



## **SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO**

Probate Department

1999 Tuolumne Street, Suite 501, Fresno, California 93721

(559) 263-8700

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 at the address above. 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 after you pay a fee.

The Probate Clerk's office has made this packet of forms for your use. They may not all be needed for your case. Please consult a legal professional if you need assistance. IT IS YOUR RESPONSIBILITY to provide the right documents.

**YOUR CASE WILL NOT BE HEARD UNLESS THE FILE HAS ALL NECESSARY PAPERS IN IT, INCLUDING COMPLETED ORDER AND LETTERS.**

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 use back of page).

Case number: \_\_\_\_\_ Hearing: \_\_\_\_\_

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 number: \_\_\_\_\_

**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 number: \_\_\_\_\_

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 number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

**Employment Date 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: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employment began: \_\_\_\_\_ Ended: \_\_\_\_\_

Reason ended: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking acct. #: \_\_\_\_\_  Savings acct. #: \_\_\_\_\_

**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)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Professional Practitioners:**

(medical doctors, psychiatrists, psychologists, marriage counselors, social workers, etc.)

Name & Title	Last contact	Address	Phone
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_____	_____	_____	_____
_____	_____	_____	_____

**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: \_\_\_\_\_

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**Health**

Insurance: \_\_\_\_\_

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 problem with any of the following:

Alcohol:  Yes  No                      Drugs:  Yes  No

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: \_\_\_\_\_

**Housing**

Rent  Own  Buying Amount per month: \$\_\_\_\_\_

How many bedrooms/baths? \_\_\_\_\_  House or  Apartment

Do you plan to remain in this residence, or are you looking for another location?

Yes  No

List your residence for the past three years:

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**Plans for Child Care if Needed:** (if more space is needed, use the back)

1. If child care provider is licensed:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

2. If child care provider is unlicensed:  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 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, use back page.)

Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Business phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weigh \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Driver's License/I.D. number: \_\_\_\_\_ SSN number: \_\_\_\_\_

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: \_\_\_\_\_ Weigh \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Driver's License/I.D. number: \_\_\_\_\_ SSN number: \_\_\_\_\_

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 number: \_\_\_\_\_

Relationship to Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_



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:

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*(Type or print name)*

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*(Signature)*