

MARIN COUNTY SUPERIOR COURT
Court Investigator's Office



PROPOSED GUARDIAN INFORMATION FORM

Important Information Regarding Your Filing - Please Read

Everyone requesting a guardianship must do the following:

- 1) Complete and sign the following forms:
 - a. *Petition for Appointment of Guardian of the Person* (Form GC-210(P)) or *Petition for Appointment of Guardian of Minor* (Form GC-210);
 - b. *Guardianship Petition – Child Information Attachment* (Form GC-210(CA));
 - c. *Declaration Under Uniform Child Custody, Jurisdiction and Enforcement Act* (UCCJEA)(Form FL-105/GC-120);
 - d. *Confidential Guardian Screening Form* (Form GC-212);
 - e. *Notice of Hearing - Guardianship or Conservatorship* (Form GC-020);
 - f. The attached questionnaire.

- 2) After you have completed and signed the above forms, make two copies of each of the forms listed in a. through e. above and file them with the Marin Superior Court Clerk's Office at 3501 Civic Center Drive, Room 113, San Rafael, CA 94903. You should make a copy of the attached questionnaire for your records, but you only need to bring the original to the Court Clerk's Office.

- 3) There are additional forms you will need to complete and bring to court before your hearing. They include:
 - a. *Order Appointing Guardian of Minor* (Form GC-240);
 - b. *Letters of Guardianship* (Form GC-250);
 - c. *Duties of Guardian* (Form GC-248)

- 4) The Court Clerk will set a court date and forward all of your paperwork to the agency that will conduct the investigation and prepare the report for the court. If you are related to the child the investigation is conducted by the Court Investigator and if you are not related to the child, the investigation is conducted by Marin County Children and Family Services. They are located at:

Marin County Superior Court
Court Investigator's Office
3501 Civic Center Drive, Room 116
San Rafael, CA 94903
(415) 444-7090
(415) 444-7091, Fax

Marin County Children & Family Services
Adoptions, Foster Care Licensing & Guardianship Unit
3250 Kerner Blvd.
San Rafael, CA 94903
(415) 473-2200

PROPOSED GUARDIAN INFORMATION FORM

INSTRUCTIONS

Please read these instructions carefully. If there is to be more than one guardian, each guardian must complete a separate copy of the questionnaire.

All proposed guardians are required to complete this questionnaire. The information you provide will be used to prepare the report to the judge on your suitability as a guardian. This form is also available on the court's website at: www.marincourt.org.

Each guardian is expected to answer all questions honestly. On the last page you are required to sign the form and declare, under penalty of perjury, that all the information you have provided is true and correct.

When completing this form please keep in mind that the term "proposed guardian" refers to the person who wants to become the guardian. The term "proposed ward" or "ward" refers to the child you are asking to become the guardian for. The term "petitioner" refers to the person who signed the petition asking the court to appoint a guardian.

If you are asking to be appointed **solely as guardian of the estate**, a telephone interview will be conducted by the court investigator. You only need to fill out Section I and V only. The cost of the investigation is \$150.00.

If you are asking to be appointed as guardian of the person (or person **and** estate), a home visit is required. **Everyone who lives in the home must be present during the home visit.** After this form is received, a court investigator or social worker will contact you to make an appointment. If the form is not received promptly, your court hearing may be delayed.

There is a fee for the Court Investigation. It is currently \$625.00 and can be paid from the estate of the ward, if there is one, or by the proposed guardian or the parents. The fee may be waived under certain circumstances based on financial inability to pay. To obtain this waiver, you must file an Application for Waiver of Court Fees and Costs (also known as an IFP waiver) through the Clerk's Office. In some cases you may make arrangements for monthly payments through Marin Court Accounting Department, (415) 473-6236.

Please keep in mind:

1. ALL QUESTIONS MUST BE ANSWERED.
2. IF YOU NEED ASSISTANCE IN FILLING OUT THE FORMS OR HAVE QUESTIONS ABOUT THE LEGAL REQUIREMENTS, PLEASE CALL THE COURT'S SELF-HELP CENTER AT (415) 492-1111.

YOU MUST ANSWER ALL QUESTIONS. (Write in "n/a" if a question does not apply to your situation.)

