

CONFIDENTIAL

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SUPERIOR COURT
COUNTY OF VENTURA
STATE OF CALIFORNIA

GUARDIANSHIP QUESTIONNAIRE
(Probate Code Section 1513)

**This information is Confidential and is for the
purpose of determining Guardianship only.**

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE PETITION

MINOR'S NAME _____ CASE NUMBER _____
 RELATIVE NON-RELATIVE

SECTION 1 – SOCIAL HISTORY

PROPOSED GUARDIAN'S FULL NAME _____

FORMER/OTHER NAME(S) USED _____

ADDRESS _____

OWN RENT OTHER HOW LONG AT PRESENT ADDRESS _____

PREVIOUS ADDRESSES FOR PAST 3 YEARS _____

TELEPHONE # () _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

DRIVER'S LICENSE # _____ STATE LICENSE ISSUED _____

LAST GRADE COMPLETED & SPECIAL TRAINING _____

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?

YES NO

IF YES, PLEASE GIVE DATE, PLACE AND DETAILS _____

DESCRIBE ANY MEDICAL PROBLEMS _____

SPouse's FULL NAME _____

FORMER/OTHER NAMES(S) USED _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

DRIVER'S LICENSE # _____ STATE LICENSE ISSUED _____

Minors Name:

Case Number:

EDUCATION, LAST GRADE COMPLETED & SPECIAL TRAINING _____

HAS SPOUSE EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?

YES NO

IF YES, PLEASE GIVE DATE, PLACE AND DETAILS _____

DESCRIBE ANY MEDICAL PROBLEMS _____

SECTION II – MARRIAGES

PROPOSED GUARDIAN NEVER MARRIED MARRIED DIVORCED SEPARATED WIDOWED

DATE AND PLACE OF PRESENT MARRIAGE _____

NAMES AND AGES OF CHILDREN _____

PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper if necessary.)

NAME OF FORMER SPOUSE _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF DIVORCE/DEATH _____

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE _____

SPOUSE'S PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper if necessary.)

NAME OF FORMER SPOUSE _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF DIVORCE/DEATH _____

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE _____

SECTION III- EMPLOYMENT

PROPOSED GUARDIAN – NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE # () _____ LENGTH OF SERVICE _____

POSITION _____ SUPERVISOR _____

DAYS AND HOURS OF WORK _____ INCOME _____

OTHER SOURCE OF INCOME _____ AMOUNT _____

SPOUSE – NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE # () _____ LENGTH OF SERVICE _____

POSITION _____ SUPERVISOR _____

DAYS AND HOURS OF WORK _____ INCOME _____

SECTION IV - OTHER MEMBERS OF HOUSEHOLD

NAME	DATE OF BIRTH	RELATIONSHIP	SCHOOL/OCCUPATION

SECTION V - CHILD(REN) BEING PLACED UNDER GUARDIANSHIP

NAME _____ AGE _____ DOB _____

RELATIONSHIP _____ HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL
CUSTODY OF CHILD? _____

SCHOOL _____ TEACHER _____ GRADE _____

DOCTOR _____ TELEPHONE # () _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

NAME _____ AGE _____ DOB _____

RELATIONSHIP _____ HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL
CUSTODY OF CHILD? _____

SCHOOL _____ TEACHER _____ GRADE _____

DOCTOR _____ TELEPHONE # () _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

NAME _____ AGE _____ DOB _____

RELATIONSHIP _____ HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL
CUSTODY OF CHILD ? _____

Minors Name:

Case Number:

SCHOOL _____ TEACHER _____ GRADE _____

DOCTOR _____ TELEPHONE # () _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

CHILD CARE PROVIDER _____ TELEPHONE # () _____

ADDRESS _____ DAYS/TIME _____

WHY IS GUARDIANSHIP NECESSARY? _____

HOW LONG WILL GUARDIANSHIP BE NECESSARY? _____

WHAT ARE YOUR FUTURE PLANS FOR THE CHILD(REN)? _____

SECTION VI – ESTATE

PLEASE INDICATE THE SOURCE OF THE MONEY OR PROPERTY (I.E., INHERITANCE, GIFT, ETC.)
(INCLUDE COPY OF WILL) _____

MONEY VALUE _____ PERSONAL PROPERTY VALUE _____

WHERE WILL MONIES BE PLACED AND HOW HANDLED? (I.E. BLOCKED BANK ACCOUNT) _____

DOES CHILD (REN) HAVE MONEY IN THEIR OWN ACCOUNT? YES NO OR HELD JOINTLY? YES NO

INDICATE AMOUNT AND NAMES ON JOINT ACCOUNTS _____

IS MINOR(S)'S NAME ON DEED TO REAL PROPERTY, STOCKS, BONDS? YES NO VALUE _____

SECTION VII – BIRTH PARENTS

MOTHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DOES MOTHER AGREE WITH GUARDIANSHIP? YES NO TELEPHONE # () _____

FATHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DOES FATHER AGREE WITH GUARDIANSHIP? YES NO TELEPHONE # () _____

Minors Name:	Case Number:
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HAVE THE BIRTH PARENTS MADE YOU AWARE OF THEIR PLANS FOR THE CHILDREN? YES NO
 IF YES, EXPLAIN _____

DO YOU BELIEVE THAT EITHER PARENT IS UNFIT TO HAVE CUSTODY? YES NO
 IF YES, EXPLAIN _____

SECTION VIII – NOTIFICATION

HAVE THE FOLLOWING RELATIVES BEEN NOTIFIED OF THE PETITION FOR GUARDIANSHIP PURSUANT TO PROBATE CODE SECTION 1511?

MOTHER YES NO

FATHER YES NO

MATERNAL GRANDFATHER YES NO

PATERNAL GRANDFATHER YES NO

MATERNAL GRANDMOTHER YES NO

PATERNAL GRANDMOTHER YES NO

ADULT SIBLINGS YES NO

IF NO EXPLAIN WHY _____

DO ANY OF THE ABOVE RELATIVES OBJECT TO THE GUARDIANSHIP? WHO? _____

PLEASE INCLUDE COPY OF CHILD(REN)'S BIRTH CERTIFICATE(S).

I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Petitioner's signature

-COURT USE ONLY –

CLETS CHECK _____
 Date _____

Clerk _____

CPS CHECK _____
 Date _____

Clerk _____

VISION CHECK _____
 Date _____

Clerk _____

