SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

☐ **INDIO** 46-200 Oasis St., Indio, CA 92201

☐ **TEMECULA** 41002 County Center Dr., Ste. 100, Temecula, CA 92591

☐ **RIVERSIDE** 4050 Main St., Riverside, CA 92501

GUARDIANSHIP INFORMATION

The following procedural information is provided to assist you in completing the guardianship package and is not intended as legal advice. If you need additional information you may wish to consult an attorney.

1. The cost to file the petition for guardianship is pursuant to the current fee schedule payable by cash, check, money order or credit card to Clerk of the Court.
2. The investigation fee is pursuant to the current fee schedule payable at the time of filing the petition. Refer to the sections titled Guardianship Investigation/Questionnaire for more information.
3. Forms must be typed or neatly printed in black ink. Addresses at questionnaire forms must be fully completed, including zip codes.
4. Return the completed forms in triplicate, except where otherwise indicated.

GUARDIANSHIP INVESTIGATION

Effective January 1, 1987, an investigation is required when a petition for guardianship is filed pursuant to Probate Section 1513, unless waived by the court.

A check for the investigation assessment must also accompany the petition at the time of filing.

1. When the proposed guardian is a relative of the minor, the check should be made payable to Clerk of the Court in the amount designated in the current fee schedule.
2. When the proposed guardian is a non-relative, the check shall be made payable to DPSS in the amount designated in the current fee schedule.

NOTE: The information requested is for the use of the Probate Investigator in the preparation of a report to the court as required by law.

The information provided and the report to the court are confidential. The report shall be made available only to the persons who have been served in the proceeding and the persons who have appeared in the proceedings or their attorneys.

GUARDIANSHIP QUESTIONNAIRE

The guardianship questionnaire must be signed by each of the proposed guardian(s) and accompany the petition for guardianship. You are responsible for completing each of the enclosed forms, providing multiple forms when necessary and ensuring that each form is readable and mail ready. The case number and hearing date will be assigned at the time of filing, therefore, do not complete.

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RECORD CHECK REQUEST

Note to Petitioner: The information requested below must be completed and signed by all adult members of the household. Please provide your maiden name and/or AKA's.

Guardianship of: _____

Probate Case Number: _____ Hearing Date: _____

Proposed Guardian (name): _____
List any AKA's: _____
California Driver's License # or ID #: _____
Social Security Number: _____ Date of Birth: _____
Prior Counties of Residence: _____
List of any offense other than a minor traffic violation. Give date, place and details of each offense:
_____
_____

Proposed Co-Guardian or Spouse (name): _____
List any AKA's: _____
California Driver's License # or ID #: _____
Social Security Number: _____ Date of Birth: _____
Prior Counties of Residence: _____
List of any offenses other than a minor traffic violation. Give date, place and details of each offense:
_____
_____

Adult Member of Household (name): _____
List any AKA's: _____
California Driver's License # or ID #: _____
Social Security Number: _____ Date of Birth: _____
Prior Counties of Residence: _____
List of any offense other than a minor traffic violation. Give date, place and details of each offense:
_____
_____

Adult Member of Household (name): _____
List any AKA's: _____
California Driver's License # or ID #: _____
Social Security Number: _____ Date of Birth: _____
Prior Counties of Residence: _____
List of any offenses other than a minor traffic violation. Give date, place and details of each offense:
_____
_____

I/we authorize the Probate Investigator of Riverside County to exchange any and all information regarding this petition for guardianship pursuant to section 1513 and 1516 of the Probate Code.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

PERSONAL DATA AND SOCIAL HISTORY OF CHILD BEING PLACED UNDER GUARDIANSHIP

Note to Petitioner: This form must be completed for each minor. Petitioner(s) must supply additional copies.

Name: _____ AKA _____

Age:_____ D.O.B._____ Relationship to petitioner _____

Date placed with petitioner _____ Placed by whom _____

Previous Residence _____

Present Residence if not placed with petitioner _____

Who cares for children if guardian and/or spouse are both employed? _____
_____
_____
_____

Baby sitter or Childcare Facility (include name, address and phone number) _____
_____
_____
_____

Medical/Developmental/Psychological Problems – List name and address of therapist if applicable:
_____
_____

Additional Information:_____
_____
_____

Mother's Name: _____ Telephone #: _____
Address: _____
In agreement with placement Yes_____ No _____

Father's Name:_____ Telephone #: _____
Address: _____
In agreement with placement Yes_____ No _____

I declare, under penalty of perjury, that the foregoing facts are true and correct.

Date: _____ Petitioner's Signature:_____

Date: _____ Petitioner's Signature: _____

PERSONAL DATA AND SOCIAL HISTORY OF GUARDIANS

I. - IDENTIFYING INFORMATION

1. a. Full name of Proposed Guardian: _____
First Middle Last
aka/and/or maiden name: _____

Phone number - Home: _____ Work: _____

Place of Employment: _____

b. Name of Spouse: _____
First Middle Last
aka/and/or maiden name: _____

Phone number - Home: _____ Work: _____

Place of Employment: _____

2. How long at present address: _____ Own _____ Rent _____

3. a. Proposed Guardian age _____ Date of Birth _____

b. Place of Birth _____

4. Are Co/Guardians husband and wife? _____ Provide the following information relating to spouse of guardian.

a. Spouse Age: _____ Date of Birth: _____

b. Place of Birth _____

5. Do you drink alcohol/use drugs or take any kind of medication? How frequently? Please explain.

Guardian: _____

Spouse: _____

6. List all of the persons living in your home:

Name	DOB	Soc. Sec. #	Driver's Lic #	Relationship

7. Have you been approved previously for guardianship, foster care and/or adoption?
Yes ___ No ___ ; If yes, state the name, address, phone # of the approving entity and date of approval:

a. Name of Child: _____

Address: _____

b. Name of Approving Entity: _____

Address and County: _____

Date of Approval: _____

8. Has the guardianship, foster care or adoption proceeding been terminated: If so, state the following:

a. Date Terminated: _____

Reason: _____

_____

_____

9. Has action ever been taken against you in any state for removal of children from your custody?
If so, please explain: _____

_____

_____

Outcome of action: _____

10. Briefly explain what problems or events resulted in the need to establish this guardianship:

_____

_____

_____

_____

_____

11. What plans, if any, have been made for visitation of parents and grandparents?

_____

_____

_____

_____

II. MARRIAGES

Proposed Guardian

1. Married ___ Divorced ___ Separated ___ Widowed ___

2. Date and Place of Present Marriage _____

3. Number and ages of children _____

_____

4. Previous Marriages: (use additional paper if necessary)

Name of Former Spouse: _____

Date and Place of Divorce or Death: _____

Number and ages of children of this marriage: _____

Custody given to whom _____

Whereabouts of minor children _____

_____

Who is supporting them: _____

Child Support Per month:

Paying $ _____ Receiving $ _____ Amount p/child p/month _____

Spouse

1. Previous marriages (Use additional paper if necessary)
2. Name of Former Spouse: _____
3. Date and Place of Marriage _____
4. How terminated: Death ___ Divorce ___ Place: City and State

_____ Date: _____

Number and ages of children of this marriage: _____

Custody given to whom: _____

Whereabouts of minor children: _____

_____

Who is supporting them: _____

Child Support per month:

Paying $ _____ Receiving $ _____ Amount p/child p/month: _____

III. FINANCIAL INFORMATION

1. Monthly net income of Proposed Guardian(s) (All Sources): $ _____

   Monthly expenses: $ _____

2. Is medical insurance available to minor? _____ If so, give name of Insurer:

   _____

3. Do you receive public assistance? ____ If so, amount: $ _____
4. Does the minor(s) at issue receive income? ____ What amount $ _____

   What sources: _____

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CHARACTER REFERENCE QUESTIONNAIRE

Note to Petitioner: You have been provided with three (3) character reference forms. Please list three non-related references who have knowledge of your home life and standing in the community. It is preferred if one (1) reference be associated with the subject minor (eg. day care provider, therapist, teacher, medical professional)

CHARACTER REFERENCE'S NAME AND ADDRESS:

_____

_____

_____

GUARDIANSHIP OF: _____ CASE NUMBER: _____

It is the duty of the Court Investigator's Office to investigate the suitability of the home in which a child has been or may be, placed and to submit a report of its investigation to the superior court. It is the purpose of this law to safeguard, so far as possible, the best interests and future welfare of the child.

