

**MERCED COUNTY SUPERIOR COURT
COURT INVESTIGATIONS GUARDIANSHIP QUESTIONNAIRE**

Minor's Name

Case No.

Hearing Date:

Petitioner's (paternal or maternal) relationship to the minor:

This questionnaire **MUST** be completed and served to the Court Investigator with the Petition for Appointment of Guardianship. If you find there is not enough room to complete your answer, use the reverse of the page or attach a separate sheet of paper clearly identifying the question. **DO NOT** leave any question blank. State **N/A** if the question does not apply to you.

IF THERE IS A PROPOSED CO-GUARDIAN WHO IS NOT LISTED AS SPOUSE OR SIGNIFICANT OTHER, AN ADDITIONAL FORM **MUST** BE COMPLETED FOR THAT PERSON.

FAILURE TO SERVE THE COURT INVESTIGATOR WITH THIS FORM AND COPIES OF ALL DOCUMENTS FILED IN THIS MATTER MAY RESULT IN DELAYS.

For clarification or questions regarding this questionnaire or the guardianship procedure please contact:

Merced County Superior Court Investigator
(209) 725-4190
Monday through Friday 8:00 a.m. to 4:00 p.m.

PERSONAL HISTORY

PROPOSED GUARDIAN

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| FULL NAME | | OTHER NAMES/MAIDEN |
| DATE OF BIRTH/BIRTHPLACE | CA ID/DL NO. | SOCIAL SECURITY NO. |
| LIST ALL ADDRESSES FOR THE PAST 5 YEARS 1. | 2. | 3. |
| PHONE NO. FROM _____ TO _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ _____ /MONTH | PHONE NO. FROM _____ TO _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ _____ /MONTH | PHONE NO. FROM _____ TO _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ _____ /MONTH |
| LAST GRADE OF SCHOOL ATTENDED <input type="checkbox"/> 1-7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRADUATE <input type="checkbox"/> MASTERS | | |

FATHER'S NAME _____ MOTHER'S NAME _____

YOUR HEALTH GOOD FAIR POOR NAME OF YOUR PHYSICIAN: _____

STATE ANY MEDICAL CONDITIONS YOU ARE CURRENTLY BEING TREATED FOR: _____

MEDICATIONS - NAME, AMOUNT, REASON, HOW OFTEN TAKEN: _____

ATTENDING COUNSELING? YES NO TYPE: _____ COUNSELOR: _____

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------|-----------|---------|
| HAVE YOU EVER BEEN CONVICTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PLEASE LIST: | | | |
| | DATE | CITY | VIOLATION | OUTCOME |

| | | | |
|-------------------------------------------------------------------------------------------------------------|----------------------|------|-----------------------------|
| HAVE YOU EVER BEEN OR ARE YOU ON PROBATION/PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PLEASE LIST: | | |
| | DATE | CITY | OFFICER/AGENT/TELEPHONE NO. |

DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO HOW MUCH/OFTEN? _____

WHAT DRUGS DO/DID YOU USE? _____ WHEN DID YOU LAST USE? _____

HOW MUCH/OFTEN? DAILY WEEKLY MONTHLY COST? _____

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|
| HAVE YOU EVER ENTERED OR COMPLETED AN ALCOHOL OR DRUG TREATMENT PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, GIVE DETAILS: | | |
| | | | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|--|
| HAVE YOU EVER HAD CONTACT WITH A CHILD PROTECTIVE SERVICE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, GIVE DETAILS AND COUNTY: | | |
| | | | |

ARE YOU MARRIED DIVORCED SEPARATED WIDOWED LIVING TOGETHER

DATES AND PLACE OF ALL MARRIAGES: _____ CHILDREN OF THE MARRIAGE: _____ DATE/REASON FOR END OF MARRIAGE: _____

PERSONAL HISTORY

SPOUSE OR SIGNIFICANT OTHER

FULL NAME OTHER NAMES/MAIDEN

DATE OF BIRTH/BIRTHPLACE CA ID/DL NO. SOCIAL SECURITY NO.

