ATTACHMENT PB-4005

For Court use only:

Temp hrg date: _____

Perm hrg date: _____

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP

Ca	ise number (if you have one):				
Guardianship of (name):					
•	Do you think anyone will disagree with the guardianship?				
	If <u>yes</u> , who? Name:Telephone number:				
•	Has Child Protective Services (CPS) ever been called about the children in this case?				
	If yes, which County: 🛛 Santa Clara 🛛 Other (County name):				
	Are there any custody orders about the children in this case?				
	If yes, which County: Santa Clara Other (County name):				
	What is the primary language spoken in the home?				

Information about the CHILDREN

- Child ① 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
 Name: ______
- Birth Date:
- Social Security Number: _____
- School, Grade, School Telephone Number: ______

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

ATTACHMENT PB-4005

Information about the PROPOSED GUARDIANS'S ATTORNEY

Proposed Guardian doesn't have an attorney					
Name:	Name:email				
Address:	Address:				
Phone Number:	Fax Number:				
Information about the PROPOSED GUARDIAN(S)					
Proposed Guardian 0 :					
Name:	email				
	I(ren): Grandparent Aunt/Uncle Other:				
Birth Date:					
	ber:				
	mber:				
	er:Cell Phone Number:				
	r: Fax Number:				
Proposed Guardian 2:					
 Name: 	email				
 Relationship to child 	l(ren): Grandparent Aunt/Uncle Other:				
Birth Date:					
 Social Security Num 	ber:				
 Driver's License Nur 	nber:				
Home Address:					
 Home Phone Number 	er: Cell Phone Number:				
 Work Address: 					
 Work Phone Number 	r: 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:					
CONFIDENTIAL – DO NOT PUT IN COURT FILE					
REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP					

(Probate)

ATTACHMENT PB-4005

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

 Date:_____
 Proposed Guardian 1 signs here:_____

 Date:_____
 Proposed Guardian 2 signs here:_____

Information about OTHER ADULTS (age 18 or older) WHO LIVE IN YOUR HOME

•	Name:	email	
•	Birth Date:		
•	Social Security Number:		
•	Driver's License Number:		State:
•	Name:	email	
•	Birth Date:		
-	Social Security Number:		
•	Driver's License Number:		State:
•	Name:	email	
•	Birth Date:		
•	Social Security Number:		
•	Driver's License Number:		State:
•	Name:	email	
•	Birth Date:		
•	Social Security Number:		
•	Driver's License Number:		State:
	Name:	email	
•	Birth Date:		
•	Social Security Number:		
•	Driver's License Number:		State:

□ More adults live in my home. I've attached information about them on a separate page.