



STATE OF CALIFORNIA
 MADERA SUPERIOR COURT
 Family Court Services
 760 North "I" Street, Suite 106
 Madera, CA, 93637
 PH #: 559-675-7810
 FAX #: 559-673-8216

**GUARDIANSHIP INVESTIGATION
 INTAKE/QUESTIONNAIRE**
 Revised Oct. 2013

CASE # _____ FCS CASE # _____ COURT DATE: _____

TYPE OF CASE: INITIAL GUARDIANSHIP GUARDIANSHIP TERMINATION SUCCESSOR GUARDIANSHIP

NOTE: INVESTIGATION FEE OF \$600 IS DUE FROM THE PETITIONER ON THE DAY OF THE APPOINTMENT

SECTION 1: PETITIONER'S INFORMATION

NAME (Last, First, Middle):		RELATIONSHIP TO CHILD:	MAIDEN NAME:	OTHER NAMES YOU ARE KNOWN BY:
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #		
HOME TEL. #		CELL TEL. #	E-MAIL ADDRESS:	
STREET ADDRESS		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE:	
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS? YEARS: _____ MONTHS _____	

SECTION 2: NATURAL FATHER'S INFORMATION

NAME (Last, First, Middle)		DO YOU OBJECT TO THE GUARDIANSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER NAMES YOU ARE KNOWN BY:
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #	
HOME TEL. #		CELL TEL. #	E-MAIL ADDRESS:
STREET ADDRESS		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE:
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS? YEARS: _____ MONTHS _____

SECTION 3: NATURAL MOTHER'S INFORMATION:

NAME (Last, First, Middle)		DO YOU OBJECT TO THE GUARDIANSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER NAMES YOU ARE KNOWN BY:
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #	
HOME TEL. #		CELL TEL. #	E-MAIL ADDRESS:
STREET ADDRESS		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE:
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS? YEARS: _____ MONTHS _____

- g. What has been your involvement regarding the care of the child/ren? _____

- h. If you want the current parenting plan to change, how would your proposed changes benefit the children?

SECTION 6: CONTACT WITH THE COURTS AND OTHER STATE AGENCIES

A. CRIMINAL COURT - List all YOUR arrests in the last 10 years:

Date of Arrest	Charge(s)	Law Enforcement Agency	Outcome

- Have **YOU** ever been court ordered to attend:
 Batterer's Intervention Program? Drug Treatment? Anger Management? Counseling?
- Are you currently on Probation or Parole? Yes No IF YES, please state the name, location and telephone number of your probation/parole officer: _____
- Does anyone else currently living in your home have criminal arrests or convictions? Yes No
 IF YES, please state the name of the person, dates of the arrests, charges and outcomes for all: _____

- Have the **OTHER** parental figures ever been arrested? Yes No
 IF YES, please state the dates of the arrests, charges and outcomes for all: _____

- Does anyone else currently living in the other parent's home have criminal arrests or convictions? Yes No
 IF YES, please state the dates of the arrests, charges and dispositions for all: _____

B. CHILD PROTECTIVE SERVICES

- Has Child Protective Services ever received a referral on you, the other parental figures or your children?
 Yes No IF YES, please answer the following questions:

Name of Child	Date Investigated	Concerns/Allegations	Outcome of Investigation

SECTION 7: INFORMATION ABOUT YOUR CURRENT BOYFRIEND, GIRLFRIEND, OR SPOUSE:

Full name:	Date of birth:	Social Security #:
Other names used:	Driver's license #/State:	Date relationship began:
Home phone number:	Cell phone number:	Occupation:
Present employer:	Employer's phone #:	Days/Hours worked:

SECTION 8: EDUCATION AND EMPLOYMENT

A. Education Level: Please list the highest grade or level of schooling you completed:

GED High school graduate College courses taken College graduate Post graduate work

1. Are you currently employed? Yes No

2. IF YES, what is your occupation, employer's name, telephone number and employer's address?

3. How long have you been with your current employer? _____ Years _____ Months

4. Current workdays and hours (please list what time you start work and what time you end work each day):

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

5. Please list your employment history over the past 5 years:

Dates of employment	Name of employer	Telephone #	Occupation	Reason for leaving

6. Who takes care of the child(ren) while you are unavailable? Please provide their names and telephone #'s:

SECTION 9: MENTAL HEALTH HISTORY

1. Have you ever been in counseling or therapy? Yes No

IF YES, please list in chronological order (by year) the therapists, counselors, clergy and/or marital counselors who you gone to:

Date:	Doctor/Therapist name:	Complete mailing address:	Telephone #:

2. Have you ever been hospitalized for psychiatric treatment? Yes No IF YES, please list hospitals or clinics attended and the dates of treatment:

Date	Hospital name	Complete mailing address	Telephone #:

3. Have you ever taken psychiatric medication? Yes No (for example, for depression, anxiety, etc.)
 IF YES, please list the names of all medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication. _____

4. Has the other parent or petitioner ever been in counseling/therapy or hospitalized for psychiatric treatment?
 Yes No IF YES, please list the therapist, agency or hospital that provided the services and the dates of treatment: _____

5. Has the other parent or petitioner ever taken psychiatric medication? Yes No
 IF YES, please list the names of all medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication: _____

