

Background Information

This page must be completed by all other persons, 18 years or older, who live in the home. **NOT THE GUARDIAN(S)**

Make additional copies if

Case Number: _____

Your full legal name: _____

Any other names you have used, including maiden name: _____

Your relationship to the child(ren): _____

Your Street Address: _____

City: _____ Zip Code: _____

Best phone number to call: _____ Message phone #: _____

Mailing Address if different: _____

Social Security #: _____ Date of Birth: _____

Sex: _____ Race: _____ Height: _____ Eye Color: _____

Hair Color: _____ Driver's License or ID #: _____ State: _____

Place of Birth: _____

Place of Employment: _____

I have a:(circle) Social Worker Probation Officer Parole Officer None

Their name and telephone number is: _____

I understand that a Kern County Superior Court Investigator will perform a criminal background check on me as part of the guardianship investigation. I understand that the purpose of the investigation is to make recommendations to the court regarding whether a guardianship is necessary and in the best interest of the subject child(ren).

I certify under penalty of perjury that the information I have provided is true and correct.

Date: _____

Signature: _____

Printed Name: _____