



In the Superior Court of the State of California  
*In and for the County of San Joaquin*

**CONFIDENTIAL GUARDIANSHIP  
 QUESTIONNAIRE**  
 (DECLARATION BY PROPOSED GUARDIAN(S))

**SAN JOAQUIN COUNTY SUPERIOR COURT**  
 180 E. Weber Ave, Suite 416  
 Stockton, CA 95202

FOR COURT USE ONLY

CASE NAME:	CASE NUMBER:
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**Instructions to Petitioner(s) / Proposed Guardian(s):**

This questionnaire **MUST** be completed with the Petition for Appointment of Guardianship.  
 If there is not enough room to complete your answer, attach a separate sheet of paper clearly identifying the question.  
**DO NOT leave any questions blank. State N/A if the question does not apply or “unknown” if you do not know the answer to a question.**

This form is required and failure to complete it or to provide attachments may result in delays.

**MINOR CHILD(REN) LISTED ON GUARIANSHIP PETITION**

**ATTACH** a copy of the birth certificate for *each* child

1. Full Legal Name: (As on birth certificate)		Birth Date:
Social Security Number:	Person with Whom Residing:	
Name of School/Daycare:	Grade Level:	
Address of School/Daycare:	School/Daycare Phone:	
Are there special educational needs? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>Describe</i> ):	Teachers/Providers Name:	
Is this child a member of, or eligible for membership in, and Indian tribe recognized by the federal government? <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes ( <i>Specify tribe</i> ):		
Is this child subject to any legal custody orders? <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes If yes, describe type of orders (guardianship, dissolution, paternity, adoption proceedings, hearing dates and county):		

<b><u>DOES CHILD HAVE:</u></b>		<u>If Yes</u> , Provide Details
MEDICAL PROBLEMS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
BEHAVIORAL PROBLEMS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
DIFFICULTIES IN SCHOOL?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
COUNSELOR?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
SOCIAL WORKER?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
LEGAL GUARDIAN?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
OPEN CPS CASE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the child's school be changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Name and address of new school:

**PAGE 1 OF THE GUARDIANSHIP QUESTIONNAIRE MUST BE COMPLETED FOR EACH MINOR LISTED ON THE PETITION; MAKE COPIES OF PAGE 1 FOR EACH ADDITIONAL CHILD AND ATTACH THEM TO THE QUESTIONNAIRE**

Continued on attachment

**CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE**

## PETITIONER / PROPOSED GUARDIAN

Your name (full legal name):		AKA or Maiden Name:	
Relationship to Child:			
Are you currently <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together			
Age:	Date of Birth:	Place of Birth:	
Social Security Number		Driver's License No.:	
		Currently valid: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Home Phone:		Business Telephone:	
Cell Phone:		e-mail address:	
Current Address:			From: _____ – to PRESENT
City:		State:	Zip:
<b>LIST PREVIOUS ADDRESSES FOR THE PAST 5 YEARS</b> <input type="checkbox"/> Continued on attachment			
Previous Address: From: _____ To: _____		Previous Address: From: _____ To: _____	
_____		_____	
City: _____ State: _____ Zip Code: _____		City: _____ State: _____ Zip Code: _____	
Where are you employed?			Your Position and/or Job Title:
Name of Company: _____			
Address: _____			
City	State	Zip Code	Phone
_____	_____	_____	_____
Length at this job?	Days/Hours you work?	Gross Salary/Monthly \$	
_____	_____	_____	
Other Income <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support			Amount \$
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other _____			Received from:
			_____

### CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE

## CRIMINAL RECORDS

Have charges ever been filed against you for crimes other than a minor traffic violation? Yes  No  If yes, please specify:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1.			
2.			
3.			

Are you on Probation? Yes  No  If yes, provide information below:

Probation Officer:

Phone Number:

Are you on Parole? Yes  No  If yes, provide information below:

Parole Agent:

Phone Number:

Do you have any restraining orders or ever been a party to a request for a restraining order?

Yes  No  If Yes, Explain:

Have you ever had contact with a Child Protective Service Agency?

Yes  No  If Yes, Which County? Give Detail:

Have you or anyone living in your home ever been accused of or convicted for child abuse or child molestation?

Yes  No  If Yes, Explain:

## MEDICAL HISTORY

Your Health is  Good  Fair  Poor

If fair or poor, please explain:

MEDICATIONS – Name, Amount, Reason, How Often Taken:

Have you ever had a substance abuse problem with any of the following:

Alcohol Yes  No

Drugs Yes  No

If yes to any of the above, please explain:

If you have received psychiatric treatment or counseling, please complete the section below

Name of Doctor/Hospital	Address of Doctor/Hospital	Date Last Treated	Diagnosis

## CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE

## EDUCATION

Highest Grade Completed:	Graduated High School: Yes <input type="checkbox"/> No <input type="checkbox"/> Year:
License(s) or Credential(s) Received:	
College Degree(s) Received:	