Your name has been given by the undersigned as a reference. Will you kindly answer the following questions and return the completed form to us in the enclosed envelope within 10 days. If you desire to have us keep your name confidential, please indicate.

I authorize the Probate Investigator of Riverside County to exchange any and all information regarding my Petition for Guardianship pursuant to Section 1513 of the Probate Code.

Date: _____

Signed: _____

Print or Type Name: _____

PETITIONER: DO NOT COMPLETE BELOW THIS LINE

****

1. How long have you known the: proposed guardian(s) _____ Minor _____ Father of minor _____ Mother of minor _____

2. How well do you know the proposed guardian(s)? In what capacity, if any, are you related to them?
_____

3. How frequently have you visited the home where the minor(s) will reside? _____
_____

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4. How do you rate the characteristics of the proposed guardian(s)? (excellent, acceptable, unfavorable explain unfavorable ratings under comments.)

Responsibility _____ Dependability _____
Honesty _____ Diligence/Industry _____
Disposition _____ Emotional Maturity _____
Moral Standards _____ Relationship to child(ren) _____

5. To the best of your knowledge, are they financially able to add a child to their family?

_____

6. What do you know of their habits, homelife, and their fitness to bring up children?

_____

7. Do you consider their marriage (if applicable) a happy one? Why?

_____

8. Have you observed any physical abuse or heated arguments within the family? If yes, briefly explain and give dates.

_____

_____

9. To what extent does proposed guardian(s) use intoxicants? (alcohol, drugs, etc.)
Excessively _____ Moderately _____ Not at all _____

10. State your observations of each child subject to guardianship including any known physical or emotional problems. _____

_____

11. Have the children expressed to you their feelings regarding the guardianship or custody? _____
If so please explain.

_____

12. Will you please state any reasons why you believe proposed guardian(s) would not be desirable guardians.

_____

_____

13. What special care are they giving to the child(ren) in their home? (if applicable)

_____

_____

14. If an occasion should arise where it would be necessary to place your own child or one in who you are personally interested, would you feel satisfied to have him reared in this home? Why?

_____

15. If you have any reservations about recommending the Guardianship, would you like to discuss questions with our investigator?

_____

For additional comments use a separate attachment if necessary:

Signature: _____ Date: _____

Phone number: _____

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_____

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Print or Type Name: _____

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2. How well do you know the proposed guardian(s)? In what capacity, if any, are you related to them? _____

3. How frequently have you visited the home where the minor(s) will reside? _____ _____

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4. How do you rate the characteristics of the proposed guardian(s)? (excellent, acceptable, unfavorable explain unfavorable ratings under comments.)

Responsibility _____ Dependability _____
Honesty _____ Diligence/Industry _____
Disposition _____ Emotional Maturity _____
Moral Standards _____ Relationship to child(ren) _____

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_____

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_____

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_____

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Excessively _____ Moderately _____ Not at all _____

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_____

11. Have the children expressed to you their feelings regarding the guardianship or custody? _____
If so please explain.

_____

12. Will you please state any reasons why you believe proposed guardian(s) would not be desirable guardians.

_____

_____

13. What special care are they giving to the child(ren) in their home? (if applicable)

_____

_____

14. If an occasion should arise where it would be necessary to place your own child or one in who you are personally interested, would you feel satisfied to have him reared in this home? Why?

_____

15. If you have any reservations about recommending the Guardianship, would you like to discuss questions with our investigator?

_____

For additional comments use a separate attachment if necessary:

Signature: _____ Date: _____

Phone number: _____

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_____

_____

_____

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Your name has been given by the undersigned as a reference. Will you kindly answer the following questions and return the completed form to us in the enclosed envelope within 10 days. If you desire to have us keep your name confidential, please indicate.

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Date: _____

Signed: _____

Print or Type Name: _____

PETITIONER: DO NOT COMPLETE BELOW THIS LINE

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2. How well do you know the proposed guardian(s)? In what capacity, if any, are you related to them?