SECTION 10: ALCOHOL AND SUBSTANCE ABUSE HISTORY

1. What kind(s) of alcohol do you drink? _____

2. How often do you drink? _____

3. Has your drinking ever been an issue between you and your family or friends? Yes No

4. Are you currently in or have you ever received treatment for alcohol abuse? Yes No

If yes, please check all applicable treatment:

Counseling/Therapy Detox Rehab Inpatient Rehab Outpatient AA/NA

5. If a box was checked, please list in chronological order, the therapist/agency/hospital utilized:

Date:	Therapist/Hospital:	Complete mailing address:	Telephone number:

6. Drug use history:

Name of drug:	How often:	Age of first use:	Date of last use:

7. Prescription drug use history:

Name of drug / # milligrams:	How often taken:	Prescribing doctor:	Doctor's phone number:

8. Do you have a medical marijuana card? Yes No Expiration Date: _____

9. Have drugs or alcohol ever caused you to lose a job? Yes No

10. Has your drug use ever been an issue between you and your family or friends? Yes No

11. Have you ever been court ordered for drug testing? Yes No IF YES, when:: _____

12. Were the results of the drug test(s) positive? For what drugs? _____

SECTION 11: CHILD(REN)'S INFORMATION:

CHILD # 1: / WHO THEY LIVE WITH:

Child's DOB: _____ Age: _____ Grade Level _____

School/Daycare Name: _____

School/Daycare Address: _____

School/Daycare Telephone # _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Pediatrician's Address: _____

Pediatrician's Telephone #: _____

- Does this child presently have physical or emotional problems? Yes No
If yes, what is the issue? _____

- Is this child presently in individual counseling or children of divorce group? Yes No

Therapist's Address/phone # _____

CHILD # 2: / WHO THEY LIVE WITH:

Child's DOB: _____ Age: _____ Grade Level _____

School/Daycare Name: _____

School/Daycare Address: _____

School/Daycare Telephone # _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Pediatrician's Address: _____

Pediatrician's Telephone #: _____

- Does this child presently have physical or emotional problems? Yes No
If yes, what is the issue? _____

- Is this child presently in individual counseling or children of divorce group? Yes No

Therapist's Address/phone # _____

CHILD # 3: / WHO THEY LIVE WITH:

Child's DOB: _____ Age: _____ Grade Level _____

School/Daycare Name: _____

School/Daycare Address: _____

School/Daycare Telephone # _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Pediatrician's Address: _____

Pediatrician's Telephone #: _____

- Does this child presently have physical or emotional problems? Yes No
If Yes, what is the issue? _____

- Is this child presently in individual counseling or children of divorce group? Yes No

Therapist's Address/phone # _____

CHILD # 4: / WHO THEY LIVE WITH:

Child's DOB: _____ Age: _____ Grade Level _____

School/Daycare Name: _____

School/Daycare Address: _____

School/Daycare Telephone # _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Pediatrician's Address: _____

Pediatrician's Telephone #: _____

- Does this child presently have physical or emotional problems? Yes No
If Yes, what is the issue? _____

- Is this child presently in individual counseling or children of divorce group? Yes No

Therapist's Address/phone # _____

SECTION 12: YOUR OPINION OF THE OTHER PARENTAL FIGURES:

1. In what ways are the other parental figures a good parent?

2. In what ways are the other parental figures **not** a good parent? _____

3. What parenting responsibilities did the petitioner and each parent have in the past? _____

4. What is the other parental figures relationship with each child? (For example, Close? Strained? None? Needs improvement?) _____

5. Has the other parenting figures with each child changed over time? How has it changed? _____

6. What do the other parenting figures need to do to be a better parent? _____

SECTION 13: YOUR RELATIONSHIP WITH EACH CHILD

1. Please describe each child (check off those that apply):
 - a. Activity level: high energy low energy
 - b. Attention: able to focus easily distracted
 - c. Level of intensity when upset: reacts dramatically becomes quiet
 - d. Gets hungry or tired: at predictable times at unpredictable times
 - e. Response to stimulation: startles easily to sounds remains calm
 - f. Appetite: picky eater will eat anything
 - g. Adaptability: approaches new situations easily takes a long time to become comfortable
 - h. When faced with obstacles (for ex: putting together a puzzle, child is patient
 child gives up easily
 - i. Mood: In general, the child is positive and happy the child focuses on the negative
2. What does each child do well? _____

3. What kinds of problems does each child have (Social, emotional, intellectual)? _____

4. What have you done to try to help each child with these problems? _____

5. Describe special interests and/or activities that you and each child share: _____

6. What kind of discipline works with each child? _____

7. When you and each child talk about the other parent, what do you say? _____

SECTION 14: YOUR FAMILY BACKGROUND AND OTHER INFORMATION

1. What are/were your parents'/stepparents' names and occupations?

2. What are your siblings' names? What place are you in the birth order? _____

3. Who lived with you growing up? What role did they play in your life? _____

4. What was the quality of your parents' relationship with each other growing up? What is it like now?

5. Did your parents divorce? If so, who did you live with? What effect did the divorce have on you?

6. Were there any issues in the home growing up such as substance abuse or mental health issues?

7. What is your current relationship with each of your siblings? (for example, Close? Strained? None? Needs improvement?) _____

8. What issues, if any, did you experience during your early adulthood in school, with peers, with substance abuse or mental health? _____

9. What was the parenting role of your mother and your father growing up? _____

SECTION 14: PLEASE LIST THE NAMES AND BIRTHDATES OF ALL OTHER ADULTS LIVING IN YOUR HOME:

