

## **Guardianship Questionnaire**

**INSTRUCTIONS:** Please complete ALL information requested in this questionnaire. If any information is not relevant, please indicate this with "N/A". If you do not know the information, please indicate that as well. Please print clearly in ink.

### **A. Information about Proposed GUARDIAN (Person taking the place of a parent)**

1. Name: \_\_\_\_\_
2. Any other legal names: \_\_\_\_\_
3. Current address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
4. Telephone numbers: HOME ( ) \_\_\_\_\_ CEL ( ) \_\_\_\_\_  
OTHER ( ) \_\_\_\_\_ {mark \* by your preferred phone number}
5. Email (if used): \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_ Gender: M / F (circle one)
7. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
8. California ID or Driver's License Number: \_\_\_\_\_
9. Marital Status: single / married / widowed / divorced / separated (circle one)
10. How many adults (18 years or older) live in your household? \_\_\_\_\_  
How many minors (17 years or younger) live in your household? \_\_\_\_\_
11. What is your relationship to the child who needs a guardian? \_\_\_\_\_
12. Does the minor(s) receive **Soc. Sec., CALWORKS or TANF, Food Stamps, GR, MediCal, IHSS, or CAPI?** Y or N (if YES, circle all that apply and list amount(s))
13. Who advised you to get a guardianship? \_\_\_\_\_
14. Has the child (only if over 12) nominated you **IN WRITING** to be the guardian? Y or N

*Circle either Y (yes) or N (no) for ALL the following questions*

15. Are you required to register as a sex offender under California Penal Code section 290? Y or N
16. Have you been arrested for, charged with, or convicted of a misdemeanor or a felony? Y or N
17. Have you had a restraining order or protective order filed against you within the past 10 years? Y or N
18. Are you receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue? Y or N
19. Do you or does any other person living in your home have a social worker or parole or

probation officer assigned to him or her? Y or N

20. Have you or anyone else living in your home been arrested for, charged with, or convicted of any form of child abuse, neglect or molestation? Y or N
21. Are you aware of any reports alleging any form of child abuse, neglect, or molestations made to any agency charged with protecting children (CPS) or any other law enforcement agency regarding me or any other person living in my home? Y or N
22. Have you or anyone else living in your home habitually used any illegal substances or abused alcohol? Y or N
23. Have you or anyone else living in your home been arrested for, charged with, or convicted of a crime involving illegal substances or alcohol? Y or N
24. Do you or anyone else living in your home suffer from mental illness? Y or N
25. Do you suffer from any physical disability that would make it difficult for you to be the guardian of a child? Y or N
26. Do you have an adverse interest that the court may consider to be a risk to, or to have an effect on your ability to faithfully perform the duties of a guardian? Y or N
27. Have you previously been appointed guardian, conservator, executor, or fiduciary in another proceeding? Y or N
28. Have you been removed as a guardian, conservator, executor, or fiduciary in another proceeding? Y or N
29. Have you filed for bankruptcy protection within the last 10 years? Y or N

**Please explain any YES answers on this page:**

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**B. Information about the CHILD requiring a guardian**

30. Child's legal name: \_\_\_\_\_ (*for additional children, see page 8*)
31. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
32. Place of Birth: \_\_\_\_\_ Gender: M or F (circle one)
33. Has the child ever been married? Y or N (circle one)

34. Child's current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Date child moved to this address: (month) \_\_\_\_\_ (year) 20\_\_\_\_

35. If this is not the home of the proposed guardian, whose home is it and how are they related to the child? \_\_\_\_\_

36. The court will need all of the child's previous addresses for the past **FIVE YEARS**:

Prior address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates child lived at this address: from \_\_\_\_\_ to \_\_\_\_\_

Adult with whom child lived: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Prior address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates child lived at this address: from \_\_\_\_\_ to \_\_\_\_\_

Adult with whom child lived: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Prior address 3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates child lived at this address: from \_\_\_\_\_ to \_\_\_\_\_

Adult with whom child lived: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

**\*\* Additional space for prior addresses is provided at the end of this form \*\***

37. Who is the current person with LEGAL CUSTODY of the child? \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

38. How much income does the CHILD receive monthly from:

TANF \_\_\_\_\_ Social Security \_\_\_\_\_ Dept. of Veterans Benefits \_\_\_\_\_

Food Stamps \_\_\_\_\_ Other public assistance \_\_\_\_\_ (please be as accurate as possible)

39. Is the child on MediCal? Y or N

40. If applicable, what is the name of the child's current school? \_\_\_\_\_

41. Has the child been involved in any other court case, custody or visitation proceeding? Y or N

If YES, please describe the case type and case number: \_\_\_\_\_

\_\_\_\_\_

42. If the court approves this guardianship, will the child live with you? Y or N

43. Do you currently plan to adopt the child? Y or N

44. Do you think anyone will contest the guardianship? Y or N

If YES, who? Name: \_\_\_\_\_

Relationship to the child \_\_\_\_\_

45. Do you want more than one guardian? Y or N

If YES, who? Name: \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Current address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone numbers: HOME ( ) \_\_\_\_\_ CEL ( ) \_\_\_\_\_

OTHER ( ) \_\_\_\_\_ {mark \* by preferred phone number}

Social Security Number: \_\_\_\_\_ Gender: M / F (circle one)

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

California ID or Driver's License Number: \_\_\_\_\_

Will this second guardian's answers to questions on this form be the same as yours?

Y or N

If NO, please list different answers and give a brief explanation: \_\_\_\_\_

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

**C. Why do you need a guardianship?** (check all that apply)

- It is in the child's best interest to be in my care
  - The child's well-being would be in danger if returned to his/her parent/s
  - I need authority to make medical and educational decisions for the child
  - The child has the following special medical, mental health, or education needs: \_\_\_\_\_
- \_\_\_\_\_

The child's MOTHER: (check all that apply)

- Agrees that I should care for and have custody of the child
- Is deceased Date of death \_\_\_\_\_

- Cannot provide a safe, stable home for the child
- Lives outside California
- Lives outside the United States
- Was deported or is in immigration custody
- Abandoned the child

Date of last phone contact \_\_\_\_\_ Last personal contact: \_\_\_\_\_

- Does not have a stable residence
- Is homeless
- Has substance abuse issues
- Is in a rehabilitation treatment center
- Has mental health issues
- Is incarcerated
- Has an outstanding arrest warrant
- Has a history of violence or domestic violence
- Has a history of child abuse or child neglect
- Has failed to protect the child from abuse
- Does not or cannot financially support the child

Additional relevant information about the child's MOTHER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The child's FATHER: *(check all that apply)*

- The identity of the father is unknown
- Is not on the birth certificate and has not established paternity
- Agrees that I should care for and have custody of the child
- Is deceased    Date of death \_\_\_\_\_
- Cannot provide a safe, stable home for the child
- Lives outside California
- Lives outside the United States
- Was deported or is in immigration custody

- Abandoned the child

Date of last phone contact \_\_\_\_\_ Last personal contact: \_\_\_\_\_

- Does not have a stable residence
- Is homeless
- Has substance abuse issues
- Is in a rehabilitation treatment center
- Has mental health issues
- Is incarcerated
- Has an outstanding arrest warrant
- Has a history of violence or domestic violence
- Has a history of child abuse or child neglect
- Has failed to protect the child from abuse
- Does not or cannot financially support the child

Additional relevant information about the child's FATHER: \_\_\_\_\_

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**D. Relatives of the CHILD requiring a guardian**

Names of all relatives listed here are *required information*, whether they are living or deceased.

Addresses must be complete and indicate Zip Code or Country Code. If the relative is deceased, write "deceased" as that person's address. Please print clearly.

*For guardianships of multiple children with different relatives, list the full set of one child's relatives here, and list any persons not appearing in that set on the additional pages at the end of this form*

**Mother:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Father:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Paternal Grandfather:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Paternal Grandmother:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Maternal Grandfather:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Maternal Grandmother:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Brothers and Sisters** (include half-brothers and half-sisters):

Name 1: \_\_\_\_\_ 18 or older: Y / N

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name 2: \_\_\_\_\_ 18 or older: Y / N

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**E. Additional CHILD/REN requiring a guardian**

Child's legal name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F (circle one)

Has the child ever been married? Y or N (circle one)

Child's current address (if same, leave blank): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Date child moved to this address: (month) \_\_\_\_\_ (year) 20\_\_\_\_

If this is not the home of the proposed guardian, whose home is it and how are they related to the child? \_\_\_\_\_

If the child's prior addresses are different, please list them here:

Prior address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates child lived at this address: from \_\_\_\_\_ to \_\_\_\_\_

Adult with whom child lived: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Prior address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates child lived at this address: from \_\_\_\_\_ to \_\_\_\_\_

Adult with whom child lived: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

**\*\* Additional space for relatives' information is provided at the end of this form \*\***

**Additional Relatives (if needed):**

Only list grandparents / parents / brothers / sisters / children who could not fit in the spaces given on previous pages. Aunts, uncles, nieces, nephews, cousins, etc... need not be listed.

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_ Child's name (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_ Child's name (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_ Child's name (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_ Child's name (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**Additional prior addresses of the child (if needed):** *(only addresses from the past five years)*

Prior address 4: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates child lived at this address: from \_\_\_\_\_ to \_\_\_\_\_

Adult with whom child lived: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Prior address 5: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates child lived at this address: from \_\_\_\_\_ to \_\_\_\_\_

Adult with whom child lived: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_