   _____

3. How frequently have you visited the home where the minor(s) will reside? _____

   _____

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4. How do you rate the characteristics of the proposed guardian(s)? (excellent, acceptable, unfavorable explain unfavorable ratings under comments.)

Responsibility _____ Dependability _____
Honesty _____ Diligence/Industry _____
Disposition _____ Emotional Maturity _____
Moral Standards _____ Relationship to child(ren) _____

5. To the best of your knowledge, are they financially able to add a child to their family?

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8. Have you observed any physical abuse or heated arguments within the family? If yes, briefly explain and give dates.

_____

_____

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Excessively _____ Moderately _____ Not at all _____

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_____

11. Have the children expressed to you their feelings regarding the guardianship or custody? _____
If so please explain.

_____

12. Will you please state any reasons why you believe proposed guardian(s) would not be desirable guardians.

_____

_____

13. What special care are they giving to the child(ren) in their home? (if applicable)

_____

_____

14. If an occasion should arise where it would be necessary to place your own child or one in who you are personally interested, would you feel satisfied to have him reared in this home? Why?

_____

15. If you have any reservations about recommending the Guardianship, would you like to discuss questions with our investigator?

_____

For additional comments use a separate attachment if necessary:

Signature: _____ Date: _____

Phone number:_____

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SCHOOL REPORT

Note to Petitioner: Please complete below where indicated. A separate form is required for each minor.

NAME AND ADDRESS OF SCHOOL:

_____

_____

_____

NAME OF CHILD:_____ DATE OF BIRTH: _____

AGE: _____ GRADE: _____

GUARDIANSHIP OF: _____ CASE NO: _____

Dear Principal,

Our department is currently conducting an investigation in regard to the minor whose name appears above. Therefore, we are requesting that you complete the information requested below and return to our department. Your cooperation is appreciated. We assure you that the information you provide us will be used with discretion. Confidential information is for the court investigator's use only. Your prompt return of this report is requested.

Thank you for your cooperation in this matter.

I authorize the Probate Investigator of Riverside County to exchange any and all information regarding my Petition for Guardianship pursuant to Section 1513 of the Probate Code.

Date: _____

Signed: _____

Print or type name: _____

Petitioner: Do not complete below this line

* * * *

Health and Physical Condition

General Health: _____
Vision: _____
Hearing: _____
Physical Handicap: _____
Disease record: _____
Is the Child in Special Education Classes? Yes _____ No _____

Please rate the following accordingly: S-Superior A-Average B-Below average F-Failure

Appears contented: _____
Neatly and cleanly dressed: _____
Has good work habits: _____
Gets along with others: _____
Accepts Responsibility: _____
Uses his/her abilities: _____
Good manual coordination: _____
Obedient and Cooperative: _____
Good health habits: _____
Brings work material regularly: _____

To your knowledge has the child been referred for psychological/psychiatric testing? Yes _____ No _____

If Yes, please include report, if available. If not, the name, address and phone number of the examiner:

_____
_____
_____

Remedial measures attempted: _____
_____
_____
_____
_____
_____

Comments on contact with proposed guardians and/or parents: _____
_____
_____
_____
_____

Signed: _____ Title: _____

Dated: _____

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EMPLOYMENT VERIFICATION

Note to Petitioner: Complete information as requested below. If applicable, a separate form is required for spouse's employer.

EMPLOYER'S NAME AND ADDRESS:

_____

_____

_____

GUARDIANSHIP OF: _____ Case Number: _____

The employee named below is being considered by the court as a possible guardian of a minor. We shall appreciate it if you will complete this form and give us the benefit of any additional observations you may have made of the applicant in his or her work.

I authorize the Probate Investigator of Riverside County to exchange any and all information regarding my Petition for Guardianship pursuant to Section 1513 of the Probate Code.

Signed: _____ Date: _____

Print or type name: _____

Social Security Number: _____

Petitioner: Do not complete below this line

****

Name of Employee: _____

Position Title: _____

Date Employed: _____

Continuous Service? Yes _____ No _____

Hours worked per week: _____ Salary _____

If employment has terminated, please fill out the following:

Reason: _____

_____

Re-employment possibilities: _____

_____

Date: _____

_____
Employer's Representative

_____
Title/Firm Name

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