LIST ALL ADDRESSES FOR THE PAST 5 YEARS 1. 2. 3. PHONE NO. FROM TO OWN RENT RENT/MORTGAGE \$ /MONTH

LAST GRADE OF SCHOOL ATTENDED 1-7 8 9 10 11 12 SOME COLLEGE COLLEGE GRADUATE MASTERS

FATHER'S NAME MOTHER'S NAME

YOUR HEALTH GOOD FAIR POOR NAME OF YOUR PHYSICIAN:

STATE ANY MEDICAL CONDITIONS YOU ARE CURRENTLY BEING TREATED FOR:

MEDICATIONS-NAME, AMOUNT, REASON, HOW OFTEN TAKEN:

ATTENDING COUNSELING? YES NO TYPE: COUNSELOR:

HAVE YOU EVER BEEN CONVICTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO IF YES, PLEASE LIST: DATE CITY VIOLATION OUTCOME

HAVE YOU EVER BEEN OR ARE YOU ON PROBATION/PAROLE? YES NO IF YES, PLEASE LIST: DATE CITY OFFICER/AGENT/TELEPHONE NO.

DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO HOW MUCH/OFTEN?

WHAT DRUGS DO/DID YOU USE? WHEN DID YOU LAST USE?

HOW MUCH/OFTEN? DAILY WEEKLY MONTHLY COST?

HAVE YOU EVER ENTERED OR COMPLETED AN ALCOHOL OR DRUG TREATMENT PROGRAM? YES NO IF YES, GIVE DETAILS:

HAVE YOU EVER HAD CONTACT WITH A CHILD PROTECTIVE SERVICE AGENCY? YES NO IF YES, GIVE DETAILS AND COUNTY:

ARE YOU MARRIED DIVORCED SEPARATED WIDOWED LIVING TOGETHER

DATES AND PLACE OF ALL MARRIAGES: CHILDREN OF THE MARRIAGE: DATE/REASON FOR END OF MARRIAGE:

EMPLOYMENT / FINANCIAL

PROPOSED GUARDIAN

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| NAME/ADDRESS/PHONE OF EMPLOYER | | TITLE: |
| HOW LONG? | DAYS/HOURS YOU WORK | GROSS SALARY/MO. |
| OTHER INCOME <input type="checkbox"/> TANF <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MEDI-CAL | | |
| AMOUNT \$ | MO/WK | RECEIVED FROM: |

NAME/ADDRESS/PHONE OF PREVIOUS EMPLOYERS:
 (GIVE DATES OF EMPLOYMENT AND REASON FOR TERMINATION)

| | | |
|---------------------------------------|--------------------|------------------|
| WHERE DO YOU BANK? (COMPLETE ADDRESS) | TYPES OF ACCOUNTS: | ACCOUNT NUMBERS: |
|---------------------------------------|--------------------|------------------|

HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, GIVE DATE PLACE AND RESULT:
 YES NO

DO YOU SUPPORT ANYONE OUTSIDE OF YOUR RESIDENCE? IF YES GIVE NAME/RELATIONSHIP AND REASON:
 YES NO

SPOUSE/SIGNIFICANT OTHER

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| NAME/ADDRESS/PHONE OF EMPLOYER | | TITLE: |
| HOW LONG? | DAYS/HOURS YOU WORK | GROSS SALARY/MO. |
| OTHER INCOME <input type="checkbox"/> TANF <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MEDI-CAL | | |
| AMOUNT \$ | MO/WK | RECEIVED FROM: |

NAME/ADDRESS/PHONE OF PREVIOUS EMPLOYERS:
 (GIVE DATES OF EMPLOYMENT AND REASON FOR TERMINATION)

| | | |
|---------------------------------------|--------------------|------------------|
| WHERE DO YOU BANK? (COMPLETE ADDRESS) | TYPES OF ACCOUNTS: | ACCOUNT NUMBERS: |
|---------------------------------------|--------------------|------------------|

HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, GIVE DATE PLACE AND RESULT:
 YES NO

DO YOU SUPPORT ANYONE OUTSIDE OF YOUR RESIDENCE? IF YES GIVE NAME/RELATIONSHIP AND REASON:
 YES NO

RESIDENCE

ARE THERE ANY OTHER ADULTS RESIDING IN THE HOME? YES NO

IF YES:

| | | | | |
|------|-----|--------------|---------------------|--------------|
| NAME | DOB | CA ID/DL NO. | SOCIAL SECURITY NO. | RELATIONSHIP |
|------|-----|--------------|---------------------|--------------|

