



STEPHANIE M. HANSEL
COURT EXECUTIVE OFFICER

SUPERIOR COURT OF CALIFORNIA COUNTY OF SUTTER

1175 Civic Center Blvd., Yuba City, CA 95993

**THIS QUESTIONNAIRE IS DUE WHEN THE PETITION
IS FILED.**

GUARDIANSHIP INVESTIGATION QUESTIONNAIRE

This questionnaire is for the Court Investigator's use only and will not be shared
with any outside party.

Please make sure it is complete and neat.

Please return this completed questionnaire to
Sutter County Superior Court
1175 Civic Center Blvd.
Yuba City, CA 95993.

If you have any questions, please contact the investigators at
(530) 822-3332



SUPERIOR COURT OF CALIFORNIA COUNTY OF SUTTER

1175 Civic Center Blvd., Yuba City, CA 95993

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, specifically authorize any public agency, private person, employer or past employer, school, medical doctor, psychologist, treating therapist or hospital possessing information about me or my children (listed below), including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Investigator, such information to be used as the Court may deem fit and proper.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from the date of my signature, unless otherwise revoked.

Child's Full Name	Date of Birth

(Use back of this form for additional space, if needed)

Date

Authorizing Signature

Date

Court Investigator

GUARDIANSHIP INVESTIGATION QUESTIONNAIRE

Today's Date: _____

Court Case Number: _____

Your Attorney's Name: _____

Your Attorney's Telephone Number: _____

You are the: Mother

Father

Proposed Guardian, Relationship to Child(ren): _____

Your Full Name (including middle name): _____

Other Names Used (include maiden name): _____

Current Address: _____

Telephone Numbers: Home: _____

Work: _____

Cell: _____

Email Address: _____

Social Security Number: _____

Driver's License Number: _____

Date of Birth: _____ Place of Birth: _____

How Long Have You Lived In: California? _____

Sutter County? _____

GUARDIANSHIP INVESTIGATION QUESTIONNAIRE

List all people who currently reside in your home:

Full Name (including middle name) (all names used)	Date of Birth	Relationship to You	Driver's License & Social Security Number

How long have you lived at your current address? _____

List all of your home addresses for the last five years, beginning with the present:

Address	Dates	Reason for Moving

GUARDIANSHIP INVESTIGATION QUESTIONNAIRE

List your last three employers, beginning with present:

Name	Address	Position	Date Started	Date Left/Reason

Current days and hours you work: _____

Amount of income per month: _____

Your source of income if you are not employed: _____

List Any Proposed or Current Childcare Providers:

Provider's Name	Address	Telephone Number	Days and Times

Your Current Spouse: _____

Other Names Used (Include Maiden Name): _____

Date and Place of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Employer Name and Address: _____

Occupation: _____

Days and Hours of Work: _____

GUARDIANSHIP INVESTIGATION QUESTIONNAIRE

List all of your children and any children involved in this matter, **including adults**:

1. Child's Full Name: _____

Date and Place of Birth: _____ Age: _____

School and Grade: _____

Other Parent's Name: _____

Custody and Visitation Order: _____

2. Child's Full Name: _____

Date and Place of Birth: _____ Age: _____

School and Grade: _____

Other Parent's Name: _____

Custody and Visitation Order: _____

3. Child's Full Name: _____

Date and Place of Birth: _____ Age: _____

School and Grade: _____

Other Parent's Name: _____

Custody and Visitation Order: _____

4. Child's Full Name: _____

Date and Place of Birth: _____ Age: _____

School and Grade: _____

Other Parent's Name: _____

Custody and Visitation Order: _____

GUARDIANSHIP INVESTIGATION QUESTIONNAIRE

List all of the above listed children's medical doctors and mental health counselors/therapists:

Provider's Name	Telephone Number	Reason for Seeing	Child's Name

Describe your health:

List all medications you take:

Name	Dosage	Reason

Describe your history of alcohol and/or illegal drug use:

List your medical doctors and mental health counselors/therapists:

Provider's Name	Telephone Number	Reason for Seeing	Dates of Treatment

Your criminal history:

Date of Arrest	Arresting Agency	Charge(s)	Disposition

Your Child Protective Services history:

Date of Contact	County	Reason	Result

Describe the current contact between the parents and the child(ren):

List the names and addresses of the following relatives of the child(ren) of whom you are seeking guardianship:

Name	Address and Telephone Number
Mother:	
Father:	
Maternal Grandmother:	
Maternal Grandfather:	
Paternal Grandmother:	
Paternal Grandfather:	
Siblings:	

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Print Name

Sign Name

GUARDIANSHIP INVESTIGATION QUESTIONNAIRE