

Relative (relationship) _____

Non-Relative

PROPOSED GUARDIAN INFORMATION

Proposed Guardian:

Last		First	Middle	Maiden Name
Phone numbers	Home:	Work:		Cell:
Address:		City:		Zip:
Place of Birth:			Date of Birth:	
Social Security Number:			Driver's License Number:	
Race or Ethnicity:				
Will you or anyone else in the home require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:				

DESCRIBE YOUR HOME

Single Family Home Apartment How long at present address?
 Rent Own Monthly mortgage payment or rent? \$
No. of bedrooms: Will the minor(s) have their 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(s)?
Where and how are they stored?
Who cares for the minor(s) if adults are employed outside of the home?

OTHER CHILDREN LIVING IN YOUR HOME UNDER THE AGE OF 18 (ATTACH ADDITIONAL PAGE IF NECESSARY)

Name	Relationship to you	Date of Birth	Place of Birth	Grade Level	Developmental Disabilities

OTHER ADULTS LIVING IN YOUR HOME OVER THE AGE OF 18 (INCLUDING YOUR SPOUSE)

Name	Driver's License	Social Security Number	Date of Birth	Relationship to you	Child Protective Services History (Yes/No)	Criminal History (Yes/No)

Does any adult in the home have any problem(s) that could affect the minor(s), such as a history of child abuse/molestation, violent behavior, or an alcohol or drug problem? Yes No
If yes, explain:

Have the police ever been to your home? Yes No
 If yes, explain when and why (attach additional page if necessary):

EMPLOYMENT / INCOME

Are you employed? Yes No
 Name of Employer: Telephone Number:
 Address of Employer:
 Length of Employment:
 Job Title:
 Last Grade Completed and Special Training:
 Gross Monthly Income:
 Income from other sources (retirement, SSI, etc.):

YOUR HEALTH CONDITION (List any prior and/or current physical or mental health problems)

Present health status: Good Fair Poor
 If Fair or Poor, please explain:
 Have you ever been treated for or do you now have a physical impairment (e.g. hearing loss)? Yes No
 If yes, explain in detail, including medications, hospitalizations, and therapy/counseling (when and where):
 What, if any medications are you currently taking and what are they are for?
 Do you have a history of mental health issues/impairments? Yes No If yes, explain:
 Have you ever been in counseling? Yes No If yes, when?
 If yes, what was/is the reason? Drugs Alcohol Grief Domestic Violence Other
 Explain:

CRIMINAL BACKGROUND

Were you ever arrested for an offense other than a minor traffic violation? Yes No
 If yes, give date, place and details of offense (attach additional page if necessary):
 Have you had previous involvement with Child Protective Services? Yes No
 If yes, explain the circumstances in detail and include dates and name of County or State where involvement occurred (attach an additional page if necessary):
 Are you currently on Probation? Yes No Officer's Name:
 If yes, explain:
 Are you currently on Parole? Yes No Officer's Name:
 If yes, explain:

MARRIAGESIndicate if you are: Married Widowed Single Separated Divorced Registered Domestic Partner

If currently married or separated, what is your spouse's name?

Date of most recent marriage:

Number of children from this marriage:

Ages of children:

Previous marriages:

Name of former spouses:

How were previous marriages terminated (i.e., divorce or death)?

Number of children from previous marriages:

Ages of children:

SPOUSE INFORMATION (Complete only if spouse is *not* a proposed guardian and is, therefore, not required to complete a separate questionnaire)

Full name:

Maiden name (if applicable):

Aliases:

Language(s) spoken (including sign language):

Race/Ethnicity:

Age:

Date of Birth:

Place of Birth:

Social Security Number:

Driver's License Number:

Telephone Number (TDD):

Mobile Phone Number:

Employer Name:

Employer Phone Number:

Employer Address:

Job Title:

Present health status: Good Fair PoorDoes your spouse take any medication? Yes NoDoes your spouse have any special health problems? Yes NoDoes your spouse have any mental/emotional problems? Yes NoHas your spouse ever used drugs or alcohol? Yes NoHave charges ever been filed against your spouse for crimes other than minor traffic citations? Yes NoIs your spouse on parole or probation? Yes No

If yes, parole or probation officer's name:

