

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY <h2 style="margin: 0;">DO NOT FILE</h2> FORWARD TO COURT INVESTIGATORS OFFICE IMMEDIATELY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO STREET ADDRESS: 600 Union Avenue MAILING ADDRESS: P.O. Caller 5000 CITY AND ZIP CODE: Fairfield, CA 94533	
GUARDIANSHIP OF (<i>Name</i>): _____	
CONFIDENTIAL COURT INVESTIGATOR'S INFORMATION AND REFERRAL FORM Guardianship of <input type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER: _____

NOTICE: Per Solano County Local Rule 7.53, the person requesting appointment of the guardian must complete and sign this form and submit it to the court along with the guardianship petition. The form will not be placed in the public court file but instead will be used by the court to determine whether to appoint the proposed guardian. **The information in this form is confidential.**

1. Where is the proposed ward currently living?

Address: _____
 City/State/Zip: _____
 Telephone: _____

2. Has the child lived with a person other than the child's mother or father within the last two years?

No Yes → Please provide the following information about that person:

Name: _____
 Relationship to child: _____
 Address: _____
 Phone number: _____

3. Is there another court case between the parents of the ward (e.g. divorce, paternity, restraining order, child support, etc.) in Solano County, another county in California, in any other state or in any other country?

No Yes → Please provide the following information about that case:

Where is the case? _____
 Are there any custody orders for this child in that case? _____

4. Please provide the following information about the proposed ward's mother:

Name: _____
 Other names used: _____
 Date of birth: _____
 Address: _____
 City/State/Zip: _____

CONFIDENTIAL COURT INVESTIGATOR'S INFORMATION AND REFERRAL FORM

GUARDIANSHIP OF:	CASE NUMBER:
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Telephone: (Home) _____ (Work) _____
 (Cellular) _____ (Other) _____

Social Security #: _____ CA Driver's License #: _____

The proposed ward's mother is deceased.

Date of death: _____ Did she die in California? Yes No

If the mother died in California, what county did she die in? Solano Other: _____

The proposed ward's mother is in prison or jail.

Date of incarceration: _____ Expected date of release: _____

Where is she incarcerated?

County jail in Solano County another county: _____

California state prison (California Department of Corrections): _____

Federal prison: _____

Other: _____

5. Please provide the following information about the proposed ward's father:

Name: _____

Other names used: _____

Date of birth: _____

Address: _____

City/State/Zip: _____

Telephone: (Home) _____ (Work) _____
 (Cellular) _____ (Other) _____

Social Security #: _____ CA Driver's License #: _____

The proposed ward's father is deceased.

Date of death: _____ Did he die in California? Yes No

If the father died in California, what county did he die in? Solano Other: _____

The proposed ward's father is in prison or jail.

Date of incarceration: _____ Expected date of release: _____

Where is he incarcerated?

County jail in Solano County another county: _____

California state prison (California Department of Corrections): _____

Federal prison: _____

Other: _____

6. If there anything else you think the court investigator should know, you may attach additional sheets of paper to this form. Be sure to include the case name and number at the top of each attached page.

I declare under penalty of perjury of the laws of the State of California that, to the best of my knowledge, the foregoing declaration and the information contained herein is true and correct.

Date: _____

 (Signature of Person Filling Out This Form)

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