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  Visalia Division– 221 S Mooney Blvd, Room 203 Visalia, CA 93291  South County Justice Context, 200 F. Olive Ave., Porton illa, CA 93257	
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.

	Full Legal Name	Birth Date	Age		vith whom iding	Related or Not Related to Petitioner(s) *	Pri Lan
#1							
#2							
#3							
#4							
DDITION ROPOS Check	c here if you have additional NAL MINOR CHILDREN to the SED) GUARDIAN(S):  here if you have more than and attach it to the and of this	the back of this que	iestionna ardians. F	ire. For each ac	ditional gua	rdian, please phot	осору
DDITION ROPOS Check	NAL MINOR CHILDREN to the second seco	the back of this que	iestionna ardians. F	ire. For each ac	ditional gua	rdian, please phot	осору
ROPOS Check	NAL MINOR CHILDREN to the second seco	the back of this qu two proposed gua Questionnaire – t	iestionna ardians. F	ire. For each ac	ditional gua	rdian, please phot	ocopy D
ROPOS Check	NAL MINOR CHILDREN to the second seco	the back of this qu two proposed gua Questionnaire – t	estionna ardians. F	ire. For each ac FACHMENT	ditional gua	rdian, please phot ONAL PROPOSE	ocopy D
ROPOS Check ection ar	NAL MINOR CHILDREN to the second seco	the back of this qu two proposed gua Questionnaire – t	estionna ardians. F	ire. For each ac FACHMENT	ditional gua	rdian, please phot ONAL PROPOSE	ocopy D
ROPOS Check ection ar UARDIA #1	NAL MINOR CHILDREN to the second of the second stack it to the end of this and the second sec	the back of this qu two proposed gua Questionnaire – t	estionna ardians. F	ire. For each ac FACHMENT	ditional gua	rdian, please phot ONAL PROPOSE	ocopy D
ROPOS Check ection ar UARDIA #1 #2	NAL MINOR CHILDREN to the second seco	two proposed guas Questionnaire – t	estionna ardians. F	For each action of the control of th	ditional gua	rdian, please phot ONAL PROPOSE	ocop D

	IDLN	PROBAT	E CASE IN					
III. MINOR CH	IILD(REN): ADDIT	IONAL INFORMATIO	ON					
MINOR CHILD #1:								
		r membership in, an I iy tribe):						nment?
School Information	ı (if school age):							
School Name	<u>Address</u>	Telephone # School Tea			Teacher Name		<u>C</u> h	nild Special
			Days/Ho	<u>urs</u>			<u>Ne</u>	eds:
Please attach curi	ent and prior sch	ool year attendance	& grade r	eports ar	nd cop	v of anv edu	ucat	ional plan if
available.				-,		,		
Child Care Informa	tion:							
Name		Address		Teleph Numb		Days/Hou	ırs	Relationship to Child
Vha transparta tha	child to/from schoo	ol and/or child care? N	Name:			Relations	ship:	
How will the child the child the Health Information: Health insurance Place Pl	oe transported if yo an:	u are granted guardia						
How will the child the Health Information: Health insurance Pieresent Health State from the minor's health is form the minor taking any the minor child the Minor that is form the minor child the Minor that is form the minor child the minor child the Minor that is form the minor child t	an:  Medi-Cal us:  Good  air or poor, please medication?  Ye ever had any prob	Other:  Fair Poor explain and include a es No If yes, where the secondition regarding the	ny special hat kind an g? <u>Mer</u> is problem	health produced for what he more than the mo	oblems t reaso ional Pr	n(s)?	Yes	s 🗆 No
How will the child the Health Information: Health Insurance Pieresent Health State from the minor's health is form the minor taking any has the minor child Alcohol: Yes If yes, what is	an:  Medi-Cal us:  Good  air or poor, please medication?  Ye ever had any prob	Other: Fair Poor explain and include a es No If yes, where the sectors of the sec	ny special hat kind an g? <u>Mer</u> is problem	health produced for what he more than the mo	oblems t reaso ional Pr	n(s)?	Yes	s 🗆 No
How will the child be realth Information: Health insurance Place of the Present Health State of minor's health is formation of the second of the minor taking any second of the minor child of the minor ch	an:  Medi-Cal us:  Good  air or poor, please medication?  Ye ever had any prob	Other:  Fair Poor explain and include a es No If yes, where the secondition regarding the	ny special hat kind an g? <u>Mer</u> is problem	health production of for what intal/Emotion of the latest the late	oblems t reaso ional Pr	n(s)?	Yes	s 🗆 No
How will the child the Health Information: Health Insurance Place Present Health State of minor's health is formation and the minor child the Alcohol: Yes If yes, what is the Professional Prace	an: Medi-Cal aus: Good  air or poor, please medication? Ye ever had any prob Modern No Dru the child's current of	Other: Fair Poor explain and include a es No If yes, where the sectors of the sec	ny special hat kind an g? <u>Mer</u> is problem	health production of for what intal/Emotion of the latest the late	oblems t reaso	n(s)?	Yes	S No Telephone
How will the child the Health Information: Health Insurance Place Present Health State for minor's health is for minor taking any has the minor child the Alcohol: Yes If yes, what is the Professional Prace	an: Medi-Cal aus: Good  air or poor, please medication? Ye ever had any prob Modern No Dru the child's current of	Other: Fair Poor explain and include a es No If yes, where the sectors of the sec	ny special hat kind an g? <u>Mer</u> is problem	health production of for what intal/Emotion of the latest the late	oblems t reaso	n(s)?	Yes	S No Telephone
How will the child the Health Information: Health Insurance Place Present Health State for minor's health is for minor taking any has the minor child the Alcohol: Yes If yes, what is the Professional Prace	an: Medi-Cal an: Good Gair or poor, please medication? Ye ever had any prob March No Dru the child's current of citioners: (Medical do	Other: Fair Poor explain and include a es No If yes, where the sectors of the sec	ny special hat kind an g? <u>Mer</u> is problem	health production of for what intal/Emotion of the latest the late	oblems t reaso	n(s)?	Yes	S No Telephone

OBATE CASE NUM	DEK		PROBAT	E CASE	NAIVIE				
MINOR CHILD #2:									
Is this child a memb	er of, or eli	gible for n	nembership in, an	Indian trib	e recogniz	ed by th	ne federal go	over	nment?
☐ No ☐ Not sui	re 🗌 Yes	(specify t	tribe):						
School Information	(if school a	<u>ige):</u>							
School Name	Address Telephone # School Teacher Name Ch							nild Special	
			-	Days/Ho	<u>ours</u>			Ne	eds:
Please attach curr	ent and pri	or schoo	ol year attendance	& grade	reports a	nd copy	y of any edu	ucat	ional plan if
available.									
Child Care Informat	ion:								
Name			Address		Teleph Num		Days/Hou	ırs	Relationship to Child
								l	
Who transports the									
How will the child b	e transporte	eu ii you a	ire granteu guardia	nsnip:					
Health Information: Health insurance Pl Present Health Stat If minor's health is fa	us: 🗌 God	od 🗌 Fa	air 🗌 Poor						
Is minor taking any	medication <sup>*</sup>	? 🗌 Yes	☐ No If yes, w	hat kind a	nd for wha	at reaso	n(s)?		
	☐ No is the child	<u>Drugs</u> 's current	s: Yes No condition regarding	Meg this prob	olem?				
Nam	e and Title		Date of Last Contact		Ac	ldress			Telephone Number
			Contact						- Italiiboi
Financial Informate Type of Income Rec Assistance Non If income received, Who will manage the Does the Minor have	ceived for Male Dother the other of the other or the other of the othe	er: amount? ncome? _						SDI	☐ Parental
			-			-			

OBATE CASE NUM	IBER:		PROBAT	TE CASE	NAME:				
NOR CHILD #3:									
Is this child a memb									
School Information	(if school age):								
School Name	Address	Te	lephone #	School		Teach	ner Name	Cl	nild Special
				Days/Ho	<u>ours</u>			<u>Ne</u>	eeds:
Please attach curr	ent and prior s	chool y	ear attendance	& grade	reports a	nd cop	y of any ed	<u>ucat</u>	ional plan if
available. Child Coro Informa	tion:								
Child Care Informa	uon.				Teleph	none			Relationship
Name			Address		Num		Days/Hou	ırs	to Child
Who transports the									
How will the child b	•	you are	granted guardia	inship?					_
Health Information:									
Health insurance Pl									
Present Health Stat	_		_						
f minor's health is f	air or poor, plea	se expla	in and include a	any specia	ıl health pı	oblems	:		
s minor taking any	modication?		□ No. If yos w	hat kind a	nd for who	ot rooco	n(c)2		
s minor taking any	medication?	res [	No_ii yes, w	nat kind a	na ioi wna	at reaso	n(s) :		
las the minor child	ever had anv p	roblem w	vith the following	 g?					
Alcohol: Yes			·	•	ental/Emo	tional P	roblems:	] Ye:	s 🗌 No
	ne child's curren								
Professional Practit	ioners: (Medical	doctors,	dentists, eye doc	tor, counse	lors, region	al cente	r workers etc.	)	
Nam	e and Title		Date of Last		Ac	dress			Telephone
			Contact						Number
Financial Informat	ion:								
Type of Income Re		·#3: $\square$	TANF □ Cas	sh Aid 🗍	Food star	nps [	lssi □s	SDI	☐ Parental
Assistance  Nor						_			
If income received,									
Who will manage th									
Does the Minor hav	e a trust? 🔲 Y	es 🔲	No If yes, wha	t amount a	and who m	nanages	the trust?		

OBATE CASE NUM	IBER:		PROBAT	TE CASE	NAME:				
MINOR CHILD #4	<u>:</u>								
1. (1.2 1.9.1	l <b>(</b> l'	. 11 12 62		1 - 2 62			(l <b>(</b> l l .		
Is this child a mem  No Not su									rnment?
School Information	(if school a	ge):							
School Name	Address	Te	lephone #	School		Teach	ner Name	CI	nild Specia
				Days/He	<u>ours</u>			Ne	eds:
Please attach curr	ent and pri	or school y	<u>rear attendance</u>	<u>&amp; grade</u>	reports a	nd cop	y of any edi	<u>ucat</u>	tional plan
<u>available.</u> Child Care Informat	tian.								
Child Care Informate	tion:				Talami		1		Dalational
Name			Address		Teleph Num		Days/Hou	ırs	Relationsl to Child
L Who transports the	child to/from	n school and	d/or child care?	Name:			_ Relations	 ship:	
How will the child b	e transporte	ed if you are	granted guardia	anship? _					
Health Information:									
Health insurance Pl	an:	i-Cal ∏O	ther:						
Present Health Stat									
	<del></del>	<del>_</del>	<del></del>						
f minor's health is f	air or poor, p	olease expla	ain and include a	any specia	ıl health pı	roblems	:		
s minor taking any				ملموايلة ما			-(-)2		
s minor taking any	medications	□ 163	NO II yes, w	iiai kiiiu a	iiu ioi wiia	at reaso	11(3):		
Has the minor child	over had an	v problem	with the following	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
				•	antal/Emai	tional D	roblomo. $\Box$	l Va	a $\square$ No
Alcohol: Yes			☐ Yes ☐ No			lional P	roblems:	res	s 🔲 NO
			ion regarding thi			al conto	m workers etc	`	
Professional Practit	uoners. (wed	iicai doctors,	1	tor, counse	iors, region	ai centei	workers etc.,	<i>)</i>	Talamban
Nam	e and Title		Date of Last Contact		Ad	ddress			Telephon Number
Financial Informat			_			_			
Type of Income Re				sh Aid 🗌	Food star	nps	]SSI □S	SDI	☐ Parenta
Assistance $\square$ Nor	ne 🗌 Othe	er:							
If income received,	what is the	amount?							
Who will manage th	ne minor's in	come?							
Does the Minor hav	e a trust?	] Yes	No If yes, wha	t amount a	and who m	nanages	the trust?		
							dd. La <del>rr</del> :	~· ··	AENIT C
Check here if you							titled ATTA	JH۱۷	⁄IENI 3-

person's address and add the date of dea	atri, ii Kriowii.			
1. Full Legal Name:	AKA o	r Maiden Name:		
Address:	Ant	City	State	Zip Code
Telephone Numbers: Home ()				
Birth Date:/ Place of B				
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 n	ot listed in this petition.			
Name	Birth Date		Location	
2. Full Legal Name:	AKA o	r Maiden Name:		
Address: Street	Ant	City	State	Zip Code
Telephone Numbers: Home ()		Work () _		
Birth Date:/ Place of B	irth:		Deceased?   Yes	□ No
Driver License Number:	State:	_	Currently Valid:   Yes	☐ No
• = =	Father Father Father			
Name	Birth Date		Location	
Name	Birth Date		Location	
Name	Birth Date		Location	
Name	Birth Date		Location	
		r Maiden Name:		
3. Full Legal Name:	AKA o			
3. Full Legal Name:Address:	AKA o	City	State	Zip Code
3. Full Legal Name:	AKA o		State	Zip Code

ather rather father fat	ion.	Location	
•	ion.	Location	
Birth Date		Location	
			_
ather ather ather ather			
Birth Date		Location	
	rth: Si father father father father fot listed in this peti	Apt. City Work () rth: State: Stater father father father fot listed in this petition.  Birth Date	work ()  rth: Deceased?

PROBATE CASE NAME:	_
L INFORMATION:	
AKA or Maiden Name:	
Apt. City Work ( )	State Zip Code
	/ Valid: ☐ Yes ☐ No
Maternal (on mother's side) ☐ Pa ☐ Maternal (on mother's side) ☐ Pa ☐ Maternal (on mother's side) ☐ Pa	ternal (on father's side
lian whom reside outside of the residence:	
Birth Date Location	on
Work ()	
:Sex:	
::Sex:	
::Sex:	Valid: ☐ Yes ☐ No
Sex:   State:   Currently	Valid: ☐ Yes ☐ No
Sex:State: Currently Relationship to Child(ren): AKA or Maiden Name:	Valid: ☐ Yes ☐ No
Sex: State: Currently Relationship to Child(ren): AKA or Maiden Name: Work ()	Valid: ☐ Yes ☐ No
Sex:State: Currently Relationship to Child(ren): AKA or Maiden Name: Work () :: Sex:	Valid: ☐ Yes ☐ No
Sex: State: Currently Relationship to Child(ren): AKA or Maiden Name: Work ()	Valid: ☐ Yes ☐ No
Sex:State: Currently Relationship to Child(ren): AKA or Maiden Name: Work () :: Sex: State: Currently \( \) Relationship to Child(ren):	Valid: ☐ Yes ☐ No
Sex: State: Currently Relationship to Child(ren): AKA or Maiden Name: Work () : Sex: State: Currently \ Relationship to Child(ren): AKA or Maiden Name:	Valid: ☐ Yes ☐ No
Sex:State: Currently Relationship to Child(ren): AKA or Maiden Name: Work () :: Sex: State: Currently \( \) Relationship to Child(ren):	Valid: ☐ Yes ☐ No
Sex: State: Currently Relationship to Child(ren): AKA or Maiden Name: Work () :: Sex: State: Currently \ Relationship to Child(ren): AKA or Maiden Name: Work ()	Valid: ☐ Yes ☐ No
Sex: State: Currently   Relationship to Child(ren): AKA or Maiden Name: Work ()   Sex: State: Currently   Currently   AKA or Maiden Name: Work ()   AKA or Maiden Name: Work ()   Sex: Sex: Sex: Sex: Sex: Sex: Nork ()   Sex: Sex: Sex: Nork ()   Sex: Nork ( Nork (   Sex: Nork (	Valid: Yes No
Sex: State: Currently   Relationship to Child(ren): AKA or Maiden Name: Work ()   Sex: State: Currently   Relationship to Child(ren): AKA or Maiden Name: Work ()   Sex: State: Currently   Sex: State: Currently   Relationship to Child(ren): Sex: State: Currently   Relationship to Child(ren): State: Currently   Relationship to Child(ren): State: Currently   Sex: State: State: Currently   Sex: State: Currently   Sex: State: Currently   Sex: State: Currently   Sex: State: State: Currently   Sex: State: State: Currently   Sex: State: State: State: Currently   Sex: State:	Valid: Yes No
Sex: State: Currently   Relationship to Child(ren): AKA or Maiden Name: Work ()   Sex: State: Currently   Relationship to Child(ren): AKA or Maiden Name: Work ()   Sex: State: Currently   Sex: State: Currently   State: Currently   Sex: State: Currently   S	Valid: Yes No
	dian whom reside outside of the residence:

