SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN
Patricia Arredondo, LCSW
Manager of Family Court Services
Mediation & Investigation

Family Court Services
1215 Truxtun Avenue,
3rd Floor
Bakersfield, California 93301
Telephone: (661) 610-6700
Fax: (661) 688-7412
Email: FCS@kern.courts.ca.gov

Guardianship Questionnaire

Instructions:

MAKE SURE TO READ AND FOLLOW ALL THE INSTRUCTIONS IN ORDER TO AVOID ANY DELAYS IN YOUR CASE.

You are receiving this questionnaire because you are a party to a relative guardianship case. This questionnaire is a vital piece of the guardianship petition. The court has the authority to order an investigation as part of the case proceedings. Therefore, it is important the **entire** packet is completed and returned along with your petition to the Probate Court window.

This questionnaire is confidential and will not become part of the public record. The personal identifying information will be always kept in a confidential location.

All people who are 18 or older who live in the home are required to undergo a background check. Therefore, they are required to complete the **"Background Information"** page of this packet. Make additional copies as necessary.

Make sure all pages which require a signature have been signed.

Make photocopies or use extra paper as necessary.

Attach any extra papers to the end of the packet.

No recording or recording devices of any kind are allowed during any contact. We do not consent to being recorded and non-consensual recordings are a violation of Penal Code § 632. If we discover that we are being recorded directly or indirectly, the violation will be referred to the Sheriff's Department for investigation.

The court has a self-help center that can help you complete this packet. The Self Help Center office is at 1215 Truxtun Ave., 1st floor, Bakersfield, California.
You may contact them at (661) 610-6518 or by email: WMSelfHelp@kern.courts.ca.gov

Please visit https://www.kern.courts.ca.gov/self-help

Subject Child(ren) Information

Case Number: _____

Make additional copies as necessary – Attach additional copies to back of packet

Child

Legal name of child (as on birth certificate): _____

Name child is known by: _____ *Date of birth:* _____

Place of birth: _____ *Current age:* _____ *Gender:* _____

Name of child's doctor: _____ *Telephone:* _____

Current health problems: _____

Date of last examination: _____ *Is child in counseling?* _____

Counselor's name: _____ *Telephone:* _____

Name of school: _____ *Address:* _____

Grade: _____ *Teacher's name:* _____

Are there special educational needs? Yes No If yes, please explain: _____

_____

Is the child subject to any legal custody orders? Yes No If yes, please explain: _____

_____

Child

Legal name of child (as on birth certificate): _____

Name child is known by: _____ *Date of birth:* _____

Place of birth: _____ *Current age:* _____ *Gender:* _____

Name of child's doctor: _____ *Telephone:* _____

Current health problems: _____

Date of last examination: _____ *Is child in counseling?* _____

Counselor's name: _____ *Telephone:* _____

Name of school: _____ *Address:* _____

Grade: _____ *Teacher's name:* _____

Are there special educational needs? Yes No If yes, please explain: _____

_____

Is the child subject to any legal custody orders? Yes No If yes, please explain: _____

_____

Relationship Information

Probate Code 1513(g) For the purpose of this section, a "relative" means a person who is a spouse, parent, stepparent, brother, sister, brother, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of these persons, even after the marriage has been terminated by death or dissolution.

How are you and the child(ren) related?

☐ *Stepparent* ☐ *Grandparent* ☐ *Brother/Sister* ☐ *Stepbrother/sister*

☐ *Half-brother/sister Aunt/Uncle* ☐ *1st Cousin* ☐ *Niece/nephew*

☐ *Grand or Great relative* ☐ *Spouse/former spouse to one of these people*

None of these options applies ☐

The child and I are related by Biological ☐ *Legal adoption* ☐

Legal marriage of parents or biological/legal relative ☐ *No legal or biological relation* ☐

Mother's side ☐ *Father's side* ☐ *Both parents* ☐ *None* ☐

Explain how you and each of the child(ren) are related:

_____

_____

_____

_____

Do you have supporting documents? *Yes* ☐ *No* ☐

What documents do you have?

_____

_____

_____

_____

ICWA: Indian Heritage & Tribal Information

1. *Are the child(ren) or their parents members of an American Indian tribe or an Alaskan Native community?*

   Yes ☐ No ☐ If the answer is no, go to #3

   In what tribe(s)/band(s)/Alaska Native village(s) do they have membership?

   _____

   Do they have an enrollment card or number or an Enrollment number/Indian Identification Card/CDIB/Indian Preference card/Indian Identification card?

   Yes ☐ No ☐ I don't know ☐

2. *Is anyone in the child's family a member of a tribe? Yes ☐ No ☐ I don't know ☐*

   If the answer is yes, answer the following questions:

   *What is the person's full name/maiden name?*_____

   What is their relationship to the child? _____

   Does that person have an Enrollment number/Indian Identification Card/CDIB/Indian Preference card/Indian Identification card? Yes ☐ No ☐ I don't know ☐

3. *Are you aware of any Native American, Alaskan Native, or American Indian ancestry in any of the children's biological extended family?*

   Yes ☐ No ☐ I don't know ☐

   If the answer is yes, answer the following questions:

   From what tribe(s)/band(s)/Alaska Native villages do they have ancestry?

   _____

   _____

   How did you come to know this information regarding the parents and the child(ren)'s ancestry?

   _____

   Is there anyone in yours or the parent's family who may have more information about the child(ren)'s Native American, Alaskan Native, or American Indian heritage? Yes ☐ No ☐

   What is the person's full name and contact information?

   _____

   What is their relationship to the child(ren)?

   _____

Guardian's Information

If there are multiple petitioners/guardians, each one must complete and sign pages 3 thru 8

Make additional copies as necessary – Attach additional copies to back of packet

Relationship to subject child(ren): _____

Current physical location of child(ren): _____

How long have you known the child(ren): _____

Briefly explain the circumstances that led to this proceeding and why the child(ren) should be in your care:

_____

_____

Legal name: _____ *Other names used:* _____

Any other names you use or have used, including nicknames: _____

Social Security #: _____ *License or ID #:* _____ *State:* _____

Date of birth: _____ *Place of Birth:* _____

Race: _____ *Gender:* _____

Height: _____ *Eye Color:* _____ *Hair Color:* _____

Language(s) Spoken: _____

Address: _____ *City:* _____ *Zip:* _____

Mailing address if different: _____

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

Your email address: _____

***** Please Notify Family Court Services Of Any Changes To Your Address Or Phone Numbers *****

Education:

Highest grade completed: _____ *Where:* _____

List any additional training or education: _____

Employment:

Employer Name: _____ *Job Title:* _____

Employer's Address: _____

May we contact you at work? Yes No

Employer's phone #: _____ *Length of employment:* _____

Current working schedule: _____

Military Service:

Branch: _____ *Date and type of Discharge:* _____

Marital History:

Number of previous marriages: _____

Date and place of current marriage: _____

Name of current spouse: _____

List all of your Children: *(Attach additional sheets if necessary)*

Name	*Age*	*Other parent's name*	*With whom do they live*

Health:

Current health problems? *Yes* *No* *If yes, please explain:* _____

_____

_____

Mental Health History:

Have you ever been diagnosed with a mental health condition? *Yes* *No* *If yes, give brief explanation:*

_____

_____

Have you ever been hospitalized voluntarily or involuntarily for a mental health condition? *Yes* *No*

Have you ever been prescribed any medications for a mental health condition? *Yes* *No*

Substance Abuse History:

Do you currently use or have you ever used illegal drugs? *Yes* *No* *If yes, please explain:*

_____

_____

_____

Do you drink alcohol? Yes No

Have you ever had an alcohol problem? Yes No If yes, please explain: _____

_____

_____

Child Protective Services History:

Have you ever been investigated by Child Protective Services? Yes No

Living Arrangements:

Number of people living in your current residence: _____ *Number of bedrooms:* _____

Length of time at your current residence: _____ *years* _____ *months Are you: Renting Buying Own*

Accommodations for the child(ren): _____

_____

Do you plan to remain in this location or are you looking for other accommodations? Explain: _____

_____

All others living in the home (Adults and Children):

Name	*Age*	*Relationship to the subject child(ren)*

Financial:

Source if Income: _____

Monthly Income: _____ *Additional income:* _____

Do you receive cash aid for the child(ren)? Yes No If no, will you be applying for cash aid? Yes No

Do the child(ren) have MediCal coverage? Yes No If no, will you be applying for coverage? Yes No

Additional Information:

Are you currently or have you previously been appointed a guardian? Yes No

If yes, provide name of child(ren), the date, the County where it was established and the case number:

_____

_____

_____

Have you or anyone in your household ever been the subject of any type of a restraining order? Yes No

If yes, give brief explanation: _____

_____

_____

_____

References:

Name _____ *Relationship to you:* _____

Mailing Address: _____

Telephone Number: _____ *Email Address:* _____

Name _____ *Relationship to you:* _____

Mailing Address: _____

Telephone Number: _____ *Email Address:* _____

Name _____ *Relationship to you:* _____

Mailing Address: _____

Telephone Number: _____ *Email Address:* _____

Legal/Birth Mother: Make additional copies as necessary – Attach additional copies to back of packet

Full Name: _____ *Mother of:* _____

Age: _____ *Date of birth or approximate date of birth:* _____

Other names she uses or has used, including nicknames: _____

Residence: _____

Telephone: _____ *Other contact number:* _____

Does the mother visit the child(ren): _____ *Explain:* _____

Has the mother provided any financial support for the child(ren)? Yes No

If yes, how much? _____ *Date of payments:* _____

Is mother in agreement with the guardianship? _____ *Explain:* _____

_____

_____

Legal/Birth Father: Make additional copies as necessary – Attach additional copies to back of packet

Full Name: _____ *Father of:* _____

Age: _____ *Date of birth or approximate date of birth:* _____

Other names he uses or has used, including nicknames: _____

Residence: _____

Telephone: _____ *Other contact number:* _____

Does the father visit the child(ren): _____ *Explain:* _____

Has the father provided any financial support for the child(ren)? Yes No

If yes, how much? _____ *Date of payments:* _____

Is father in agreement with the guardianship? _____ *Explain:* _____

_____

_____

Informed Consent for Guardianship Evaluation

Evaluation Procedures- A Family Court Services' Investigator will be gathering information from many sources, including but not limited to law enforcement, Child Protective Services, schools, day care, and our own observation of you, the child(ren) and others involved in this case. The **Release of Information** form will provide us with access to medical, school, legal, and other information related to the issues under investigation.

Evidence- Any evidence you provide to the investigator will be destroyed upon completion of the investigation and filing of the report. It is your responsibility to file any evidence with the court in accordance with the rules of court if you want it to be considered by the court.

Confidentiality- Quite simply, within the process, there is no confidentiality. We may share information one party tells us with the other party or ask you questions about what we hear from a party, child(ren), or a collateral source. We will inform the child(ren) their statements may not be confidential, though we may inform you, your attorneys, and the court if we believe it is in the best interest of the child(ren) to protect that confidentiality.

**Please note that California state law requires reporting to the appropriate agencies in cases where there is reasonable suspicion of child abuse, elder abuse, stated intention to injure another person and/or imminent danger of harming yourself.

Recommendations- A written report will be prepared and filed with the Court. Please be aware, it will always be based the investigators' analysis of all of the evaluation data and what they believe to be in the best interest of the child(ren).

Confidentiality of the Report- Pursuant to California Probate Code §1513(d) all reports authorized by this section are confidential and shall only be made available to people who have been served in the proceedings or their attorneys.

No recording or recording devices of any kind are allowed during any contact. We do not consent to being recorded and non-consensual recordings are a violation of Penal Code § 632. If we discover that we are being recorded directly or indirectly, the violation will be referred to the Sheriff's Department for investigation.

Complaints- If you have a concern or a complaint regarding the Investigator assigned to your case, you may contact Patricia Arredondo, Manager of Family Court Services, at 1215 Truxtun Avenue, 3rd Floor, Bakersfield, CA 93301, (661) 610-6700.

Consent- I have read and understand this Consent for Guardianship Evaluation and expressly consent to allow the Kern County Superior Court, and its agents and employees, to conduct an evaluation. I hereby declare under penalty of perjury that all information I have submitted is true and correct.

Date: _____ Print Name: _____

Signature: _____

Case Number: _____

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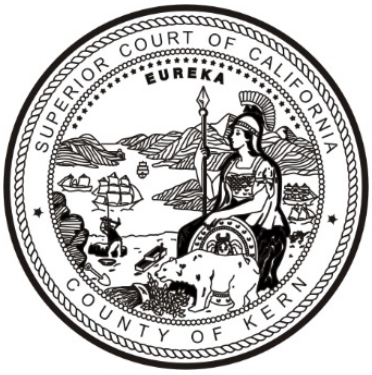

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RELEASE OF INFORMATION

I, _____ , as _____
(Print name) (Relationship to child)

specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teacher) possessing information about me or the minor child(ren), including psychiatric information, confidential or otherwise, to release same (including copies) to the Kern County Superior Court through its duly appointed Court Investigator, such information to be used as the Court may deem fit and proper. I understand that Family Court Services will conduct a criminal and Child Protective Services' background check on me in the course of this investigation.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from this date unless otherwise revoked.

Date: _____ Print Name: _____

Signature: _____

Case Number: _____

Background Information

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

<u>Make additional copies if necessary</u> **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:* _____

Gender: _____ *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: _____