Phone Number:

Has your spouse had previous involvement with Child Protective Services? Yes No**INFORMATION ABOUT THE MINOR(S) NEEDING GUARDIANSHIP** (ATTACH ADDITIONAL PAGE IF NECESSARY)**Minor 1**

Name:

Age:

Ethnicity:

Date of Birth:

Place of Birth:

Date placed with petitioner:

Relationship to Petitioner:

Name of school:

Telephone:

Grade Level:

Teacher's Name:

Name of physician caring for minor:

Telephone:

Address of Physician:

Describe known medical needs, mental health needs, and/or other special needs:

How do you plan to meet the minor's medical, mental health, and/or special needs?			
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who is the social worker?		Telephone Number:	
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Date of the order:		Case Number:	
Where did the proceeding take place? County:		State:	
Minor 2 <input type="checkbox"/> Not applicable			
Name:		Age:	Ethnicity:
Date of Birth:		Place of Birth:	
Date placed with petitioner:		Relationship to Petitioner	
Name of school:		Telephone:	
Grade Level:		Teacher's Name:	
Name of physician caring for minor:		Telephone:	
Address of Physician:			
Describe known medical needs, mental health needs, and/or other special needs:			
How do you plan to meet the minor's medical, mental health, and/or special needs?			
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who is the social worker?			Telephone Number:
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Date of the order:		Case Number:	
Where did the proceeding take place? County:		State:	
Minor 3 <input type="checkbox"/> Not applicable			
Name:		Age:	Ethnicity:
Date of Birth:		Place of Birth:	
Date placed with petitioner:		Relationship to Petitioner	
Name of school:		Telephone:	
Grade Level:		Teacher's Name:	
Name of physician caring for minor:		Telephone:	
Address of Physician:			
Describe known medical needs, mental health needs, and/or other special needs:			
How do you plan to meet the minor's medical, mental health, and/or special needs?			
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who is the social worker?			Telephone Number:
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Date of the order:		Case Number:	
Where did the proceeding take place? (County)		(State)	

Minor 4 <input type="checkbox"/> Not applicable		
Name:	Age:	Ethnicity:
Date of Birth:	Place of Birth:	
Date placed with petitioner:	Relationship to Petitioner	
Name of school:	Telephone:	
Grade Level:	Teacher's Name:	
Name of physician caring for minor:	Telephone:	
Address of Physician:		
Describe known medical needs, mental health needs, and/or other special needs:		
How do you plan to meet the minor's medical, mental health, and/or special needs?		
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who is the social worker?		Telephone Number:
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
Date of the order:	Case Number:	
Where did the proceeding take place? County:		State:

Minor 5 <input type="checkbox"/> Not applicable		
Name:	Age:	Ethnicity:
Date of Birth:	Place of Birth:	
Date placed with petitioner:	Relationship to Petitioner	
Name of school:	Telephone:	
Grade Level:	Teacher's Name:	
Name of physician caring for minor:	Telephone:	
Address of Physician:		
Describe known medical needs, mental health needs, and/or other special needs:		
How do you plan to meet the minor's medical, mental health, and/or special needs?		
Does the minor have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who is the social worker?		Telephone Number:
Is there a custody or visitation order for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
Date of the order:	Case Number:	
Where did the proceeding take place? County:		State:

REFERENCES			
Provide (2) non-related references who have knowledge of your home life and standing in the community.			
NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION

BIRTH PARENTS

Mother's Name:	Date of Birth:	Telephone:
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Address:		
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Last contact with minor(s):		
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Father's Name:	Date of Birth:	Telephone:
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Address:		
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Last contact with minor(s):		
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What is the relationship between Petitioner and birth parents? (visitation schedule, areas of conflict or disagreement)?		
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How long do you expect this guardianship to last?		
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What are the long term plans for the minor(s)?		
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Is the birth mother in agreement with guardianship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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Comments:			
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Is the birth father in agreement with guardianship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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Comments:			
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Have the birth parents made you aware of their plans for the minor(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe known plans:		
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Date:

 TYPE OR PRINT NAME OF PROPOSED GUARDIAN OR APPLICANT



 SIGNATURE OF PROPOSED GUARDIAN OR APPLICANT