



**MADERA COUNTY SUPERIOR COURT
PETITIONER (S) SCREENING FORM - GUARDIANSHIP**

PETITIONER(S)/NAME: _____

CASE NUMBER: _____ **FCS File No.** _____

COURT DATE: _____ **DEPT:** _____ **TIME:** _____

PETITIONERS RELATIONSHIP TO MINOR: _____

CHILD/CHILDREN AT ISSUE: _____ **DOB** _____
_____ **DOB** _____
_____ **DOB** _____

NATURAL PARENTS: **Mother** _____ **DOB** _____
Father _____ **DOB** _____

Where is the minor residing at this time? With Petitioner With Parents Other:
Mark the box that applies to the allegations in this petition:

- Domestic violence Substance abuse Child abuse
 Overall neglect Care taker absence Other:

In the following questions, do not reveal the names of the reporting party who contacted CWS/CPS. That information shall be kept CONFIDENTIAL.

Are you aware of any Child Welfare Service (CPS) complaints made against the parents? Yes No

If so, are you aware of the outcome of such complaints? Yes No

Are you aware of the names of the social workers? Yes No

Were you referred to the Probate Court by a social worker? Yes No

If Yes, what were the reasons given to you for such referral? _____

Were you offered a Temporary voluntary case management plan through CWS to have custodial care of the minor at issue and told to file a Probate Guardianship by a certain date? Yes No

If yes, please provide the court with a copy of the plan.

Petitioner (s)/Attorney's Signature

Address

Phone Number