

CONFIDENTIAL  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF VENTURA

GUARDIANSHIP QUESTIONNAIRE  
(Probate Code Section 1523)

THIS FORM MUST BE COMPLETED AND FILED WITH THE PETITION

Proposed Guardian(s) must attach proof of each child's date of birth. The proof can be a copy of a birth certificate, custody order, declaration of a person present at birth or school records showing the date of birth. If the Proposed Guardians are legally married or registered domestic partners, they can complete and submit one joint form. If they are not legally married or registered domestic partners, each Proposed Guardian would complete and submit a separate form.

CHILD(REN)'S NAME(S): \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

SECTION I – SOCIAL HISTORY

PROPOSED GUARDIAN'S FULL LEGAL NAME: \_\_\_\_\_

LIST ALL FORMER/OTHER NAME(S) USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? \_\_\_\_\_

LIST ADDRESSES FOR PAST 3 YEARS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE#: \_\_\_\_\_ STATE LICENSE ISSUED: \_\_\_\_\_

RELATIVE TO THE CHILD(REN)  NON-RELATIVE TO THE CHILD(REN)

DESCRIBE ANY MEDICAL PROBLEMS: \_\_\_\_\_

SPOUSE'S/REGISTERED DOMESTIC PARTNER'S FULL LEGAL NAME: \_\_\_\_\_

LIST ALL FORMER/OTHER NAME(S) USED: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE LICENSE ISSUED \_\_\_\_\_

RELATIVE TO THE CHILD(REN)  NON-RELATIVE TO THE CHILD(REN)

DESCRIBE ANY MEDICAL PROBLEMS: \_\_\_\_\_

<b>CHILD(REN)'S NAME(S):</b>	<b>CASE NUMBER:</b>
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**SECTION II – MARRIAGES**

NEVER MARRIED    
  MARRIED    
  DIVORCED    
  SEPARATED    
  WIDOWED

DATE AND PLACE OF PRESENT MARRIAGE: \_\_\_\_\_

NAMES AND AGES OF CHILDREN: \_\_\_\_\_

PREVIOUS MARRIAGE, IF APPLICABLE.

NAME OF FORMER SPOUSE: \_\_\_\_\_

DATE AND PLACE OF MARRIAGE: \_\_\_\_\_

DATE AND PLACE OF DIVORCE/DEATH: \_\_\_\_\_

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE: \_\_\_\_\_

**SPOUSE'S/REGISTERED DOMESTIC PARTNER'S PREVIOUS MARRIAGE, IF APPLICABLE.**

NAME OF FORMER SPOUSE: \_\_\_\_\_

DATE AND PLACE OF MARRIAGE: \_\_\_\_\_

DATE AND PLACE OF DIVORCE/DEATH: \_\_\_\_\_

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE: \_\_\_\_\_

**SECTION III- EMPLOYMENT**

**PROPOSED GUARDIAN – NAME AND ADDRESS OF EMPLOYER:** \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ LENGTH OF SERVICE: \_\_\_\_\_

POSITION: \_\_\_\_\_

DAYS AND HOURS OF WORK: \_\_\_\_\_

**SPOUSE/REGISTERED DOMESTIC PARTNER – NAME AND ADDRESS OF EMPLOYER**

PHONE: (\_\_\_\_) \_\_\_\_\_ LENGTH OF SERVICE \_\_\_\_\_

POSITION \_\_\_\_\_

DAYS AND HOURS OF WORK \_\_\_\_\_

**EXPLAIN HOW THE PROPOSED GUARDIAN(S) WILL BE ABLE TO FINANCIALLY SUPPORT THE CHILD(REN):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>CHILD(REN)'S NAME(S):</b>	<b>CASE NUMBER:</b>
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**SECTION IV - OTHER MEMBERS OF HOUSEHOLD**

NAME	DATE OF BIRTH	RELATIONSHIP

**SECTION V - CHILD(REN) BEING PLACED UNDER GUARDIANSHIP**

**1. NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

RELATIONSHIP TO PROPOSED GUARDIAN(S) \_\_\_\_\_

IS THIS CHILD LIVING WITH YOU, THE PROPOSED GUARDIAN(S), NOW?     YES     NO

IF YOU ANSWERED YES, PLEASE STAT HOW AND WHEN THEY STARTED LIVING WITH YOU:

SCHOOL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CHILDCARE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ DAYS/TIMES: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

DOES THE CHILD HAVE ANY MEDICAL, DEVELOPMENTAL OR MENTAL HEALTH ISSUES?     YES     NO

IF YOU ANSWERED YES, BRIEFLY STAT WHAT THE ISSUES ARE:

DOES THIS CHILD HAVE AN IEP OR 504 EDUCATION PLAN WITH THEIR SCHOOL?     YES     NO

**2. NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

RELATIONSHIP TO PROPOSED GUARDIAN(S) \_\_\_\_\_

IS THIS CHILD LIVING WITH YOU, THE PROPOSED GUARDIAN(S), NOW?     YES     NO

IF YOU ANSWERED YES, PLEASE STAT HOW AND WHEN THEY STARTED LIVING WITH YOU:

