



State of California  
 Madera Superior Court  
 Family Court Services  
 200 South G Street  
 Madera, CA 93637  
 PH #: (559) 416-5560  
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**GUARDIANSHIP INVESTIGATION  
 INTAKE/QUESTIONNAIRE**

CASE #: \_\_\_\_\_ FCS#: \_\_\_\_\_ 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 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 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 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 4: OBJECTING WITNESS INFORMATION**

NAME (Last, First, Middle)		DO YOU OBJECT TO THE GUARDIANSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER NAMES KNOWN BY:	
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #:		
HOME TEL. #: ( ) -	CELL TEL. #: ( ) -	E-MAIL ADDRESS:		

**SECTION 4: OBJECTING WITNESS INFORMATION (Continued)**

STREET ADDRESS:		SOCIAL SECURITY #: - -	DRIVER'S LICENSE # / STATE: /
CITY:	STATE:	ZIP CODE:	HOW LONG AT THIS ADDRESS? YEARS: ____ MONTHS: ____

**SECTION 5: CONCERNS AND PROPOSALS**

1. Reasons for or against the guardianship petition:
  - a. Petitioners: What are the **top three** most important reasons why you should be the Guardian of the child/ren?
  - b. Natural Parents who do not object to the petition for guardianship: What are the **top three** reasons why each petitioner should be granted Guardianship of the child/ren?
  - c. Natural Parents who object to the petition: What are the **top three** reasons why each petitioner should **not** be a Guardian of the child/ren?  
\_\_\_\_\_
  - d. Was Temporary Guardianship granted?  Yes  No
  - e. **Whether there is a temporary guardianship in place or not**, please answer the following questions regarding how things are now:
    - a. At this time, who makes decisions about the child/ren's health, education and welfare?  
\_\_\_\_\_
    - b. At this time, who does the child/ren live with?  
\_\_\_\_\_
    - c. At this time when do the children spend time with each parental figure?  
\_\_\_\_\_
  - f. Do you want to change how things are now?  Yes  No IF YES, please answer the following:
    - a. I want to change who makes decisions about the children's health, education and welfare) to:  
\_\_\_\_\_
    - b. I want to change who the child/ren live with to:  
\_\_\_\_\_
    - c. I want to change the schedule of when the child/ren spend time with each parental figure to:  
\_\_\_\_\_
  - 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 state the dates of the arrests, charges and dispositions for all:  
\_\_\_\_\_

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 Number:
Other Names Used:	Driver’s License #/State: /	Date Relationship Began:
Home Phone Number:	Cell Phone Number:	Occupation:
Present Employer:	Employer’s Phone Number:	Day/Hours Worked:

**SECTION 8: EDUCATION AND EMPLOYMENT**

- A. Education Level:  
 GED     High School Graduate     College Courses Taken     College Graduate     Post Graduate Work

- Are you currently employed?  Yes     No  
IF YES, please state the dates of the arrests, charges and dispositions for all:  
\_\_\_\_\_
- How long have you been with your current employer?    Year(s): \_\_\_\_\_    Month(s): \_\_\_\_\_

**SECTION 8: EDUCATION AND EMPLOYMENT (Continued):**

3. 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

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

Date(s) of Employment	Name of Employer	Telephone #	Occupation	Reason for Leaving

5. 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 hospitalized for psychiatric treatment?  Yes  No

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

Date	Doctor/Therapist Name	Complete Mailing Address	Telephone #

2. Have you ever been in counseling or therapy?  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  NoIF 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  NoIF 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? \_\_\_\_\_

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	Doctor's Phone #'s

6. Drug use history:

Name of Drug	How Often Taken	Age of First Use	Date of Last Use

7. Prescription drug use history:

Name of Drug	How Often Taken	Prescribing Doctor	Doctor's Phone #'s

**SECTION 10: ALCOHOL AND SUBSTANCE ABUSE HISTORY (Continued):**

8. Do you have a medical marijuana card?  Yes  No Expiration Date: \_\_\_\_\_
9. Have drugs or alcohol ever caused you to lose 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
12. Were the results of the drug test(s) positive?  Yes  No If YES, for what: \_\_\_\_\_

**SECTION 11: CHILD(REN)'S INFORMATION****Name of 1<sup>st</sup> Child:** \_\_\_\_\_

Who do they live with: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_

School/Daycare Address: \_\_\_\_\_

School/Daycare Telephone #: \_\_\_\_\_

Teacher/Daycare Provider Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Phone #: \_\_\_\_\_

- 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 #: \_\_\_\_\_

Therapist's Phone #: \_\_\_\_\_

**Name of 2<sup>nd</sup> Child:** \_\_\_\_\_

Who do they live with: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_

School/Daycare Address: \_\_\_\_\_

School/Daycare Telephone #: \_\_\_\_\_

Teacher/Daycare Provider Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Phone #: \_\_\_\_\_

- 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 #: \_\_\_\_\_

Therapist's Phone #: \_\_\_\_\_

**Name of 3<sup>rd</sup> Child:** \_\_\_\_\_

Who do they live with: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_

School/Daycare Address: \_\_\_\_\_

School/Daycare Telephone #: \_\_\_\_\_

Teacher/Daycare Provider Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Phone #: \_\_\_\_\_

- 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 #: \_\_\_\_\_

Therapist's Phone #: \_\_\_\_\_

**Name of 4<sup>th</sup> Child:** \_\_\_\_\_

Who do they live with: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_

School/Daycare Address: \_\_\_\_\_

School/Daycare Telephone #: \_\_\_\_\_

Teacher/Daycare Provider Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Phone #: \_\_\_\_\_

- 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 #: \_\_\_\_\_

Therapist's 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, etc.)  
\_\_\_\_\_
5. Have 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): ***Additional pages attached if more than 1 minor***
  - 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 Child is: (Example: putting together a puzzle)  Patient  Gives Up Easily
  - i. Mood in General:  The child is positive & 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' name(s) and occupation(s)?  
\_\_\_\_\_
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 you 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, etc.)  
\_\_\_\_\_
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 15: PLEASE LIST THE NAMES AND BIRTHDATES OF ALL OTHER ADULTS LIVING IN YOUR HOME**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**NAME OF 1<sup>ST</sup> CHILD:** \_\_\_\_\_

*Cross reference question number from previous page(s) for your answers written on this additional page*

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**NAME OF 2<sup>nd</sup> CHILD:** \_\_\_\_\_

*Cross reference question number from previous page(s) for your answers written on this additional page*

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**NAME OF 3<sup>rd</sup> CHILD:** \_\_\_\_\_

*Cross reference question number from previous page(s) for your answers written on this additional page*

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**NAME OF 4<sup>th</sup> CHILD:** \_\_\_\_\_

*Cross reference question number from previous page(s) for your answers written on this additional page*

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