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For Court use only:
Temp hrg date: Perm hrg date:

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP

Ca	se Number (if you have one):						
Gu	uardianship of (name):						
•	Do you think anyone will disagree with the guardianship? ☐ Yes ☐ No						
	If <u>yes</u> , who? Name:Telephone number:						
•	Has Child Protective Services (CPS) ever been called about the child(ren) in this case? $\ \square$ Yes $\ \square$ No						
	If yes, which County: ☐ Santa Clara ☐ Other (County name):						
	Are there any custody orders about the child(ren) in this case? ☐ Yes ☐ No						
	If yes, which County: ☐ Santa Clara ☐ Other (County name):						
In	formation about the CHILD(REN)						
•	Child • Name:						
	Birth Date:						
•	Social Security Number:						
•	School, Grade, School Telephone Number:						
•	Child 2 Name:						
•	Birth Date:						
•	Social Security number:						
•	School, Grade, School Telephone Number:						
•	Child 3 Name:						
•	Birth Date:						
•	Social Security Number:						
_	School, Grade, School Telephone Number:						

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☐ Check if there are more children in the case add information about them on another page.

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP (PROBATE)

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Information about the PROPOSED GUARDIANS'S ATTORNEY						
☐ Proposed Guardian doesn't have an attorney						
Name:						
Address:						
Phone Number:Fax Number:						
Information about the PROPOSED GUARDIAN(S)						
mormation about the FROI COLD COARDIAN(O)						
Proposed Guardian ①:						
■ Name:						
■ Relationship to child(ren): ☐ Grandparent ☐ Aunt/Uncle ☐ Other:						
Birth Date:						
Social Security Number:						
■ Driver's License Number:						
■ Home Address:						
■ Home Phone Number: Cell Phone Number:						
■ Work Address:						
Work Phone Number: Fax Number:						
Proposed Guardian 2:						
· · · · · · · · · · · · · · · · · · ·						
■ Name: — Polotionaliin to abild/ram>. □ Crondrament □ Aunt/llocks □ Others						
■ Relationship to child(ren): ☐ Grandparent ☐ Aunt/Uncle ☐ Other:						
Birth Date:						
Social Security Number:						
Driver's License Number:						
Home Address:						
Home Phone Number: Cell Phone Number: Mark Address as						
Work Address: For Numbers						
■ Work Phone Number: Fax Number:						
All proposed Guardians must answer these questions:						
1. Have you ever been convicted of a misdemeanor or felony offense? ☐ Yes ☐ No						
If <u>yes</u> , what offense(s):Date:County:						
2. Is there a social worker, probation or parole officer supervising you or ANY person who lives with you? ☐ Yes ☐ No						
If <u>yes</u> , explain:	If <u>yes</u> , explain:					
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REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP (Probate)

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ATTACHMENT PB-4005

I/V\	e declare under penalty of perjury under the laws of the State	of California that the foregoing is true and correct.		
Da	te: Proposed Guardian 1 signs he	signs here:		
Da	te: Proposed Guardian 2 signs he	re:		
Int	formation about OTHER ADULTS (age 18 or olde	r) WHO LIVE IN YOUR HOME		
•	Name:			
•	Birth Date:			
•	Social Security Number:			
•	Driver's License Number:	State:		
•	Name:			
•	Birth Date:			
•	Social Security Number:			
•	Driver's License Number:	State:		
•	Name:			
•	Birth Date:			
•	Social Security Number:			
•	Driver's License Number:	State:		
•	Name:			
	Birth Date:			
•	Social Security Number:			
•	Driver's License Number:	State:		
	Name:			
	Birth Date:			
	Social Security Number:			
•	Driver's License Number:			
	More adults live in my home. I've attached informa	tion about them on a separate page.		

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REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP (Probate)

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