CASE NO. _____ HEARING DATE: _____

CHILD(REN) NEEDING GUARDIAN ("proposed ward"):

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

More children listed on back

NAME(S) OF PROPOSED GUARDIAN(S):

Name
Name

How are you related to the proposed ward?: _____

Will you or anyone else in the home require an interpreter?

Yes No Language: _____

SECTION I

SOCIAL HISTORY OF PROPOSED GUARDIAN (Probate Code § 1513(a)(1)): This information is about the person who wants to be guardian. Please complete a separate questionnaire for each proposed guardian.

Name			
Address	City	State	Zip Code
Home No.	Work No.	Cell No.	
Date of Birth	Place of Birth		

Marital Status:

Married Widowed Single Separated Divorced Domestic Partnership

If married or separated, what is the name of your spouse? _____

Were you previously married or living with someone in a long-term, live-in relationship? Yes No

If yes, provide name(s) and date(s) of event (divorce, separation or death) that ended the relationship:

Name	Date of Event
Name	Date of Event
Name	Date of Event

Provide the names of **your** children (even if they are adults and not living with you):

Name	D.O.B.	Address	Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	D.O.B.	Address	Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	D.O.B.	Address	Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	D.O.B.	Address	Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No

More children listed on back

YOUR HEALTH CONDITION: Please describe any current physical or mental health problems.

Are you being treated by a doctor or other health care practitioner? Yes No

If yes, why? _____

Please list any medications you are currently taking and what they are for:

Name of Medication	Reason
Name of Medication	Reason
Name of Medication	Reason

Have you ever been in counseling? Yes No

If yes, what was the reason for counseling?

Drugs Alcohol Grief Domestic Violence Other: _____

Please explain: _____

EDUCATIONAL HISTORY:

Last School Attended	Where	When
Degree(s) Earned	Where	When
Other Courses Taken		

MILITARY HISTORY:

Branch of Service	Date Entered	Date Discharged
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Type of Discharge: Honorable General Good of Service Dishonorable

EMPLOYMENT:

Are you employed? Yes No

Name of Employer			
Address	City	State	Zip Code
Job Title		Length of Employment	
Job Responsibilities/Duties			

Are you retired, or have you been at your current employment for less than five years? Yes No

If yes, please list your work history for the past five years:

Name of Employer	Dates Employed		
	From:		To:
Name of Employer	Dates Employed		
	From:		To:
Name of Employer	Dates Employed		
	From:		To:
Name of Employer	Dates Employed		
	From:		To:

PROPOSED GUARDIAN'S FINANCIAL INFORMATION:

INCOME:

Monthly take-home pay: \$ _____
 Other monthly income: _____
 Welfare \$ _____
 SSI \$ _____
 Unemployment \$ _____
 Spousal/Child Support \$ _____
 Investments \$ _____
Total Monthly Income: \$ _____

FINANCIAL RESOURCES:

Checking Account Balance: \$ _____
 Savings Account Balance: \$ _____
 Value of Other Investments: \$ _____

Does anyone else contribute money to the household? Yes No

If yes, who? _____ How much? \$ _____

Does anyone else contribute money for the support of the child(ren) needing the guardianship? Yes No

If yes, who? _____ How much? \$ _____

EXPENSES:

Names of the persons you support: _____

Rent \$ _____
 Mortgage \$ _____

Credit Card \$ _____
 Car Payment \$ _____
 Other: \$ _____
 Other: \$ _____
Total Monthly Expenses: \$ _____

Are you financially able to support the child(ren)? Yes No

If no, what assistance will you receive? _____

Have you applied for, or are you already receiving financial assistance for this child?

Welfare Yes No Amount \$ _____
 Social Security Yes No Amount \$ _____
 Medi-Cal Yes No Amount \$ _____
 Child Support Yes No Amount \$ _____

Is someone else, such as a parent, receiving the above benefits for the child(ren)? Yes No Unknown

Who? _____

REFERENCES:

Please list **three** references who have known you **at least five years and who are friends, not relatives**. **Please let them know that we will be contacting them by mail or telephone.**

Name		Daytime Phone No.	
Address	City	State	Zip Code
Name		Daytime Phone No.	
Address	City	State	Zip Code
Name		Daytime Phone No.	
Address	City	State	Zip Code

If you cannot provide three non-relative references, please explain: _____

SECTION II

APPROPRIATENESS OF THE HOME ENVIRONMENT:

Single family home Apartment/condominium Length of time at current address: _____

of Bedrooms: _____ # of Bathrooms: _____ Will the proposed ward have 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 stored? _____

Is there a swimming pool and/or hot tub ? Yes No If yes, where? _____

List any pets in the home: _____

OTHER CHILDREN IN THE HOME (under 18 years of age):

Name	D.O.B.	School Attending	Relation to Guardian
Name	D.O.B.	School Attending	Relation to Guardian
Name	D.O.B.	School Attending	Relation to Guardian
Name	D.O.B.	School Attending	Relation to Guardian

OTHER ADULTS IN THE HOME (18 years and over):

Name	D.O.B	Soc. Sec. #	Employer/School	Relation to Guardian
Name	D.O.B	Soc. Sec. #	Employer/School	Relation to Guardian
Name	D.O.B	Soc. Sec. #	Employer/School	Relation to Guardian
Name	D.O.B	Soc. Sec. #	Employer/School	Relation to Guardian

SECTION III

SOCIAL HISTORY OF THE PROPOSED WARD(S):

Please complete the following about the child(ren) needing a guardian:

Name of Proposed Ward	Sex	D.O.B	Place of Birth	Soc. Sec. #
Does the child have any brothers and/or sisters? <i>(if yes, please list them below)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child visit his/her brothers and/or sisters?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?	
Name of Brother or Sister		Age	Person with whom they live	
Name of Brother or Sister		Age	Person with whom they live	

Name of Proposed Ward	Sex	D.O.B	Place of Birth	Soc. Sec. #
Does the child have any brothers and/or sisters? <i>(if yes, please list them below)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child visit his/her brothers and/or sisters?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?	
Name of Brother or Sister		Age	Person with whom they live	
Name of Brother or Sister		Age	Person with whom they live	

Name of Proposed Ward	Sex	D.O.B	Place of Birth	Soc. Sec. #
Does the child have any brothers and/or sisters? <i>(if yes, please list them below)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child visit his/her brothers and/or sisters?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?	
Name of Brother or Sister		Age	Person with whom they live	
Name of Brother or Sister		Age	Person with whom they live	

More children listed on back

Are there any specific religious or cultural heritage, such as Native American ancestry, that would be a factor in future plans?

Yes No

Are or were the child's parents, grandparents, or great-grandparents members of a tribe, band, or Alaska Native Village?

Yes No

Are or were the child's parents, grandparents, or great-grandparents members of, or hold shares in, an Alaska Native corporation?

Yes No

Has the child or any members of the child's family or extended family ever lived on an Indian reservation, Rancheria, federal trust property, Alaska Native village or other type of predominantly Indian community?

Yes No

Has the child or any members of the child's family or extended family ever attended an Indian school or other facility primarily intended for Native Americans, Indians, or Alaska Natives?

Yes No

Has the child or any members of the child's family or extended family ever received services or participated in programs primarily directed toward Native American, Indian or Alaska Native people, such as health or dental services from an Indian health service or Tribal Temporary Assistance to Needy Families?

Yes No

SCHOOL AND/OR DAY CARE:

Please attach a copy of the child's most recent report card to this questionnaire. ***Also, please contact the school or day care and let them know we will be contacting them by mail or telephone.***

Name of School or Day Care		Grade Level	Is Day Care Licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address		City	State	Zip Code	
Director/Principal's Name	Teacher's Name	Telephone No.	Fax No.		

How is the child doing in school? _____

Does the child have any problems with teachers or other children in school? _____

What school and non-school activities does the child participate in? _____

Does the child have any special educational needs? Yes No

If yes, please explain: _____

How do you plan to provide for these needs? _____

Is the child receiving Special Education/Resource Services? Yes No

If yes, please explain: _____

Is the child receiving services through the Regional Center? Yes No

Case Manager: _____ Telephone No. _____

MEDICAL/HEALTH CARE:

Please contact the doctor or clinic to let them know we will be contacting them by mail or telephone.

Doctor's Name				
Address		City	State	Zip Code
Medical Insurance	Medical Insurance No.	Telephone No.	Fax No.	

Date of last appointment: _____ For what reason: _____

Are all required immunizations current? Yes No

Does the child have any medical problems, physical or developmental disabilities, etc.? Yes No

If yes, please explain: _____

How do you plan to provide for these needs? _____

Does the child take any prescribed medications? Yes No

If yes, please list them: _____

Does the child have any behavioral, emotional or psychological problems? Yes No

If yes, please explain: _____

Has the child ever been hospitalized? Yes No

If yes, please explain: _____

Has the child received counseling in the past? Yes No

If yes, for what reason? _____

Is the child still receiving counseling? Yes No

If yes, how often? _____

Counselor's Name			
Address	City	State	Zip Code
Telephone No.	Fax No.		

Please let the counselor know we will be contacting him/her by mail or telephone.

SECTION IV

INFORMATION ABOUT THE NATURAL PARENTS OF PROPOSED WARD(S):

The Court Investigator may need to contact the parents so current information is needed.

The parents are: Married Separated Divorced Living together

Mother's Name		Soc. Sec. #
Date of Birth	If Deceased, Date of Death	Telephone No.
Employer's Name		Monthly Income

Is the mother paying child support? Yes No Unknown

If yes, amount \$ _____

Does proposed ward(s) see the mother? Yes No

If yes, how often? _____

If no, please explain _____

Does the mother agree with the guardianship? Yes No Unknown

Does the mother have Native American Ancestry? Yes No Unknown

Father's Name		Soc. Sec. #
Date of Birth	If Deceased, Date of Death	Telephone No.

Employer's Name _____	Monthly Income _____
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Is the father paying child support? Yes No Unknown
 If yes, amount \$ _____

Does proposed ward(s) see the father? Yes No
 If yes, how often? _____
 If no, please explain _____

Does the father agree with the guardianship? Yes No Unknown

Does the father have Native American Ancestry? Yes No Unknown

To your knowledge, are the natural parents:

Involved in drugs? Yes No Unknown If yes, Mother Father Both

In jail or prison? Yes No Unknown If yes, Mother Father Both

If yes, where? _____

In the military? Yes No Unknown If yes, Mother Father Both

If yes, where? _____

SECTION V

Complete this section if you want to be appointed guardian of the estate. If not, skip to Section VI.

GUARDIANSHIP OF THE ESTATE:

Where is the money or property coming from that the child is receiving:

INHERITANCE: Attach a copy of the will or provide:

Name of deceased person: _____ Date of death: _____

Probate Case No.: _____ Estate administered in (County): _____ (State): _____

Child will be inheriting:

Real Property - address: _____

Value of minor(s) interest: \$ _____

Cash: \$ _____ Location: _____

Stocks/Bonds: \$ _____ Location: _____

Other: _____

INSURANCE BENEFIT:

Name of Insured: _____

Relation to Child: _____ Value \$ _____

GIFT:

Name of Gifto: _____ Relation to Child: _____

Nature of Asset (cash, real property, etc.): _____ Value \$ _____

PERSONAL INJURY SETTLEMENT:

Case No.: _____ Value \$ _____

Case was settled in (County): _____ (State): _____

OTHER SOURCE:

Describe: _____ Value \$ _____

What are your plans for managing the estate? (Money to be placed in a blocked bank account, investments, rental of real property, etc.): _____

Does the minor **already** have money in an individual or joint account? Yes No Unknown

Location: _____ Balance \$ _____

Name(s) on individual and/or joint accounts: _____

Does the minor **already** have any other investments or property? Yes No Unknown

Describe: _____ Value \$ _____

Do you expect to request to use the minor's estate for any purpose (taxes, tax preparation, bond premiums, court costs/fees and other expenses)?

Yes No

If yes, what expenses will you request the court to approve? _____

Please provide the name, address and phone number of one person who will always know how to get in contact with you.

Name		Telephone No.	
Address	City	State	Zip Code

Name of attorney or person who helped you complete this form:

Name		Telephone No.	
Address	City	State	Zip Code
State Bar No.	Telephone No.	Fax No.	

VERIFICATION

I/We the undersigned declare under the penalty of perjury that the foregoing is true and correct.

Executed in (City) _____, California on (Date) _____

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE