's side) al (on mother's side) al (on mother's side)	 Paternal (on fath Paternal (on fath Paternal (on fath 	er's side) er's side) er's side)
List other child(ren) of the Proposed Guardian	whom reside outside	e of the residence (ii	different than Guardia	<u>(1 # 1)</u> .
Name	Birth Date		Location	
HOUSEHOLD COMPOSITION: List other adult	ts age 18 or older i	esiding in your home	(If different that Guar	dian #1).
4 Full Local Names		or Maidan Nama		
1. Full Legal Name:				
Telephone Numbers: Home ()				<u> </u>
Birth Date: / / Birth Place:				
Driver License Number:				
Relationship to Petitioner(s):	Ke	lationship to Child(rei	1)	
2. Full Legal Name:	AKA	or Maiden Name:		
Telephone Numbers: Home ()		Work ()		
Birth Date: / / Birth Place:				
Driver License Number:	State	: Cu	rrently Valid: 🗌 Yes	🗌 No
Relationship to Petitioner(s):	Re	lationship to Child(rer	ו):	
3. Full Legal Name:	AKA	or Maiden Name:		
Telephone Numbers: Home ()				
Birth Date: / / Birth Place:				
Driver License Number:	State	: Cu	rrently Valid: 🗌 Yes	🗌 No
Relationship to Petitioner(s):				
4. Full Legal Name:	AKA	or Maiden Name:		
Telephone Numbers: Home ()				
Birth Date: / / Birth Place:				
Driver License Number:			rrently Valid: Yes	□ No
Relationship to Petitioner(s):				

List other shild(rep) under age 18 living in w ir bousehold (If different than Guardian #1)

-	Name	Birth Date	School	Relations Child(ren)L	•
		a a .			
	f you have ever been convicted of a crime <u>Charge</u>		City/State	e provide the followi	ng information: Date
)				
	2)				
	3)				• ()
		-			
	Has anyone in your household ever applie		-		-
	Yes No; If yes, please explain:				
YOU	R EDUCATION:				
H	Highest Grade Completed:	Graduated Hig	h School? 🗌 Yes 🛛	No Year:	
L	icense(s) or Credential(s) Received:				
C	College Degree(s) Received:				
v011	R EMPLOYMENT: If you are not employed	ad places indicate	the course of income		
	Employer:	-			
	ength of Employment:				
	Supervisor's Name, Address and Telepho				
	R HEALTH:				
	Name of Your Health Insurance Plan:				
	Present Health Status: Good Fai				
	If your health is fair or poor, please explai				
	Are you taking any medication?				
	Special Health Problems:	-		ason(s):	
	Have you ever had any problem with the				
I			Mantal/Emotion	nal Problems: 🗌 Ye	
	If yes, what is your current condition rega				es 🔝 No
	Professional Practitioners: (Medical doctors	•			
<u>r</u>		-	viders who may have trea	ated you within the pas	
	Name and Title	Date of Last Contact	Addre	ess	Telephone Number

Name and Title	Date of Last Contact	Address	Telephone Number

VI. FAMILY FINANCES OF PROPOSED GUARDIAN(S):

If proposed guardians are not living together, please photocopy this sheet and attach a separate sheet for each additional proposed guardian titled – ATTACHMENT 5 – FAMILY FINANCES OF PROPOSED GUARDIAN(S).

Residence:.			
The home you live in is: owned rented.			
How long have you lived there?	Monthly Cost: \$	V	alue: \$
Number of Bedrooms: Number of Bat	hrooms:	_ Approximate Size: _	sq.ft.
Please describe the sleeping arrangements for ea	ach household mem	ber including the prop	oosed guardians and minor
children:			
Income: Please list source(s) of income and amound Income Source	unt(s).		Amount
1			
2			
3			
Other Assets: Please list other major assets or rea	al property.		Value
<u></u> 1			value
2			
3			
Within the past 5 years, have you been served a	Three Day Notice to	Pay or Quit? 🔲 Yes	□ No;

If yes, please explain: _____

VII. SUMMARY OF CIRCUMSTANCES:

1. Briefly explain the benefits to the minor(s) if you are granted guardianship? Please include how you will provide guidance and what type of discipline you will use.

2. If there is a conflict between you and the minor's parent(s), please state the nature of the conflict and with which parent(s) the conflict exists.

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

4. To the best of your knowledge, is the mother, the father, or are the legal parents contesting the guardianship? ☐ Yes ☐ No; If yes, who? _____

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:	Signed:
	Print Name:
Date:	Signed: