



SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

Central Division, Probate Department, Room 300
1130 'O' Street, Fresno, California 93724-0002
(559) 457-1888

Dear Proposed Guardian of the Person of a Minor,

You are beginning a very serious legal proceeding in which the Court must determine what is in the best interest of a child who is without proper parental care. The Court must have information about the child, you, and your family before making its determination.

YOU MUST COMPLETE AND SUBMIT THE ATTACHED QUESTIONNAIRE WITH TWO COPIES WHEN YOU FILE YOUR PETITION TO BE APPOINTED. A SEPARATE QUESTIONNAIRE IS REQUIRED FOR EACH PROPOSED GUARDIAN.

The following documents must also be submitted with the petition:

- Copy of the legal (not hospital) birth certificate for the child, and
- Current school records for the child

Before you can act as guardian, you must have an ORDER APPOINTING GUARDIAN signed by a Judge and LETTERS OF GUARDIANSHIP issued by the Probate Clerk's office, located on the 3rd floor of the B.F. Sisk Courthouse. You must fill in necessary information on the Order and Letters and SIGN AND DATE THE LETTERS. After the Judge signs the order, you may go to the Probate Clerk's Office to get your copies of the Order and Letters, or you may provide a self-addressed, stamped envelope so the copies can be mailed to you. Extra copies may be ordered from the Probate Clerk's office. There may be a fee.

An investigation by a Court Investigator is required prior to the establishment of the guardianship. A Court Investigator will be contacting you before the hearing.

PROBATE COURT GUARDIANSHIP QUESTIONNAIRE

SEPARATE QUESTIONNAIRE NEEDED FOR **EACH** PROPOSED GUARDIAN (If further explanation is needed on any item, please attach additional page(s)).

Case Number: _____

Name of child: _____ Date of Birth: _____

Child's address: _____ School: _____

Name of child: _____ Date of Birth: _____

Child's address: _____ School: _____

Name of child: _____ Date of Birth: _____

Child's address: _____ School: _____

Name of child: _____ Date of Birth: _____

Child's address: _____ School: _____

Name of proposed guardian: _____

Relationship to child: _____

Other names used including maiden (**birth**) name: _____

Age: _____ Date of birth: _____ Place of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver's License/I.D. number: _____ SSN: _____

NATURAL MOTHER OF CHILD

Name: _____

Address: _____

(if unknown, list last know address)

City: _____ State: _____ Zip: _____ Phone: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver's License/I.D. number: _____ SSN: _____

Date of birth: _____ Birth place: _____

NATURAL FATHER OF CHILD

Name: _____

Address: _____

(if unknown, list last known address)

City: _____ State: _____ Zip: _____ Phone: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver's License/I.D. number: _____ SSN: _____

Date of birth: _____ Place of birth: _____

PROBATE COURT GUARDIANSHIP QUESTIONNAIRE

Other children of mother or father of **proposed ward**:

Name:	Age:	Date of birth:	Address (with whom)?
_____	_____	_____	_____
_____	_____	_____	_____

Employment of Proposed Guardian

Occupation: _____

Monthly income (salary, commission, etc.): _____

If unemployed, what are your employment plans? _____

Present or last employer: _____ Address: _____

Work days and hours: _____ Employment began: _____ Ended: _____

Type of work: _____

Gross monthly income (all sources, excluding support): _____

Monthly expenses: _____

Marital History of Proposed Guardian

List all marriages

Name	Date and Place	How Terminated	Date Separated	Final
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Proposed Guardian's children (including adult children, first and last names):

Names	Age	DOB	Children's address	School (if going)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education

High school graduate: _____ If not, grade last attended: _____

Place and Name of High School: _____ Age left school: _____

Reason: _____

List Colleges or University Attended: _____ Degree or Units/Majors: _____

PROBATE COURT GUARDIANSHIP QUESTIONNAIRE

Health

Present health status: Good Fair Poor

If fair or poor, explain: _____

Are you taking any medications? Yes No

If yes, what kind and for what reasons: _____

Special health problems: _____

Have you ever had a history with any of the following:

Alcohol: Yes No Drugs: Yes No

If 'Yes', your date of sobriety: _____

Mental/Emotional Problems: Yes No

Criminal Record

Have charges ever been filed against you for any crime other than traffic citations?

Yes No If yes, please specify:

List Arrest	Where	When	Charges
_____	_____	_____	_____
_____	_____	_____	_____

Are you on probation now ? _____ Officer's Name: _____

Are you on parole now? _____ Agent's Name: _____

Child Protective Services

Have you had history with CPS?

Housing

Rent Own Buying Amount per month: \$ _____

How many bedrooms/baths? _____ House or Apartment

How long have you been in this residence? _____

List your residence for the past three years:

PROBATE COURT GUARDIANSHIP QUESTIONNAIRE

Plans for Child Care if Needed: (if more space is needed, attach additional page(s))

1. Child care provider licensed: unlicensed

Name: _____

Address: _____

Phone: _____

Relationship to child: _____

Household Composition

Please list all other adults and children in the home, including your adult children.

(if more space is needed, attach additional page(s).)

Name: _____

Other names used (incl. maiden/birth name): _____

Age: _____ Date of birth: _____ Place of birth: _____

Employer: _____ Address: _____

Monthly income: _____ Business phone: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver's License/I.D. number: _____ SSN: _____

Relationship to Guardian: _____ Relationship to Child: _____

Name: _____

Other names used (incl. maiden/birth name): _____

Age: _____ Date of birth: _____ Place of birth: _____

Employer: _____ Address: _____

Monthly income: _____ Business Phone: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver's License/I.D. number: _____ SSN: _____

Relationship to Guardian: _____ Relationship to Child: _____

Name: _____

Other names used (incl. maiden/birth name): _____

Age: _____ Date of birth: _____ Place of birth: _____

Employer: _____ Address: _____

Monthly income: _____ Business phone: _____

Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Driver's License/I.D. number: _____ SSN: _____

Relationship to Guardian: _____ Relationship to child: _____

PROBATE COURT GUARDIANSHIP QUESTIONNAIRE

4. How do you plan to care for the needs of the child with regard to housing, finances, schooling, childcare and supervision, discipline and guidance?

5. Does the child have any special problems? How are you qualified to help with these problems?

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated:

(Type or print name)

(Signature)