SOLANO COUNTY SUPERIOR COURT
600 UNION AVENUE
FAIRFIELD, CA 94533
(707) 207-7390
(707) 428-5017 FAX

PROBATE GUARDIANSHIPS - PROBATE CODE DIVISION IV

IMPORTANT INFORMATION REGARDING YOUR FILING - PLEASE READ

The Court Investigator conducts an investigation and prepares a report on every petition for appointment of a guardian who is related to the child.

Everyone requesting a guardianship must do the following:

1. Complete and return the attached questionnaire to the address below prior to the scheduled home visit.

Court Investigator's Office, 2nd Floor
600 Union Avenue
Fairfield, Ca. 94533

PROPOSED GUARDIAN'S QUESTIONNAIRE
INSTRUCTIONS

Please read these instructions carefully. If there is to be more than one guardian, each guardian must complete a separate copy of the questionnaire.

All proposed guardians are required to complete this questionnaire. If you are a relative, return it to the Court Investigator's Office. The information you provide will be used to prepare the report to the judge on your suitability as a guardian.

Each guardian is expected to answer all questions honestly. On the last page you are required to sign the form and declare, under penalty of perjury, that all the information you have provided is true and correct.

When completing this form please keep in mind that the term "proposed guardian" refers to the person who wants to become the guardian. The term "proposed ward" or "ward" refers to the child you are asking to become the guardian for. The term "petitioner" refers to the person who signed the petition asking the court to appoint a guardian.

If you are asking to be appointed **solely as guardian of the estate**, a telephone interview will be conducted by the court investigator.

If you are asking to be appointed as guardian of the person (or person ***and*** estate), a home visit is required. ***Everyone who lives in the home must be accounted for during the home visit.*** After this form is received, a court investigator will contact you to make an appointment. If the form is not received promptly, your court hearing may be delayed up to 3 months.

There is a fee for the Court Investigation. It is currently $450.00 for an Uncontested Guardianship and $550.00 for a Contested Guardianship. The fee can be paid from the estate of the ward, if there is one, or by the proposed guardian. In Contested matters, the fee of $100.00 will be paid by the objecting party. The fee may be waived under certain circumstances based on financial inability to pay. To obtain this waiver, you must file an Application for Waiver of Court Fees and Costs through the Clerk's Office. In some cases you may make arrangements for monthly payments through the Court Investigator's Office.

Please keep in mind:

1. ALL QUESTIONS MUST BE ANSWERED.

2. IF YOU NEED ASSISTANCE IN FILLING OUT THIS QUESTIONNAIRE, PLEASE CALL THE COURT INVESTIGATOR'S OFFICE (707) 207-7390.

PROPOSED GUARDIAN'S QUESTIONNAIRE

YOU MUST ANSWER ALL QUESTIONS. *(Write in "n/a" if a question does not apply to your situation.)*

CASE NO. _____ **HEARING DATE:** _____

CHILD(REN) NEEDING GUARDIAN:

NAME	DATE OF BIRTH
1.	
2.	
3.	

☐ More children listed on back. ***(Note: Child needing guardian is also called "proposed ward.")***

NAME(S) OF PROPOSED GUARDIAN(S) _____

Will you or anyone else in the home require an interpreter? ☐ YES ☐ NO Language:_____

SECTION I

SOCIAL HISTORY OF PROPOSED GUARDIAN (Probate Code 1513(a)(1)): (This information is about the person who wants to be guardian. Please complete a separate questionnaire for each proposed guardian.)

Name: _____ Date of Birth _____

Other names you may be known by (maiden, former marriages aka):_____

Your Daytime phone number: _____

Home Address: _____

Home phone number: _____Place of Birth:_____

Social Security No.: _____ Driver's License No.:_____

Do you have a criminal history, including **any** arrests? Yes ☐ No ☐
Note: The Court Investigator will conduct a criminal background check.

Are you ☐Married ☐ Widowed ☐ Single ☐ Separated ☐ Divorced

If married or separated, what is the name of your spouse? _____ Date of marriage: _____

Were you previously married or living with someone in a long-term, live-in relationship? ☐Yes ☐ No

If yes, provide name(s) of "Ex," date of event (divorce, separation or death) that ended the relationship.

