

Attorney or Party Without Attorney (Name and Address): Telephone No: Email Address: (Optional) Attorney for (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE <input type="checkbox"/> Visalia Division– 221 S Mooney Blvd, Room 203 Visalia, CA 93291 <input type="checkbox"/> 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.

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

III. MINOR CHILD(REN): ADDITIONAL INFORMATION

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):

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

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

Child Care Information:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Days/Hours</u>	<u>Relationship to Child</u>

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 with the following?

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

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

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

<u>Name and Title</u>	<u>Date of Last Contact</u>	<u>Address</u>	<u>Telephone Number</u>

Financial Information:

Type of Income Received for Minor #1: 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?

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

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):

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

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

Child Care Information:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Days/Hours</u>	<u>Relationship to Child</u>

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 with the following?

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

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

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

<u>Name and Title</u>	<u>Date of Last Contact</u>	<u>Address</u>	<u>Telephone Number</u>

Financial Information:

Type of Income Received for Minor #2: TANF Cash Aid Food stamps SSI SSDI Parental Assistance None Other: _____

If income received, what is the amount? _____

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

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	Address	Telephone #	School Days/Hours	Teacher Name	Child Special 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 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 with the following?

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

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? _____

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

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):

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

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

Child Care Information:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Days/Hours</u>	<u>Relationship to Child</u>

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 with the following?

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

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

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

<u>Name and Title</u>	<u>Date of Last Contact</u>	<u>Address</u>	<u>Telephone Number</u>

Financial Information:

Type of Income Received for Minor #4: 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?

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

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: _____ Deceased? Yes No

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

Relationship to Minor 1: Mother Father

Relationship to Minor 2: Mother Father

Relationship to Minor 3: Mother Father

Relationship to Minor 4: Mother Father

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

Name	Birth Date	Location

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

Address: _____
Street Apt. City State Zip Code

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

Birth Date: ____/____/____ Place of Birth: _____ Deceased? Yes No

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

Relationship to Minor 1: Mother Father

Relationship to Minor 2: Mother Father

Relationship to Minor 3: Mother Father

Relationship to Minor 4: Mother Father

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

Name	Birth Date	Location

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

Address: _____
Street Apt. City State Zip Code

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

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

Birth Date: ____/____/____ Place of Birth: _____ Deceased? Yes No

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

Relationship to Minor 1: Mother Father

Relationship to Minor 2: Mother Father

Relationship to Minor 3: Mother Father

Relationship to Minor 4: Mother Father

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

Name	Birth Date	Location

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

Address: _____
Street Apt. City State Zip Code

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

Birth Date: ____/____/____ Place of Birth: _____ Deceased? Yes No

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

Relationship to Minor 1: Mother Father

Relationship to Minor 2: Mother Father

Relationship to Minor 3: Mother Father

Relationship to Minor 4: Mother Father

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.

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

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: _____

Address: _____
Street Apt. City State Zip Code

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

Birth Date: ____/____/____ Place of Birth: _____

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

Relationship to Minor 1: _____ Maternal (on mother's side) Paternal (on father's side)
Relationship to Minor 2: _____ Maternal (on mother's side) Paternal (on father's side)
Relationship to Minor 3: _____ Maternal (on mother's side) Paternal (on father's side)
Relationship to Minor 4: _____ Maternal (on mother's side) Paternal (on father's side)

List other child(ren) of the Proposed Guardian whom reside outside of the residence:

Name	Birth Date	Location

HOUSEHOLD COMPOSITION: List other adults age **18 or older** residing in your home.

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

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

Birth Date: ____/____/____ Birth Place: _____ Sex: _____

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

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

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

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

Birth Date: ____/____/____ Birth Place: _____ Sex: _____

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

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

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

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

Birth Date: ____/____/____ Birth Place: _____ Sex: _____

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

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

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

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

Birth Date: ____/____/____ Birth Place: _____ Sex: _____

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 other than minor traffic citations, please provide the following information: :

	Charge	City/State	Date
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

If you are on Parole or Probation, please provide your Officer's Name: _____ Tel. No.: (____) _____

Has anyone in your household ever applied for a domestic violence restraining order or had one issued against them?

Yes No; If yes, please explain: _____

YOUR EDUCATION:

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

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

College Degree(s) Received: _____

YOUR EMPLOYMENT: If you are not employed, please indicate the source of income..

Employer: _____ Capacity/Job Title: _____

Length of Employment: _____ Salary: _____

Supervisor's Name, Address and Telephone Number: _____

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? _____

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

Name and Title	Date of Last Contact	Address	Telephone Number

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

PROPOSED GUARDIAN #2 ADDITIONAL INFORMATION:

Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

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

Birth Date: ____/____/____ Place of Birth: _____

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

Relationship to Minor 1: _____ Maternal (on mother's side) Paternal (on father's side)

Relationship to Minor 2: _____ Maternal (on mother's side) Paternal (on father's side)

Relationship to Minor 3: _____ Maternal (on mother's side) Paternal (on father's side)

Relationship to Minor 4: _____ Maternal (on mother's side) Paternal (on father's side)

List other child(ren) of the Proposed Guardian whom reside outside of the residence (if different than Guardian #1):

Name	Birth Date	Location

HOUSEHOLD COMPOSITION: List other adults age **18 or older** residing in your home (If different that Guardian #1).

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

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

Birth Date: ____/____/____ Birth Place: _____ Sex: _____

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

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

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

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

Birth Date: ____/____/____ Birth Place: _____ Sex: _____

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

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

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

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

Birth Date: ____/____/____ Birth Place: _____ Sex: _____

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

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

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

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

Birth Date: ____/____/____ Birth Place: _____ Sex: _____

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

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

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

List other child(ren) **under age 18** living in your household (If different than Guardian #1)

Name	Birth Date	School	Relationship to Child(ren) Location

LAW ENFORCEMENT INFORMATION:

If you have ever been convicted of a crime other than minor traffic citations, please provide the following information:

	Charge	City/State	Date
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

If you are on Parole or Probation, please provide your Officer's Name: _____ Tel. No.: (____) _____

Has anyone in your household ever applied for a domestic violence restraining order or had one issued against them?

Yes No; If yes, please explain: _____

YOUR EDUCATION:

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

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

College Degree(s) Received: _____

YOUR EMPLOYMENT: If you are not employed, please indicate the source of income.

Employer: _____ Capacity/Job Title: _____

Length of Employment: _____ Salary: _____

Supervisor's Name, Address and Telephone Number: _____

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? _____

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

Name and Title	Date of Last Contact	Address	Telephone Number

PROBATE CASE NUMBER: _____ PROBATE CASE NAME: _____

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: \$ _____ Value: \$ _____

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

Please describe the sleeping arrangements for each household member including the proposed guardians and minor children: _____

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.	_____	_____

Within the past 5 years, have you been served a Three Day Notice to Pay or Quit? Yes No;

If yes, please explain: _____

