

**Guardianship Declaration
Confidential**

Return To: Probate Court Clerk's Office
400 County Center, Redwood City, CA 94063

Name of Proposed Ward(s): _____

Case Number: _____

Proposed Guardian(s) Information Form

Please complete this entire form and return it to the Probate Court Clerk **at the time of filing.**
Use additional sheets when necessary to answer questions.

Social History of the Minor(s)

Legal name of 1st minor (as on birth certificate): _____

Name minor is known by: _____ Date of Birth: _____

Place of birth: _____ Present age: _____ Sex: M F

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

Name of minor's physician: _____ Telephone: _____

Date of minor's last examination: _____ Is minor in counseling? Yes No

Counselor's name: _____ Telephone: _____

School/Day Care Name of school/day care facility: _____

Address: _____ Telephone _____

Teacher's name: _____ Grade level: _____

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

Are you guardian of any other children? _____

Legal Custody Is the child subject to any legal custody orders? Yes No
If yes, describe type of orders (guardianship, dissolution, paternity, adoption proceedings,
hearing dates and county.

Minor's Income: _____ Savings: _____

Social History of the 2nd Minor

Legal name of 2nd minor (as on birth certificate): _____

Name minor is known by: _____ Date of Birth: _____

Place of birth: _____ Present age: _____ Sex: M F

SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

Health

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

Name of minor's physician: _____ Telephone: _____

Date of minor's last examination: _____ Is minor in counseling? Yes No

Counselor's name: _____ Telephone: _____

School/Day Care

Name of school/day care facility: _____

Address: _____ Telephone _____

Teacher's name: _____ Grade level: _____

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

Are you guardian of any other children?

Legal Custody

Is the child subject to any legal custody orders? Yes No

If yes, describe type of orders (guardianship, dissolution, paternity, adoption proceedings, hearing dates and county):

Minor's income: _____ Savings: _____

List additional minor(s) on separate sheet(s) and include the same information as requested above.

Relationship of Proposed Ward(s) to Proposed Guardians

How long have you known the proposed ward(s): _____

Briefly explain the circumstances that led to this proceeding and why the proposed ward(s) should be in your home or care:

How long do you expect to be the guardian of the proposed ward(s)? _____

Social History of the Proposed Guardian(s)

Legal name: _____ AKA's (aliases): _____

Date of birth: _____ Social Security #: _____ Driver's License #: _____

Place of birth: _____ Present age: _____

Residence: _____
(House No.) (Street) (City) (State) (Zip)

Telephone number: _____ Message/ cell phone: _____

SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

Health

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

Education

Highest grade or educational level completed: _____

List any additional training or education: _____

Military Service

Branch: _____ Type/Date of Discharge: _____

Employment

Occupation _____ Dates Employed: _____

Employer: _____ Telephone: _____

Address: _____

Can you be contacted at work? Yes No Contact Number: _____

Financial

Monthly income: _____ Additional income: _____

Number of dependents: _____ Rent/mortgage payment: _____

Other total monthly expenses (include child support payments): _____

Are you planning on filing for AFDC? Yes No Are you planning on filing for Medi-Cal? Yes No

Housing

Rent Own Length of time in current residence? _____

Number of bedrooms: _____ Is residence a house or an apartment? _____

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

Accommodations for proposed ward: _____

Marital History

Number of previous marriages: _____

Date and place of current marriage: _____

Names of your children	Birthdate(s)	Drivers License:	Address:	Phone:

Please provide the following information for other persons 16 years of age and above residing in the home:

Names	Birthdate(s)	Drivers License:	Relationship:

Social History of the Present Spouse/Cohabitant

Legal name: _____ AKA's (aliases): _____
 Date of Birth: _____ Place of Birth: _____ Present age: _____
 SS#: _____ Driver's License #: _____ State: _____
 Residence: _____
 (House No.) (Street) (City) (State) (Zip)
 Telephone number (day): _____ Telephone number (evening): _____

Health

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

Education

Highest grade or educational level completed: _____

List any additional training or education: _____

Military Service

Branch: _____ Type/Date of Discharge: _____

Employment

Occupation _____ Dates Employed: _____

Employer: _____ Telephone: _____

Address: _____

Can spouse/cohabitant be contacted at work? Yes No Contact Number: _____

Marital History

Number of previous marriages: _____

Names of Spouse's /Cohabitant's Children:	Birthdate(s)	Drivers License:	Address:	Phone:

List persons who are familiar with the history of the minor's parents:

(Name & Relationship) (Street) (City) (State) (Zip) (Daytime Phone #)

(Name & Relationship) (Street) (City) (State) (Zip) (Daytime Phone #)

(Name & Relationship) (Street) (City) (State) (Zip) (Daytime Phone #)

Birth/Legal Parents

The Court Investigator may attempt to contact the parents, if current information is needed.

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SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

Birth/Legal Father's Name

Date of birth: _____

Residence: _____
(House No.) (Street) (City) (State) (Zip)

Telephone number: _____ SS#: _____ DL# _____

Employer: _____ Telephone: _____

Does the minor(s) see the father? Yes No Explain: _____

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

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

Is the father in agreement with this proceeding? Yes No

Birth/Legal Mother's Name

Date of birth: _____

Residence: _____
(House No.) (Street) (City) (State) (Zip)

Telephone number: _____ SS#: _____ DL# _____

Employer: _____ Telephone: _____

Does the minor(s) see the mother? Yes No Explain: _____

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

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

Is the mother in agreement with this proceeding? Yes No

You may be charged for the cost of this investigation pursuant to Probate Code Section 1513.1

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Dated: _____ at: _____, California

Signature: _____

Print or type your name: _____

Note: If another person filled out this document for you, that person must also sign the acknowledgment under penalty of perjury.

Dated: _____ at: _____, California

Signature: _____

Print or type your name: _____

**Release of Information - Consent Form
(Please Print)**

I, _____, DOB: _____ hereby give my consent

_____, DOB: _____ hereby give my consent

_____, DOB: _____ hereby give my consent

to _____, Court Investigator of the Superior Court of San Mateo County, to obtain information from Children and Family Services regarding any records that agency may have pertaining to me.

Signature

Date

Signature

Date

Signature

Date

Witness

Date

Case Name - Minor(s) _____

Case Number: _____

Court Hearing Date: _____