ARE THERE ANY OTHER CHILDREN RESIDING IN THE HOME? YES NO

IF YES:

| | | |
|------|-----|--------------|
| NAME | DOB | RELATIONSHIP |
|------|-----|--------------|

GUARDIANSHIP CHILD

CHILD TO BE UNDER GUARDIANSHIP:

| | | |
|------|-----|--------------|
| NAME | DOB | RELATIONSHIP |
|------|-----|--------------|

| | | |
|----------------------------|-------------|--------|
| ANY NATIVE AMERICAN BLOOD? | PERCENTAGE? | TRIBE? |
|----------------------------|-------------|--------|

| | |
|------------------------|----------|
| NAME/ADDRESS OF SCHOOL | GRADE: |
| | TEACHER: |

NAME/ADDRESS OF PHYSICIAN

DID MOTHER RECEIVE PRENATAL CARE? YES NO FULL TERM BIRTH? YES NO

DOES CHILD HAVE MEDICAL PROBLEMS? YES NO IF YES, EXPLAIN:

WAS THERE A DRUG TEST AT BIRTH? YES NO IF YES, RESULTS:

DOES CHILD HAVE BEHAVIORAL PROBLEMS? YES NO IF YES, EXPLAIN:

DIFFICULTIES IN SCHOOL? YES NO IF YES, EXPLAIN:

SPECIAL EDUCATION NEEDS? YES NO IF YES, EXPLAIN:

CRIMINAL INVOLVEMENT? YES NO IF YES, EXPLAIN:

CURRENT SOCIAL WORKER? YES NO IF YES, NAME:

IS CHILD IN A DAYCARE PROGRAM? YES NO IF YES, PROVIDER:

GIVE ALL OF THE ABOVE INFORMATION ON ALL CHILDREN PROPOSED TO BE UNDER GUARDIANSHIP. YOU CAN USE THE REVERSE OF THIS PAGE OR A SEPARATE SHEET. ATTACH COPIES OF BIRTH CERTIFICATES FOR EACH CHILD PROPOSED TO BE UNDER GUARDIANSHIP.

BIRTH PARENTS

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| MOTHER'S FULL NAME | | OTHER NAMES/MAIDEN |
| DATE OF BIRTH/BIRTHPLACE | CA ID/DL NO. | SOCIAL SECURITY NO. |
| ADDRESS | | TELEPHONE NO. |
| NAME/ADDRESS OF EMPLOYER | | TELEPHONE NO. |
| IS MOTHER IN AGREEMENT WITH GUARDIANSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO | DOES MOTHER CONTRIBUTE TO THE SUPPORT OF CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO | DOES MOTHER VISIT WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DOES MOTHER HAVE ANY OTHER CHILDREN NOT A PARTY TO THIS ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES: NAME | AGE |
| HAS THE MOTHER EVER BEEN ARRESTED AND/OR CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS: | | |
| HAS CPS EVER INVESTIGATED THE MOTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS: | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| FATHER'S FULL NAME | | OTHER NAMES |
| DATE OF BIRTH/BIRTHPLACE | CA ID/DL NO. | SOCIAL SECURITY NO. |
| ADDRESS | | TELEPHONE NO. |
| NAME/ADDRESS OF EMPLOYER | | TELEPHONE NO. |
| IS FATHER IN AGREEMENT WITH GUARDIANSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO | DOES FATHER CONTRIBUTE TO THE SUPPORT OF CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO | DOES FATHER VISIT WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DOES FATHER HAVE ANY OTHER CHILDREN NOT A PARTY TO THIS ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES: NAME | AGE |
| HAS THE FATHER EVER BEEN ARRESTED AND/OR CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS: | | |
| HAS CPS EVER INVESTIGATED THE FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS: | | |

GENERAL INFORMATION

| | |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|
| WERE THE PARENTS EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, STATUS? |
| IF NO, WAS PATERNITY EVER ESTABLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, CASE NO. COUNTY/STATE |
| IS THERE AN ORDER FOR SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, HOW MUCH? PAID TO? |
| IS THERE A CUSTODY ORDER BETWEEN THE PARENTS FOR THE CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, CASE NO. |

GENERAL INFORMATION CONT'D

HAVE YOU, YOUR SPOUSE, ANOTHER ADULT
IN THE HOME, OR THE PARENTS BEEN
INVOLVED IN ANY OF THE FOLLOWING?

RECEIVED COUNSELING FOR DOMESTIC VIOLENCE?

YES NO IF YES, WHO/WHY?

DOMESTIC DISPUTE WHERE LAW ENFORCEMENT WAS CALLED?

YES NO IF YES, WHO/WHY?

BEEN THE SUBJECT OF A DOMESTIC OR CIVIL RESTRAINING ORDER?

YES NO IF YES, WHO/WHY?

ADDITIONAL INFORMATION

LIST ANY OTHER INFORMATION YOU FEEL MAY BE HELPFUL TO THE INVESTIGATION.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE.

DATED:

NAME OF PETITIONER

SIGNATURE