NAME DATE (of death, divorce, separation)

_____

NAME DATE

_____

List **your** children (even if they are adults and not living with you. Also provide their date of birth, address, and whether they have ever been arrested/charged with a crime)

NAME	BIRTH DATE	ADDRESS	ARRESTED?
			☐YES ☐ NO
			☐YES ☐ NO
			☐YES ☐ NO
			☐YES ☐ NO
			☐YES ☐ NO

☐ More children listed on back.

Has the police ever been called to your home? Explain: _____

_____

_____

YOUR HEALTH CONDITION: Please describe any current physical or mental health problems.

_____

_____

_____

Are you being treated by a doctor or other health care practitioner? ☐YES ☐NO

If yes, why? _____

Please list any medications you are currently taking and state what they are for _____

_____

Have you ever been in counseling? ☐YES ☐ NO

If yes, reason for counseling: ☐ Drugs ☐ Alcohol ☐ Grief ☐ Domestic Violence ☐ Other_____

Explain:_____

_____

How were you disciplined as a child? _____

By who? _____

EDUCATIONAL HISTORY:

Did you complete high school?_____ college: _____

Last school attended: _____ Where & When: _____

Degree(s) earned: _____ Where & When: _____

Other courses taken: _____

MILITARY HISTORY:

Branch of Service: _____Date Entered:_____ Date Discharged: _____

Type of Discharge: ☐ Honorable ☐ General ☐ Good of Service ☐ Dishonorable

EMPLOYMENT:

Are you employed? ☐ YES ☐ NO

Name of Employer_____ Address:_____

Length of employment:_____Job Title:_____

Responsibilities/duties:_____

Are you retired or have you been at your current employment for less than five years? ☐YES ☐ NO
If yes, please list your work history for the past five years:

Name of Employer Employed From To

Name of Employer Employed From To

Name of Employer Employed From To

Name of Employer Employed From To

PROPOSED GUARDIAN'S FINANCIAL INFORMATION:

Income:

Monthly take-home pay $_____

Other monthly income:	Amount
Welfare	$_____
SSI	$_____
Unemployment	$_____
Spousal/Child Support	$_____
Investments	$_____

Total Monthly Income $_____

Does anyone else contribute money to the household? ☐YES ☐ NO

If yes, who? _____ How much? $_____

Does anyone else contribute money for the support of the child(ren) needing the guardianship? ☐YES ☐NO

If yes, who? _____ How much? $_____

Your financial Resources

Checking Accounts	Balance $_____
Savings Accounts	Balance $_____
Other Investments	Value $_____

Expenses:

Names of the persons you support: _____

_____

Rent $_____/month Mortgage $_____/month

Credit Card Debts/Car Payment/other regular monthly payments $_____

Total monthly expenses $_____

Are you financially able to support the child(ren)? ☐ YES ☐ NO

If no, what assistance will you receive? _____

Have you applied for or, are you already receiving financial assistance for this child ?

	YES	NO	
Welfare	☐	☐	Amount $_____
Social Security	☐	☐	Amount $_____
Medi-Cal	☐	☐	Amount $_____
Child Support	☐	☐	Amount $_____

Is someone else, such as a parent, receiving the above benefits for the child(ren)?

☐UNKNOWN ☐ YES ☐ NO

Who: _____

REFERENCES:

Please list **three references** who have known you **at least five years and who are friends, not relatives**. Give complete name, complete address, including zip codes and daytime phone numbers. Please notify them that we will be contacting them by letter or telephone.

NAME	ADDRESS	DAYTIME TELEPHONE

If you cannot provide 3 non-relative references, please explain: _____

HOBBIES:
Please describe any hobbies or activities you enjoy in your spare time:

_____
_____
_____
_____

Anything else about you that relates to your ability to be a guardian:

_____
_____
_____

SECTION II

APPROPRIATENESS OF THE HOME ENVIRONMENT:

☐Single family home ☐ Apartment/condominium Number of bedrooms _____ number of bathrooms _____
How long have you lived here? _____

Will ward have own room ☐ YES ☐ NO. If shared, with whom? Name:_____ age:_____

Do you have any guns or other weapons stored on the property? ☐YES ☐ NO
If yes, what type of weapon? _____ Where and how stored? _____
_____

Is there a swimming pool or hot tub? ☐ YES ☐ NO If Yes, where is it located? _____

Pets in the home: _____

OTHER CHILDREN IN THE HOME: (under 18 years of age)

Name	Birth date	School Attending	Relation to guardian

OTHER ADULTS IN THE HOME: (18 and over)

Name	Birth date	Social Security #	Employer/school	Relation to guardian

Does any adult in the home have any problem that could affect the minor, for example, child abuse/molest, criminal background, violent behavior, alcohol or drug problem? ☐ NO ☐ YES
Explain, _____
_____

Does anyone in the home object to the guardianship? ☐ YES ☐ NO If yes, who?_____

How do other family members feel about having proposed ward(s) in the home? _____
_____
_____
_____

SECTION III

SOCIAL HISTORY OF THE PROPOSED WARD(S):

Please complete the following about the child(ren) needing a guardian:

Name	Sex	Date of Birth	Place of Birth	Social Security #

☐ More listed on back

1. Has the child(ren) been involved with the Juvenile Court? ☐ YES ☐ NO ☐ DON'T KNOW
2. Does the child(ren) have a Social Worker? ☐ YES ☐ NO ☐ DON'T KNOW
   If, yes, who is the Social Worker? _____ Telephone No. _____
3. Is the child subject to any existing legal custody orders? ☐ YES ☐ NO ☐ DON'T KNOW
   If yes, type of order: ☐ guardianship ☐ divorce ☐ paternity ☐ juvenile court ☐ adoption proceedings.
   Date of the order: _____ Case Number: _____
   and where the proceeding took place: (County)_____ (State) _____
4. Does someone object to this petition? ☐ YES ☐ NO
   Who? _____
5. Are you related to the child? ☐ YES ☐ NO
   If yes, are you related to the child's ☐Mother ☐Father
   Related by: ☐Blood ☐Marriage
   How are you related? (for example: I am the child's mother's sister)_____
   If not related, how do you know the child? _____
6. Why do you need the guardianship? _____
   _____
   _____
   _____
   _____
7. Who brought the child to you? _____
   Why? _____
   _____
   _____
   _____
8. Please describe the child's adjustment to your home_____
   _____
   _____
9. Does the child have brothers and sisters? ☐ YES ☐ NO

Please provide names & ages of the brothers and sisters and name of person with whom they live:

NAMES of child's brothers and sisters	AGE	WITH WHOM THEY LIVE

10. Does the child visit his/her brothers and/or sisters? ☐YES ☐ NO How often?_____

_____

11. Are there any specific religious or cultural heritage, such as Native American ancestry, that would be a factor in future plans? _____

12. Has the child(ren) been subjected to abuse, neglect, or abandonment? ☐ UNKNOWN ☐ YES ☐ NO

If yes, explain: _____

_____

_____

_____

SCHOOL AND/OR DAY CARE:

Please contact the school or daycare and let them know we will be contacting them. Also, please attach a copy of the child's most recent report card to this questionnaire..

Name _____ Director or Principal _____

Address _____

Phone Number _____ Fax Number: _____

Teacher's Name _____

Grade level _____ Is Daycare Licensed? _____

How is the child doing in school? (Attach copy of recent report card.)_____

_____

Does the child have any problems with teachers or other children in school?_____

_____

What school and non-school activities does the child participate in? (school sports, scouting, dance, Little League, martial arts, soccer) _____

Does the child have any special educational needs? ☐ YES ☐ NO
Describe _____

Is the child receiving Special Education/Resource Services? ☐ YES ☐ NO
Describe _____

Is the child receiving services through the Regional Center? ☐ YES ☐ NO

Case manager: _____ Telephone No. _____

If the child has special needs, what are your plans to provide for these needs? _____

_____

_____

_____

MEDICAL/HEALTH CARE:

(Please contact doctor/clinic to let them know we will be contacting them. Also, please attach a copy of the child's immunization record.)

Doctor's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Medical Insurance: _____ Medical Number: _____

Date of last appointment: _____ For what: _____

Are all required immunizations current? ☐ YES ☐NO

Does the child have any medical problems, physical or developmental disabilities, etc.? ☐YES ☐NO

If yes, what is your plan to meet these needs: _____

_____

Does the child take any prescribed medications? ☐ YES ☐NO

If yes, what? _____

Does the child have any behavior, emotional or psychological problems? ☐ YES ☐NO

Describe _____

Has the child ever been hospitalized? ☐ YES ☐NO

Has the child received counseling in the past? ☐ YES ☐ NO

If yes, what for: _____

Is the child still receiving counseling? ☐ YES ☐ NO If yes, how often? _____

Name of counselor: _____

Address: _____

Phone Number: _____ Fax Number: _____

Let counselor know we will be contacting him/her.

SECTION IV

INFORMATION ABOUT THE NATURAL PARENTS OF PROPOSED WARD(S):

The Court Investigator may need to contact the parents so current information is needed.

Are the parents ☐ Married ☐ Separated ☐ Divorced ☐ Live together

Mother's Name: _____ SSN: _____

Date of Birth: _____ If deceased, date of death: _____

Address: _____ Phone Number: _____

Employed at: _____ Monthly Income: $_____

Is mother paying child support? ☐ YES ☐ NO ☐ DON'T KNOW Amount $_____

Does proposed ward(s) see mother? ☐ YES ☐ NO Explain: _____

Does the mother agree with the guardianship? ☐ YES ☐ NO ☐ DON'T KNOW

Does the mother have Native American Ancestry? ☐ YES ☐ NO ☐ DON'T KNOW

Father's Name: _____ SSN: _____

Date of Birth: _____ If deceased, date of death: _____

Address: _____ Phone Number: _____

Employed at: _____ Monthly Income: $_____

Is father paying child support? ☐ YES ☐ NO ☐ DON'T KNOW Amount _____

Does the proposed ward(s) see the father? ☐ YES ☐ NO

How often: _____

Does the father agree with the guardianship? ☐ YES ☐ NO ☐ DON'T KNOW

Does the father have Native American Ancestry? ☐ YES ☐ NO ☐ DON'T KNOW

To your knowledge, are natural parents:

Involved in drugs? ☐ YES ☐ NO ☐ DON'T KNOW Which parent _____

In jail or prison? ☐ YES ☐ NO ☐ DON'T KNOW Which parent ?_____Where? _____

In the military? ☐ YES ☐ NO ☐ Don't KNOW Which parent?_____Where? _____

SECTION V - GUARDIANSHIP OF THE ESTATE

COMPLETE THIS SECTION IF YOU WANT TO BE APPOINTED GUARDIAN OF THE ESTATE. IF NOT NEEDED, SKIP THIS SECTION AND CONTINUE ON TO THE NEXT PAGE

Where is the money or property coming from that the child will be receiving:

☐ **Inheritance** - Attach a copy of the will ***or*** provide
Name of the deceased person_____ Date of death:_____

Probate Case No._____ Estate administered in (county)_____(state) _____

Child will be inheriting:

☐ Real Property - Address _____

Value of minor's interest $_____

☐ Cash, $ _____ Location _____

☐ Stock/Bonds $ _____ Location _____

☐ Other, describe _____

☐ **Insurance benefit**, Name of insured_____ Relation to child _____

Value $_____

☐ **Gift** from (Name)_____(relation)_____

Nature of asset (cash, real property, etc.) _____ Value $_____

☐ **Personal Injury Settlement** –
Case No. _____, in (county) _____, (state)_____

where the case was settled. Value $ _____

☐ **Other source**, describe _____Value $_____

What are your plans for managing the estate? (Money to be placed in a blocked bank account? investments? rental of real property? etc.) _____

Does the minor **already** have money in an individual or joint account? ☐ YES ☐ NO ☐ DON'T KNOW

Location: _____, balance: $_____name(s) on individual and/or joint accounts: _____

Does the minor **already** have any other investments or property? ☐ YES ☐ NO ☐ DON'T KNOW

What _____ Value $_____

Do you expect to request to use the minor's estate for any purpose (taxes, tax preparation, bond premiums, court costs/fees and other expenses)? ☐ YES ☐ NO If yes, what expenses will you request the court to approve?_____

Please provide the name, address and phone number of one person who will always know how to get in contact with you.

_____

(Name) (Address) (Telephone)

Name of attorney or person who helped you complete this form _____

Address _____

Bar No. _____ Phone Number _____Fax Number _____

VERIFICATION

I/We the undersigned declare under the penalty of perjury that the foregoing is true and correct.

Executed in _____California on _____.
City Date

Signatures _____

_____

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