Guardianship Declaration Confidential

Probate Court Clerk's Office **Return To:** 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: Present age: F \square Place of birth: М Health Current health problems? Yes No 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: **School/Day Care** Name of school/day care facility: Telephone Address: Grade level: Teacher's name: Are there special educational needs? Yes \(\square\) No \(\square\) If yes, please explain: Are you guardian of any other children? Is the child subject to any legal custody orders? Yes \to No \to **Legal Custody** 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

PR-18 [Rev. 3/19]

Place of birth:

Name minor is known by:

Present age:

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

M \square

Date of Birth:

Name of minor's physician: Date of minor's last examination: School/Day Care School/Day Care Name of school/day care facility: Address: Telephone 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): 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 #: Present age: Residence: (House No.) (Street) (City) (State) (Zip) Telephone number: Message/ cell phone:	Health Curren	t health problems? Yes 📗 No 🗌] If yes , please ex	xplain:	
Date of minor's last examination:					
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 If se child subject to any legal custody orders? Yes No If yes, describe type of orders (guardianship, dissolution, paternity, adoption proceedings, hearing dates and county): 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)	· · · · · · · · · · · · · · · · · · ·			·	
Address: Telephone Teacher's name: Grade level: Are there special educational needs? Yes No fryes, please explain: Are you guardian of any other children? Legal Custody Is the child subject to any legal custody orders? Yes No fryes, describe type of orders (guardianship, dissolution, paternity, adoption proceedings, hearing dates and county): 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)		examination:		_	Yes No
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 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)	Counselor's name:			Telephone:	
Teacher's name: Are there special educational needs? Yes No fryes, please explain: Are you guardian of any other children? Legal Custody Is the child subject to any legal custody orders? Yes No fryes, 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 #: Place of birth: Present age: (House No.) (Street) (City) (State) (Zip)	School/Day Care	Name of school/day care facil	ity:		
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)	Address:			Telephone	
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)	Teacher's name:			Grade level:	
Legal Custody	Are there special ed	lucational needs? Yes \(\text{No} \(\text{No} \)	If yes, please exp	lain:	
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: Date of birth: Social Security #: Present age: Residence: (House No.) (Street) (City) (State) (Zip)		Is the child subject to any legal cu If yes, describe type of orders (gua	<u>-</u>		on proceedings,
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: Date of birth: Social Security #: Present age: Residence: (House No.) (Street) (City) (State) (Zip)					
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: Date of birth: Social Security #: Present age: Residence: (House No.) (Street) (City) (State) (Zip)	Minor's income:		Savings:		
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: Date of birth: Social Security #: Present age: Residence: (House No.) (Street) (City) (State) (Zip)	List additiona	l minor(s) on separate sheet(s) and	include the same i	nformation as reque	sted above.
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: Date of birth: Social Security #: Present age: Residence: (House No.) (Street) (City) (State) (Zip)	Relationship of	Proposed Ward(s) to Propose	d Guardians		
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: Date of birth: Social Security #: Present age: Residence: (House No.) (Street) (City) (State) (Zip)	How long have you l	known the proposed ward(s):			
Social History of the Proposed Guardian(s) Legal name: Date of birth: Place of birth: Residence: (House No.) (Street) AKA's (aliases): Driver's License #: Present age: (City) (State) (Zip)	Briefly explain the c		eding and why the	proposed ward(s) s	hould be in your
Legal name: Date of birth: Place of birth: Residence: (House No.) AKA's (aliases): Driver's License #: Present age: (City) (State) (State)	How long do you exp	pect to be the guardian of the propo	osed ward(s)?		
Date of birth: Place of birth: Present age: Residence: (House No.) (Street) (City) (State) (Zip)	Social History of	the Proposed Guardian(s)			
Place of birth: Residence: (House No.) (Street) (City) (State) (Zip)	Legal name:		AKA's (aliases):		
Residence: (House No.) (Street) (City) (State) (Zip)	Date of birth:	Social Security #:		Driver's License #:	
(House No.) (Street) (City) (State) (Zip)	Place of birth:		Present age:		
		use No.) (Street)	(City)	(State)	(7in)
	·			, ,	(LIP)