SCHOOL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CHILDCARE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ DAYS/TIMES: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

DOES THE CHILD HAVE ANY MEDICAL, DEVELOPMENTAL OR MENTAL HEALTH ISSUES?     YES     NO

IF YOU ANSWERED YES, BRIEFLY STAT WHAT THE ISSUES ARE:

<b>CHILD(REN)'S NAME(S):</b>	<b>CASE NUMBER:</b>
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DOES THIS CHILD HAVE AN IEP OR 504 EDUCATION PLAN WITH THEIR SCHOOL?     YES     NO

**3. NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

RELATIONSHIP TO PROPOSED GUARDIAN(S) \_\_\_\_\_

IS THIS CHILD LIVING WITH YOU, THE PROPOSED GUARDIAN(S), NOW?     YES     NO

IF YOU ANSWERED YES, PLEASE STAT HOW AND WHEN THEY STARTED LIVING WITH YOU:

CHILDCARE: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ DAYS/TIMES: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

DOES THE CHILD HAVE ANY MEDICAL, DEVELOPMENTAL OR MENTAL HEALTH ISSUES?     YES     NO

IF YOU ANSWERED YES, BRIEFLY STAT WHAT THE ISSUES ARE:

DOES THIS CHILD HAVE AN IEP OR 504 EDUCATION PLAN WITH THEIR SCHOOL?     YES     NO

**4. NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

RELATIONSHIP TO PROPOSED GUARDIAN(S) \_\_\_\_\_

IS THIS CHILD LIVING WITH YOU, THE PROPOSED GUARDIAN(S), NOW?     YES     NO

IF YOU ANSWERED YES, PLEASE STAT HOW AND WHEN THEY STARTED LIVING WITH YOU:

SCHOOL: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

CHILDCARE: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ DAYS/TIMES: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

DOES THE CHILD HAVE ANY MEDICAL, DEVELOPMENTAL OR MENTAL HEALTH ISSUES?     YES     NO

IF YOU ANSWERED YES, BRIEFLY STAT WHAT THE ISSUES ARE:

DOES THIS CHILD HAVE AN IEP OR 504 EDUCATION PLAN WITH THEIR SCHOOL?     YES     NO

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**SECTION VI – FUTURE PLANS**

HOW LONG WILL GUARDIANSHIP BE NECESSARY? \_\_\_\_\_

<b>CHILD(REN)'S NAME(S):</b>	<b>CASE NUMBER:</b>
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DESCRIBE YOUR FUTURE PLANS FOR THE CHILD(REN) (school, extracurricular activities, social/emotional support, family relationships, etc.):

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**SECTION VII – ESTATE**

PLEASE INDICATE THE SOURCE OF THE MONEY OR PROPERTY (i.e.- Inheritance, gift, etc.)(INCLUDE COPY OF WILL):

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MONEY VALUE \_\_\_\_\_ PERSONAL PROPERTY VALUE \_\_\_\_\_

WHERE WILL MONIES BE PLACED AND HOW HANDLED? (i.e.- Blocked Bank Account or will Guardian(s) Post a Bond):

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DOES CHILD (REN) HAVE MONEY IN THEIR OWN ACCOUNT?  YES  NO OR HELD JOINTLY?  YES  NO

INDICATE AMOUNT AND NAMES ON JOINT ACCOUNTS \_\_\_\_\_

IS MINOR(S)'S NAME ON DEED TO REAL PROPERTY, STOCKS, BONDS?  YES  NO VALUE \_\_\_\_\_

**SECTION VIII – PARENTS**

MOTHER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

FATHER'S \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

DO YOU BELIEVE IT IS DETRIMENTAL TO THE CHILD FOR EITHER PARENT TO HAVE CUSTODY?  YES  NO

IF YES, EXPLAIN:

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<b>CHILD(REN)'S NAME(S):</b>	<b>CASE NUMBER:</b>
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**SECTION IX – OBJECTIONS**

DO ANY OF THE RELATIVES BELOW OBJECT TO THE GUARDIANSHIP?

MOTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FATHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MATERNAL GRANDFATHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PATERNAL GRANDFATHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MATERNAL GRANDMOTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PATERNAL GRANDMOTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ADULT SIBLINGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO

WHY? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOU MUST ATTACH A COPY OF CHILD(REN)'S BIRTH CERTIFICATE(S), CUSTODY ORDER,  
DECLARATION OF A PERSON PRESENT AT BIRTH OR OTHER RECORD SHOWING THE DATE OF BIRTH  
SUCH AS SCHOOL RECORDS**

**I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

\_\_\_\_\_

Date

\_\_\_\_\_

Proposed Guardian's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Proposed Guardian's Signature