Please send completed questionnaire to:
Aaron, Riechert, Carpol & Riffle, APC
333 Twin Dolphin Drive, Suite 350
Redwood City, CA 94065
Main Number: 650.368.4662
General Fax: 650.367.8531

GUARDIANSHIP QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary please use additional sheets of paper to answer the questions. If there are multiple minors, please fill out a separate questionnaire for each minor.

GENERAL CLIENT INFORMATION

NAME (LAST)	FIRST	SOCIAL SECURITY NUMBER	BIRTHDATE / /
SPOUSE/PARTNER (LAST)	FIRST	SOCIAL SECURITY NUMBER	BIRTHDATE / /

STREET ADDRESS	CITY	STATE	ZIP

HOME TELEPHONE	HOME FAX	HOME EMAIL
WORK/ALTERNATE TELEPHONE	WORK/ALTERNATE FAX	WORK/ALTERNATE EMAIL
RELATIONSHIP TO PROPOSED WARD	IS CLIENT PETITIONER FOR GUARDIANSHIP? ☐ YES ☐ NO	IS CLIENT PROPOSED GUARDIAN? ☐ YES ☐ NO

PROPOSED WARD'S INFORMATION

A. SOCIAL HISTORY

MINOR'S LEGAL NAME (AS ON BIRTH CERTIFICATE)	NAME MINOR IS KNOWN BY

DATE OF BIRTH / /	PLACE OF BIRTH	PRESENT AGE	SEX

MINOR'S PHONE NUMBER	MINOR'S EMAIL	MINOR'S PREFERRED PRONOUNS

NAME OF PERSON WITH LEGAL CUSTODY	PHONE NUMBER

STREET ADDRESS OF PERSON WITH LEGAL CUSTODY	CITY	STATE	ZIP

NAME OF PERSON WITH ACTUAL CUSTODY	PHONE NUMBER

STREET ADDRESS OF PERSON WITH ACTUAL CUSTODY	CITY	STATE	ZIP

IS THE CHILD OF NATIVE AMERICAN ANCESTRY? ☐ YES ☐ NO	IF YES, WHAT TRIBE?
IS THE CHILD MARRIED? ☐ YES ☐ NO	IF CHILD WAS/IS MARRIED, PLEASE EXPLAIN

HAS THE CHILD EVER BEEN INVOLVED IN A COURT CASE? ☐ YES ☐ NO		IF YES, WHAT KIND?	
COURT CASE NUMBER		HAS ANOTHER PERSON OTHER THAN THE PROPOSED GUARDIAN BEEN NOMINATED AS GUARDIAN? ☐ YES ☐ NO	
NAME OF FATHER		FATHER'S PHONE NUMBER	
FATHER'S STREET ADDRESS	CITY	STATE	ZIP
NAME OF MOTHER		MOTHER'S PHONE NUMBER	
MOTHER'S STREET ADDRESS	CITY	STATE	ZIP
NAME OF PATERNAL GRANDFATHER		GRANDFATHER'S PHONE NUMBER	
GRANDFATHER'S STREET ADDRESS	CITY	STATE	ZIP
NAME OF PATERNAL GRANDMOTHER		GRANDMOTHER'S PHONE NUMBER	
GRANDMOTHER'S STREET ADDRESS	CITY	STATE	ZIP
NAME OF MATERNAL GRANDFATHER		GRANDFATHER'S PHONE NUMBER	
GRANDFATHER'S ADDRESS	CITY	STATE	ZIP
NAME OF MATERNAL GRANDMOTHER		GRANDMOTHER'S PHONE NUMBER	
GRANDMOTHER'S STREET ADDRESS	CITY	STATE	ZIP
NAME OF BROTHER/SISTER		BROTHER/SISTER'S PHONE NUMBER	
BROTHER/SISTER'S STREET ADDRESS	CITY	STATE	ZIP
NAME OF BROTHER/SISTER		BROTHER/SISTER'S PHONE NUMBER	
BROTHER/SISTER'S STREET ADDRESS	CITY	STATE	ZIP

B. MEDICAL HISTORY

CURRENT MENTAL OR PHYSICAL HEALTH PROBLEMS? ☐ YES ☐ NO	IF YES, PLEASE EXPLAIN	
NAME OF MINOR'S PHYSICIAN	TELEPHONE NUMBER OF PHYSICIAN	DATE OF MINOR'S LAST EXAMINATION
IS MINOR IN COUNSELING? ☐ YES ☐ NO	NAME OF COUNSELOR	TELEPHONE NUMBER OF COUNSELOR

C. EDUCATION

NAME OF SCHOOL		NAME OF DAYCARE FACILITY	
STREET ADDRESS	CITY	STATE	ZIP

TEACHER'S NAME	GRADE LEVEL
ARE THERE ANY SPECIAL EDUCATION NEEDS? ☐ YES ☐ NO	IF YES, PLEASE EXPLAIN

D. FINANCIAL STATUS

IS THE CHILD RECEIVING PUBLIC BENEFITS? ☐ YES ☐ NO ☐ UNKNOWN	IF YES, PLEASE EXPLAIN
IS THE CHILD ENTITLED TO PUBLIC BENEFITS? ☐ YES ☐ NO ☐ UNKNOWN	IF YES, PLEASE EXPLAIN
IS THE CHILD RECEIVING CHILD SUPPORT FROM A PARENT? ☐ YES ☐ NO ☐ UNKNOWN	IF YES, PLEASE EXPLAIN
IS THE CHILD ENTITLED TO CHILD SUPPORT? ☐ YES ☐ NO ☐ UNKNOWN	IF YES, PLEASE EXPLAIN
DOES THE CHILD HAVE FINANCIAL ASSETS OF HIS/HER OWN? ☐ YES ☐ NO ☐ UNKNOWN	IF YES, PLEASE EXPLAIN (NATURE AND VALUE)

PROPOSED GUARDIAN'S INFORMATION

(If two proposed guardians, each please complete this section)

A. GENERAL INFORMATION

NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTHDATE / /

STREET ADDRESS	CITY	STATE	ZIP

HOME TELEPHONE	HOME FAX	HOME EMAIL
WORK/ALTERNATE TELEPHONE	WORK/ALTERNATE FAX	WORK/ALTERNATE EMAIL

PLACE OF BIRTH	DRIVER'S LICENSE (STATE AND NUMBER)
HIGHEST EDUCATION GRADE COMPLETED	ADDITIONAL TRAINING

MILITARY SERVICE ☐ YES ☐ NO	BRANCH	DATE AND TYPE OF DISCHARGE

WORK ADDRESS	CITY	STATE	ZIP

MONTHLY INCOME	MONTHLY RENT/MORTGAGE PAYMENTS	OTHER MONTHLY EXPENSES

DO YOU INTEND TO ADOPT THE MINOR?

NUMBER OF DEPEDENTS	WILL YOU FILE FOR AFDC? ☐ YES ☐ NO ☐ DON'T KNOW	WILL YOU FILE FOR MEDI-CAL? ☐ YES ☐ NO ☐ DON'T KNOW
HOUSING ☐ OWN ☐ RENT	RESIDENCE ☐ HOUSE ☐ APARTMENT	NUMBER OF BEDROOMS

WILL YOU STAY IN YOUR CURRENT ACCOMODATIONS?	ACCOMODATIONS FOR THE CHILD
NUMBER OF PREVIOUS MARRIAGES	DATE/PLACE OF CURRENT MARRIAGE

NAME OF YOUR CHILD	BIRTHDATE / /	CHILD'S DRIVER'S LICENSE NO.	CHILD'S PHONE NUMBER
CHILD'S ADDRESS	CITY	STATE	ZIP
NAME OF YOUR CHILD	BIRTHDATE / /	CHILD'S DRIVER'S LICENSE NO.	CHILD'S PHONE NUMBER
CHILD'S ADDRESS	CITY	STATE	ZIP

NAME OF ANYONE OVER 16 LIVING IN YOUR HOME	BIRTHDATE / /	DRIVER'S LICENSE NUMBER	RELATIONSHIP
NAME OF ANYONE OVER 16 LIVING IN YOUR HOME	BIRTHDATE / /	DRIVER'S LICENSE NUMBER	RELATIONSHIP

B. SOCIAL HISTORY

HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF ANY CRIME? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER HAD A RESTRAINING ORDER OR PROTECTIVE ORDER FILED AGAINST YOU IN THE LAST 10 YEARS?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

ARE YOU RECEIVING SERVICES FROM A PSYCHIATRIST, PSYCHOLOGIST, OR THERAPIST FOR A MENTAL HEALTH-RELATED ISSUE?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

IS THERE A SOCIAL WORKER OR PROBATION OFFICER ASSIGNED TO YOU? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU HABITUALLY USED ANY ILLEGAL SUBSTANCES OR ABUSED ALCOHOL? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF A CRIME INVOLVING ILLEGAL SUBSTANCES OR ALCOHOL? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

DO YOU OR ANYONE ELSE LIVING IN YOUR HOME SUFFER FROM MENTAL ILLNESS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

DO YOU SUFFER FROM ANY PHYSICAL DISABILITY THAT WOULD IMPAIR YOUR ABILITY TO PERFORM THE DUTIES OF A GUARDIAN?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN
HAVE YOU FILED FOR BANKRUPTCY IN THE LAST TEN YEARS? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN
HAVE YOU PREVIOUSLY BEEN APPOINTED A GUARDIAN, CONSERVATOR, EXECUTOR, OR FIDUCIARY IN ANOTHER PROCEEDING? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN
HAVE YOU PREVIOUSLY BEEN REMOVED AS A GUARDIAN, CONSERVATOR, EXECUTOR, OR FIDUCIARY IN ANOTHER PROCEEDING? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN
DO ANY OF THE ABOVE QUESTIONS APPLY TO ANY OTHER PERSON LIVING IN YOUR HOME? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN

C. MEDICAL HISTORY

CURRENT MENTAL OR PHYSICAL HEALTH PROBLEMS? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN

PRESENT SPOUSE/CO-HABITANT INFORMATION

(To be filled out by spouse/co-habitant)

A. GENERAL INFORMATION

NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTHDATE / /
STREET ADDRESS	CITY		STATE	ZIP
HOME TELEPHONE	HOME FAX		HOME EMAIL	
WORK/ALTERNATE TELEPHONE	WORK/ALTERNATE FAX		WORK/ALTERNATE EMAIL	
LACE OF BIRTH	DRIVER'S LICENSE (STATE AND NUMBER)			
HIGHEST EDUCATION GRADE COMPLETED	ADDITIONAL TRAINING			
MILITARY SERVICE	BRANCH		DATE AND TYPE OF DISCHARGE	
CURRENT OCCUPATION ☐ YES ☐ NO	EMPLOYER	DATES EMPLOYED	CAN YOU BE CONTACTED AT WORK? ☐ YES ☐ NO	
WORK ADDRESS	CITY		STATE	ZIP
NUMBER OF PREVIOUS MARRIAGES	DATE/PLACE OF CURRENT MARRIAGE			

NAME OF YOUR CHILD	BIRTHDATE / /	CHILD'S DRIVER'S LICENSE NO.	CHILD'S PHONE NUMBER
CHILD'S ADDRESS	CITY	STATE	ZIP
NAME OF YOUR CHILD	BIRTHDATE / /	CHILD'S DRIVER'S LICENSE NO.	CHILD'S PHONE NUMBER
CHILD'S ADDRESS	CITY	STATE	ZIP

B. SOCIAL HISTORY

HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF ANY CRIME?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER HAD A RESTRAINING ORDER OR PROTECTIVE ORDER FILED AGAINST YOU IN THE LAST 10 YEARS?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

ARE YOU RECEIVING SERVICES FROM A PSYCHIATRIST, PSYYCHOLOGIST, OR THERAPIST FOR A MENTAL HEALTH RELATED ISSUE?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

IS THERE A SOCIAL WORKER OR PROBATION OFFICER ASSIGNED TO YOU?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF ANY FORM OF CHILD ABUSE, NEGLECT, OR MOLESTATION?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU HABITUALLY USED ANY ILLEGAL SUBSTANCES OR ABUSED ALCOHOL?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF A CRIME INVOLVING ILLEGAL SUBSTANCES OR ALCOHOL?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

DO YOU OR DOES ANYONE ELSE LIVING IN YOUR HOME SUFFER FROM MENTAL ILLNESS?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

DO YOU SUFFER FROM ANY PHYSICAL DISABILITY THAT WOULD IMPAIR YOUR ABILITY TO PERFORM THE DUTIES OF GUARDIAN
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU FILED FOR BANKRUPTCY IN THE LAST TEN YEARS?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU PREVIOUSLY BEEN APPOINTED A GUARDIAN, CONSERVATOR, EXECUTOR, OR FIDUCIARY IN ANOTHER PROCEEDING?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN REMOVED AS A GUARDIAN, CONSERVATOR, EXECUTOR, OR FIDUCIARY IN ANOTHER PROCEEDING?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

DO ANY OF THE ABOVE QUESTIONS APPLY TO ANY OTHER PERSON LIVING IN YOUR HOME?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

C. MEDICAL HISTORY

CURRENT MEDICAL OR PHYSICAL HEALTH PROBLEMS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

D. ADDITIONAL NOTES OR CONCERNS