OBATE CASE NUMBER:	PROBATI	E CASE NAME:		
Driver License Number:		_State:	_ Currently Valid: [	☐ Yes ☐ No
Relationship to Petitioner(s):				
t other child(ren) under age 18 living in	vour household:			
Name	Birth Date	School	Relations	ship to
Name	Birtii Date		Child(ren)L	-ocation
AW ENFORCEMENT INFORMATION:				
If you have ever been convicted of a c	rime other than minor		se provide the followi	ng information:
<u>Charge</u>		<u>City/State</u>		<u>Date</u>
1)				
2) 3)				
If you are on Parole or Probation, plea				:()
Has anyone in your household ever a				
☐ Yes ☐ No; If yes, please explai	•	•		•
OUR EDUCATION:				
Highest Grade Completed:	Graduated Hiç	gh School? 🗌 Yes	☐ No Year:	
License(s) or Credential(s) Received:				
College Degree(s) Received:				
NID EMDLOVMENT, If you are not am	alayad plagas indicate	the course of incom		
OUR EMPLOYMENT: If you are not employer:				
Employer: Length of Employment:				
Supervisor's Name, Address and Tele				
OUR HEALTH:	priorie Number.			
Name of Your Health Insurance Plan				
Present Health Status: Good				
If your health is fair or poor, please ex				
Are you taking any medication?				
Special Health Problems:	•		. ,	
Have you ever had any problem with				
•	rugs:	Mantal/Emoti	onal Problems: Y	os 🗆 No
If yes, what is your current condition	<del></del>	•		
Professional Practitioners: (Medical do				
i roressionari ractitioners. (iviedical do	Date of Last	videre who may have th		
Name and Title	Contact	Add	ress	Telephone Number

ROBATE CASE NUMBER:	PROBATE CAS	E NAME:		
ROPOSED GUARDIAN #2 ADDITIONAL INFO	RMATION:			
Full Legal Name:	AKA	or Maiden Name: _		
Address:		City		
Street Telephone Numbers: Home ()		•	State	Zip Code
Birth Date:/ Place of Birth:				
Driver License Number:	State:		Currently Valid: T	es 🗌 N
Relationship to Minor 1: Relationship to Minor 2:	☐ Matern	al (on mother's side)		ther's side
Relationship to Minor 3:Relationship to Minor 4:		al (on mother's side) al (on mother's side)	☐ Paternal (on fal	tner's side ther's side
List other child(ren) of the Proposed Guardian				<u>ian #1)</u> :
Name	Birth Date		Location	
HOUSEHOLD COMPOSITION: List other adu  1. Full Legal Name:	-		·	
Telephone Numbers: Home ()				
Birth Date: / / Birth Place:				
Driver License Number:			Currently Valid: ☐ Ye	s $\square$ No
Relationship to Petitioner(s):				
2. Full Legal Name:	ΔΚΔ	or Maiden Name:		
Telephone Numbers: Home ()	,,,,,	Work ()		
Birth Date:/ Birth Place:	Sex:			
Driver License Number:			urrently Valid: Tes	. □ No
Relationship to Petitioner(s):				
3. Full Legal Name:	AKA	or Maiden Name		
Telephone Numbers: Home ()				
Birth Date:/ Birth Place:				
Driver License Number:			urrently Valid: Tes	. □ No
Relationship to Petitioner(s):				
4. Full Legal Name:	AKA	or Maiden Name:		
Telephone Numbers: Home ()				
Birth Date: / / Birth Place:				
Driver License Number:			urrently Valid:   Yes	i □ No
Relationship to Petitioner(s):				<del>_</del>

PROBATE CASE NUMBER:	PROBAT	E CASE NAME:		
List other child(ren) under age 18 living in	n vour household (	If different than Guardi	an #1)	
Name	Birth Date	School	Relations Child(ren)L	
LAW ENFORCEMENT INFORMATION:				
If you have ever been convicted of a crime Charge	e other than minor	traffic citations, please City/State	provide the following	ng information: <u>Date</u>
1)				
2)				
3)				
If you are on Parole or Probation, please	provide your Office	er's Name:	<u> </u>	: ()
Has anyone in your household ever applie	ed for a domestic v	violence restraining ord	er or had one issue	d against them?
☐ Yes ☐ No; If yes, please explain: _				
YOUR EDUCATION:				
Highest Grade Completed:	Graduated Hiç	gh School?	☐ No Year:	
License(s) or Credential(s) Received:		-		
College Degree(s) Received:				
YOUR EMPLOYMENT: If you are not employ	•			
Employer:				
Length of Employment:		Salary:		
Supervisor's Name, Address and Telepho	one Number:			
YOUR HEALTH:				
Name of Your Health Insurance Plan:				
Present Health Status: Good Fa	air 🗌 Poor			
If your health is fair or poor, please expla	in:			
Are you taking any medication? ☐ Yes	☐ No; If yes, wh	nat kind and for what re	ason(s)?	
Special Health Problems:				
Have you ever had any problem with the	following?			
Alcohol: ☐ Yes ☐ No <u>Drugs</u>	s: 🗌 Yes 🔲 No	Mental/Emotion	nal Problems: 🔲 Yo	es 🗌 No
If yes, what is your current condition rega	arding this problem	n?		
Professional Practitioners: (Medical doctors	s, counselors, or pro	viders who may have trea	nted you within the pas	st two years.)
Name and Title	Date of Last Contact	Addre	ess	Telephone Number

NOBATE CASE NOW	BEK:		PROBATE	CASE NA	AME:			
. FAMILY FINANCES  If proposed guardia  additional proposed	ns are not livi	ng together, p	please photoco					
Residence:.								
The home you live	n is: $\square$ owne	d 🗌 rented	i.					
How long have you	lived there? _		Monthly	/ Cost: \$		Value	e: \$	
Number of Bedroor	าร:	_ Number of	Bathrooms:		Approxima	ite Size:		_sq.ft.
children:								
children:								
Income: Please list	source(s) of i	ncome and ai	mount(s). ce				nount	
	source(s) of i	ncome and ai	mount(s). ce				n <u>ount</u>	
Income: Please list  1 2	source(s) of i	ncome and ai	mount(s). ce				nount	
Income: Please list	source(s) of i	ncome and ai	mount(s). ce				nount	
Income: Please list  1 2	source(s) of i	ncome and ai Income Sour	mount(s). ce			<u>Am</u>	nount	
1	source(s) of i	ncome and ai Income Source Income Source Income Source Income Source Income and air Income	mount(s). ce r real property.			<u>Am</u>		
Income: Please list  1 2 3Other Assets: Please	source(s) of in	ncome and ai Income Source Ajor assets of Asset	mount(s). ce r real property.			<u>Am</u>	<u>alue</u>	

PROB	ATE CASE NUMBER:	PROBATE CASE NAME:
VII.	SUMMARY OF CIRCUMSTANCES:	
1.	Briefly explain the benefits to the minor(s) if guidance and what type of discipline you will	you are granted guardianship? Please include how you will provide use.
2.	If there is a conflict between you and the mi parent(s) the conflict exists.	nor's parent(s), please state the nature of the conflict and with which
3.	If more than one person is competing for c responsible for the child(ren).	ustody of the child(ren), give reasons why you should be primarily
4.	To the best of your knowledge, is the moth Yes No; If yes, who?	er, the father, or are the legal parents contesting the guardianship?
	re under penalty of perjury under the laws of the ardianship Questionnaire is true and correct.	ne State of California that all of the information I have submitted in
Date: _		Signed:
		Print Name:
Date: _		Signed:
		Print Name: