

# Guardianship Questionnaire

**PROPOSED GUARDIAN #1**

Full name            Other Names/Maiden name            Date of Birth/Birth Place  
State ID/Drivers License No.            Social Security No.

Housing: Rent  Own  Buying  Amount Per Month  
How Many Bedrooms/Baths            Is It A House?  Or Apt.?  
Do You Plan To Remain In This Residence, Or Are You Looking For Another Location?   
Yes  No

List Addresses for Past Five Years:

1.  
Phone No.            From            to             Own  Rent Rent/Mortgage \$ /Month
  
2.  
Phone No.            From            to             Own  Rent Rent/Mortgage \$ /Month
  
3.  
Phone No.            From            to             Own  Rent Rent/Mortgage \$ /Month

High School Graduate?            If Not, Grade Last Attended            Place & Name Of  
High School            Age Left School            Reason

List College Or University Attended: Degree Or Units/Majors  
List Any Previous Marriages, Including Name Of Spouse, Date, How Terminated, And  
Date Of Final Separation:

\_\_\_\_\_  
\_\_\_\_\_

Your Health  Good  Fair  Poor  
State Any Medical Conditions Currently Being Treated For  
Medications – Name, Amount, Reason, How Often Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Counseling?  Yes  No Type            Name of Counselor  
Have You Ever Been Convicted Of An Offense Other Than A Minor Traffic Violation?   
Yes  No If Yes, Please List Date: City: Outcome  
Have You Ever Been On Or Are You On Probation/Parole?  Yes  No If yes,  
Officer/Agent's Name: County/Phone No.  
Do You Drink Alcoholic Beverages?  Yes  No If yes, how much/often?  
What Drugs Do/Did You Use?            When Did You Last Use?  
How Much/Often?  Daily  Weekly  Monthly Cost?  
Have You Ever Entered Or Completed An Alcohol Or Drug Treatment Program?  Yes  
 No If Yes, Give Details

Have You Ever Had Contact With A Child Protective Service Agency?  Yes  No  
If Yes, Give Details And County

Have You Ever Been Arrested For Domestic Violence?  Yes  No If Yes, Give  
Details

Name And Address of Employer

Phone Title How Long? Days You Work Hours

Gross Salary

Other Income:

AFDC  SOC. SEC.  UNEMPLOYMENT  CHILD SUPPORT

Amount \$ Mo For Whom Received

Total Gross Monthly Income Total Gross Monthly Expenses

Have You Ever Filed Bankruptcy  Yes  No If Yes, Date Place  
Result

Have You, Your Spouse Or Either Parent Ever Been Involved In Any Of The  
Following?:

Received Counseling For Domestic Violence?  Yes  No

Domestic Dispute Where Law Enforcement Was Called  Yes  No

Been The Subject Of A Domestic Or Civil Restraining Order?  Yes  No

If Yes For Any, Give Date/Place/Case No./Court/Law Enforcement Agency/And Details  
For Each Incident:

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#### PROPOSED GUARDIAN #2

Full name Other Names/Maiden name Date of Birth/Birth Place

State ID/Drivers License No. Social Security No.

Housing: Rent  Own  Buying  Amount Per Month

How Many Bedrooms/Baths Is It A House?  Or Apt.?

Do You Plan To Remain In This Residence, Or Are You Looking For Another Location?   
Yes  No

List Addresses for Past Five Years:

1.

Phone No. From to  Own  Rent Rent/Mortgage \$ /Month

2.

Phone No. From to  Own  Rent Rent/Mortgage \$ /Month

3.

Phone No. From to  Own  Rent Rent/Mortgage \$ /Month

High School Graduate? If Not, Grade Last Attended Place & Name Of

High School Age Left School Reason

List College Or University Attended: Degree Or Units/Majors

List Any Previous Marriages, Including Name Of Spouse, Date, How Terminated, And Date Of Final Separation:

\_\_\_\_\_

Your Health  Good  Fair  Poor

State Any Medical Conditions Currently Being Treated For Medications – Name, Amount, Reason, How Often Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Counseling?  Yes  No Type \_\_\_\_\_ Name of Counselor \_\_\_\_\_

Have You Ever Been Convicted Of An Offense Other Than A Minor Traffic Violation?

Yes  No  If Yes, Please List Date: City: Outcome \_\_\_\_\_

Have You Ever Been On Or Are You On Probation/Parole?  Yes  No If yes, Officer/Agent's Name: County/Phone No. \_\_\_\_\_

Do You Drink Alcoholic Beverages?  Yes  No If yes, how much/often? \_\_\_\_\_

What Drugs Do/Did You Use? \_\_\_\_\_ When Did You Last Use? \_\_\_\_\_

How Much/Often?  Daily  Weekly  Monthly Cost? \_\_\_\_\_

Have You Ever Entered Or Completed An Alcohol Or Drug Treatment Program?  Yes  No If Yes, Give Details \_\_\_\_\_

Have You Ever Had Contact With A Child Protective Service Agency?  Yes  No If Yes, Give Details And County \_\_\_\_\_

Have You Ever Been Arrested For Domestic Violence?  Yes  No If Yes, Give Details \_\_\_\_\_

Name And Address of Employer \_\_\_\_\_

Phone \_\_\_\_\_ Title \_\_\_\_\_ How Long? \_\_\_\_\_ Days You Work \_\_\_\_\_ Hours \_\_\_\_\_

Gross Salary \_\_\_\_\_

Other Income: \_\_\_\_\_

AFDC  SOC. SEC.  UNEMPLOYMENT  CHILD SUPPORT

Amount \$ \_\_\_\_\_ Mo For Whom Received \_\_\_\_\_

Total Gross Monthly Income \_\_\_\_\_ Total Gross Monthly Expenses \_\_\_\_\_

Have You Ever Filed Bankruptcy?  Yes  No If Yes, Date \_\_\_\_\_ Place \_\_\_\_\_ Result \_\_\_\_\_

Have You, Your Spouse Or Either Parent Ever Been Involved In Any Of The Following?: \_\_\_\_\_

Received Counseling For Domestic Violence?  Yes  No

Domestic Dispute Where Law Enforcement Was Called  Yes  No

Been The Subject Of A Domestic Or Civil Restraining Order?  Yes  No

If Yes For Any, Give Date/Place/Case No./Court/Law Enforcement Agency/And Details For Each Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER ADULTS RESIDING IN THE HOME OF PROPOSED GUARDIAN(S)

Full Name            Other Names/Maiden Name  
Relationship        Date of Birth        Occupation  
Does This Person Have Any Criminal Record?  Yes  No If Yes, Where/When?  
Charges

Full Name            Other Names/Maiden Name  
Relationship        Date of Birth        Occupation  
Does This Person Have Any Criminal Record?  Yes  No If Yes, Where/When?  
Charges

Full Name            Other Names/Maiden Name  
Relationship        Date of Birth        Occupation  
Does This Person Have Any Criminal Record?  Yes  No If Yes, Where/When?  
Charges

OTHER CHILDREN RESIDING IN THE HOME OF PROPOSED GUARDIAN(S)

Full Name            Date Of Birth        Name And Address of School  
Relationship

Full Name            Date Of Birth        Name And Address of School  
Relationship

Full Name            Date Of Birth        Name And Address of School  
Relationship

BIRTH PARENTS

Natural Mother: Full Name            Other Names/Maiden Name  
Date of Birth            Drivers License/State ID No.            Social Security No.  
Last Known Address/Dates Lived There

Name And Address Of Employer            Telephone No.

Is Mother In Agreement With Guardianship?  Yes  No

Does Mother Contribute To Support Of Child?  Yes  No If Yes, How?

Does Mother Visit With The Child?  Yes  No If Yes, How Often?

Does The Mother Visit The Child Outside Of Your Home?  Yes  No

Does The Mother Send Cards, Gifts Or Call For Holidays?  Yes  No

Does The Mother Express An Interest In School Issues?  Yes  No

Does Mother Express An Interest In Health Issues?  Yes  No

Does The Mother Have Any Other Children?  Yes  No

If Yes Name: Date Of Birth

If Yes Name: Date Of Birth

If Yes Name: Date Of Birth

Has The Mother Ever Been Arrested And/Or Convicted?  Yes  No If Yes, Give  
Date/Place/Charges

Has The Mother Ever Been Investigated By Child Protective Services?  Yes  No  
If Yes, Give Date/Place/Charges

Is There A Custody Order (From Divorce, Separation, Paternity) For This Child In Any

County?  Yes  No If Yes, Give County/Case No. And Any Details

Natural Father

Full Name

Other Names

Date of Birth

Drivers License/State ID No.

Social Security No.

Last Known Address/Dates Lived There

Name And Address Of Employer

Telephone No.

Is Father In Agreement With Guardianship?  Yes  No

Does Father Contribute To Support Of Child?  Yes  No If Yes, How?

Does Father Visit With The Child?  Yes  No If Yes, How Often?

Does The Father Visit The Child Outside Of Your Home?  Yes  No

Does The Father Send Cards, Gifts Or Call For Holidays?  Yes  No

Does The Father Express An Interest In School Issues?  Yes  No

Does Father Express An Interest In Health Issues?  Yes  No

Does The Father Have Any Other Children?  Yes  No

If Yes Name: Date Of Birth

If Yes Name: Date Of Birth

If Yes Name: Date Of Birth

Has The Father Ever Been Arrested And/Or Convicted?  Yes  No If Yes, Give Date/Place/Charges

Has The Father Ever Been Investigated By Child Protective Services?  Yes  No If Yes, Give Date/Place/Charges

Is There A Custody Order (From Divorce, Separation, Paternity) For This Child In Any County?  Yes  No.

If Yes, Give County/Case No. And Any Details

#### GENERAL INFORMATION

Were The Birth Parents Ever Married?  Yes  No If Yes, Status

If No, Was Paternity Ever Established  Yes  No If Yes, Case No. Name/County Of Court House

Is There An Order For Support?  Yes  No

If Yes, How Much: Paid To Whom?

Does The Child(ren) Have Native American Blood?  Yes  No

Name of Tribe

Indian Percentage

Is/Are Child(ren) Registered Tribal

Member(s)?  Yes  No

#### CHILDREN

Child(ren) Under Guardianship

First Child: Name

Date/Place Of Birth

Social Security No.

Relationship

Date Placed With Guardian

Previous Schools:

Name Address

Name Address

Name Address

Name/Address Of Child's Physician

Results of Drug Test At Birth

Do You Suspect Mother Used Drugs When Pregnant?  Yes  No  
Does The Child Have Any Behavioral Problems And/Or Needs  Yes  No  
If Yes, Explain  Yes  No  
Difficulties In School?  Yes  No  
Special Needs?  Yes  No  
Criminal Involvement?  Yes  No  
Does The Child Have Any Assets To Be Protected Is The Child A Beneficiary Under  
Any Insurance/Investment/Annuity/Trust, Etc.?  Yes  No If Yes, Describe Asset

Is The Child A Beneficiary Under Any Insurance/Investment/Annuity/Trust, Etc.?   
Yes  No  If Yes, Provide Name of Instrument in Which Named As Beneficiary,  
Owner's Name, And Account Number:

#### Second Child

Name Date/Place Of Birth Social Security No.  
Relationship Date Placed With Guardian

#### Previous Schools:

Name Address

Name Address

Name Address

Name/Address Of Child's Physician

Results of Drug Test At Birth

Do You Suspect Mother Used Drugs When Pregnant?  Yes  No

Does The Child Have Any Behavioral Problems And/Or Needs  Yes  No

If Yes, Explain

Difficulties In School?  Yes  No

Special Needs?  Yes  No

Criminal Involvement?  Yes  No

Does The Child Have Any Assets To Be Protected Is The Child A Beneficiary Under  
Any Insurance/Investment/Annuity/Trust, Etc.?  Yes  No If Yes, Describe Asset

Is The Child A Beneficiary Under Any Insurance/Investment/Annuity/Trust, Etc.?   
Yes  No  If Yes, Provide Name of Instrument in Which Named As Beneficiary,  
Owner's Name, And Account Number:

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#### Name Of Social Worker

Business Phone No. Fax No. E-Mail Address

Has Anyone Pursued Guardianship Or Conservatorship Of The Proposed Ward(s)  
Before?  Yes  No

Does The Proposed Ward(s) Have Any Children?  Yes  No

Please List The Next Of Kin Of The Proposed Ward(s), Including Their Addresses And Their Relationship To The Proposed Ward:

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Are Any Of The Next Of Kin Currently In The United States Armed Service?  Yes  No

If The Child(ren) Live(s) With You, When Did You Get Custody And How?

Do The Child(ren)'s Parents Agree With The Guardianship?  Yes  No

Is There Anyone Who Opposes Your Guardianship?  Yes  No If Yes, Explain

How Do You Plan To Care For The Needs Of The Child(ren) With Regard To Housing, Finances, Schooling, Child Care And Supervision, Discipline And Guidance?

Do(es) The Child(ren) Have Any Special Problems?  Yes  No If Yes, How Are You Qualified To Help With These Problems?

Do You Expect The Proposed Ward(s) To Contest The Guardianship?  Yes  No

Is This An Emergency Requiring Pursuit Of A Temporary Guardianship?  Yes  No

Does The Proposed Ward(s)'s Psychiatrist Or Physician Support The Guardianship?  Yes  No

What Types Of Health Insurance, If Any, Does The Proposed Ward(s) Have Available?  Yes  No

Please Describe Your Contacts With The Child(ren), Including Whether The Child(ren) Has Ever Lived In Your Home Previously, The Extent Or Your Contacts With

Him/Her/Them, And The Extent Of The Child(ren)'s Contacts

With Other Members Of Your Household, If Any

Please State, In Detail, The Reasons That The Child(ren)'s Mother And/Or Father Are Unfit To Serve As The Child's Legal Guardian:  Yes  No

Please State, In Detail, Why You Believe That Your Obtaining Guardianship Is In The Best Interest Of The Child(ren), Including The Reasons Why Guardianship Is

Appropriate And Why You Are The Best Person To Be The Guardian

Please Describe The Contact Your Child(ren) Would Have With His/Her/Their Parents If Guardianship Is Granted To You, Including How Such Contacts Will Be Scheduled, Their Frequency And Duration

#### PLANS FOR CHILD CARE IF NEEDED

If Child Care Provider Is Licensed: Name Address Phone

If Child Care Provider Is Unlicensed:

Name Address Date Of Birth Social Security No.

Phone Relationship To Child