st any additional training or education: Type/Date of Discharge:		following inforn	nation for other pe	ersons 16 years of age a	and above residing in the home:	
Itilitary Service Branch: Type/Date of Discharge: Marital History Type/Date of Discharge: Telephone: Telephone:	Names of you	rchildren	Birthdate(s)	Drivers License:	Address:	Phone:
Illitary Service Branch: Type/Date of Discharge: Imployment Occupation Dates Employed: Telephone: ddress: In you be contacted at work? Yes No Contact Number: Inancial Monthly income: Additional income: with the rotal monthly expenses (include child support payments): re you planning on filing for AFDC? Yes No Are you planning on filing for Medi-Cal? Yes No Ousing Rent Own Length of time in current residence? with this location or are you looking for other accommodations? Explain: commodations for proposed ward:	Date and place		•			
st any additional training or education: Type/Date of Discharge:	Marital Histo	ry Number	of previous ma	rriages:		
st any additional training or education: Type/Date of Discharge:	ccommodation	s for proposed	d ward:			
st any additional training or education: Type/Date of Discharge:				you looking for other	accommodations? Explain	
st any additional training or education: Type/Date of Discharge:						
st any additional training or education: Type/Date of Discharge:	lousing	Rent 🗌 O	wn 🗌 Ler	ngth of time in curre	nt residence?	
st any additional training or education: Type/Date of Discharge:	re you planning	g on filing for A	AFDC? Yes] No ☐ Are you pl	lanning on filing for Medi-Cal?	Yes No No
st any additional training or education: Type/Date of Discharge:	Other total mon	thly expenses				
st any additional training or education: Type/Date of Discharge:		•		Pont/m		
st any additional training or education: Type/Date of Discharge: mployment Occupation Dates Employed: Telephone:	Financial N	Monthly incom	e:	Additio	nal income:	
st any additional training or education: Type/Date of Discharge: mployment Occupation Dates Employed: Telephone:	Can you be cont	acted at work	? Yes No	D	Contact Number:	
st any additional training or education: Type/Date of Discharge: mployment Occupation Dates Employed:	Address:					
st any additional training or education: Type/Date of Discharge:	Employer:	·	·			
st any additional training or education:	- - - - -	Occupation			Datas Employeds	
et any additional training or advection	Military Serv	i ce Branch	n:		Type/Date of Discharge:	
- Ingliest glade of educational level completed.	ist any addition	nal training or	education:			
ducation				evel completed:		

Social History of the Present Spouse/Cohabitant Legal name: AKA's (aliases): Place of Birth: Present age: Date of Birth: SS#: Driver's License #: State: Residence: (House No.) (Street) (City) (State) (Zip) Telephone number (day): Telephone number (evening): Health Current health problems? Yes \(\backslash \) No \(\backslash \) If yes, please explain: **Education** Highest grade or educational level completed: List any additional training or education: **Military Service** Branch: Type/Date of Discharge: **Dates Employment** Occupation 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. continued on next page

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 fina	ncial support for the	child(ren)?	Yes No No	
If yes, how much?			Date of payments:	
Is the father in agreement with t	his proceeding?	Yes No		
Birth/Legal Mother's Name			Date of birth:	
Residence: (House No.)	(Street)	(City)	(State)	(7in)
	,	(City)	, ,	(Zip)
Telephone number:	SS#:		DL#	
Employer:			Telephone:	
Does the minor(s) see the mother	er? Yes No C] Explain:		
Has the mother provided any fin	ancial support for th	e child(ren)?	Yes No No	
If yes, how much?			Date of payments:	
Is the mother in agreement with	this proceeding?		Yes No No	
You may be charged for	the cost of this invest	igation pursuant	to Probate Code Section 15	13.1
I certify under penalty of perjury under t	he laws of the State of Cal	ifornia that the foreg	going is true and correct to the be	st of my knowledge.
Dated:		at:		, California
Signature:				
Print or type your name:				
Note: If another person filled out th	nis document for you, that	person must also si	gn the acknowledgment under pe	nalty 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		uperior Court of San Mateo
County, to obtain information from Children and Family	Services regarding any reco	rds that agency may have
pertaining to me.		
Signature	Date	
Signature	Date	
Signature	Date	
Witness	Date	
Case Name - Minor(s)		
Case Number:		
Court Hearing Date:		
Court Hearing Date:		