## FINANCIAL INFORMATION

Your Monthly Net Income(s)(All Sources): \$	Monthly Expenses: \$	
<u>INCOME</u> : Please list source(s) of income and amount(s):		
<u>Income Source</u>	<u>Amount</u>	
1.		
2.		
3.		
The home you live in is: <input type="checkbox"/> owned <input type="checkbox"/> rented Please <b>ATTACH</b> proof of residence, e.g. rental agreement.		
Monthly Cost: \$	Value (if own): \$	
Approximate Size: <span style="float: right;">Sq. ft.</span>	Number of Bedrooms:	Number of Bathrooms:
<u>OTHER ASSETS</u> : Please list other major assets or real property and the value:		
<u>Asset</u>	<u>Value</u>	
1.		
2.		
3.		
Is medical insurance available to the Minor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give name of Insurer:		
Do you receive public assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, amount: \$		
Do you pay or receive Child Support (for your own children, if any)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Paying: \$                      Receiving: \$		

**PAGES 2-4 OF THE GUARDIANSHIP QUESTIONNAIRE MUST BE COMPLETED BY EACH PETITIONER/PROPOSED GUARDIAN; MAKE COPIES OF PAGES 2-4 FOR EACH ADDITIONAL PETITIONER/PROPOSED GUARDIAN AND ATTACH THEM TO THE QUESTIONNAIRE**

Continued on attachment

## HOUSEHOLD COMPOSITION

### NAMES OF ANY OTHER ADULTS, 18 OR OLDER, LIVING IN THE HOME

1. Full Legal Name:			AKA or Maiden Name:
Sex:	Age:	Date of Birth:	Place of Birth:
Social Security Number			Driver's License No.:
Home Phone:			Business Telephone:
Cell Phone:			e-mail address:
Relationship to Petitioner:			Relationship to Child(ren):
2. Full Legal Name:			AKA or Maiden Name:
Sex:	Age:	Date of Birth:	Place of Birth:
Social Security Number			Driver's License No.:
Home Phone:			Business Telephone:
Cell Phone:			e-mail address:
Relationship to Petitioner:			Relationship to Child(ren):
3. Full Legal Name:			AKA or Maiden Name:
Sex:	Age:	Date of Birth:	Place of Birth:
Social Security Number			Driver's License No.:
Home Phone:			Business Telephone:
Cell Phone:			e-mail address:
Relationship to Petitioner:			Relationship to Child(ren):
4. Full Legal Name:			AKA or Maiden Name:
Sex:	Age:	Date of Birth:	Place of Birth:
Social Security Number			Driver's License No.:
Home Phone:			Business Telephone:
Cell Phone:			e-mail address:
Relationship to Petitioner:			Relationship to Child(ren):

Continued on attachment

### NAMES OF ANY OTHER CHILDREN, UNDER 18, LIVING IN YOUR HOME

Name	Relation	DOB	School or Daycare

Continued on attachment

## CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE

## PARENTS OF MINOR(S)

If a parent is deceased, please mark "deceased" for that person's address and **ATTACH** a copy of the death certificate or obituary.

1. Full Legal Name:		AKA or Maiden Name:	
Age:	Date of Birth:	Place of Birth:	
Social Security Number		Driver's License No.:	
		Currently valid: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Home Phone:		Business Telephone:	
Cell Phone:		e-mail address:	
Current Address:			
City:		State:	Zip:
Relationship to Child(ren) on Petition:			
Last Date of Contact With Child(ren):			

2. Full Legal Name:		AKA or Maiden Name:	
Age:	Date of Birth:	Place of Birth:	
Social Security Number		Driver's License No.:	
		Currently valid: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Home Phone:		Business Telephone:	
Cell Phone:		e-mail address:	
Current Address:			
City:		State:	Zip:

## OTHER CHILDREN OF PARENTS

Name:	Age:	Birth date:	Parents Names

**IF THERE ARE ADDITIONAL PARENTS OF THE CHILD(REN) LISTED IN THE PETITION FOR GUARDIANSHIP MAKE COPIES OF PAGE 6 OF THE GUARDIANSHIP QUESTIONNAIRE AND ATTACH THE ADDITIONAL PAGES TO THE QUESTIONNAIRE**

Continued on attachment

**PROPOSED VISITATION**

Provide specific details (days and times)

For Father:	
For Father's Parents:	
For Mother:	
For Mother's Parents:	
For the Brother's & Sisters of the minor(s):	

**Before filing your documents with the court, confirm that you have attached all required documents to this packet**

*(Each Proposed Guardian must sign the acknowledgement under penalty of perjury.)*

I declare under penalty of perjury under the laws of the State of California that all of the information I have submitted in this Guardianship Questionnaire is true and correct.

Date:

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Proposed Guardian

Date:

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Proposed Guardian

**Note: If another person filed out this document for you, that person must also sign the acknowledgement under penalty of perjury.**

Date:

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

**CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE**