

SUPERIOR COURT OF THE STATE OF CALIFORNIA
CONTRA COSTA COUNTY
Probate Investigations Unit
P.O. Box 911
Martinez, CA 94553



INFORMACION PARA SOLICITANTES DE TUTELA DE HABLA ESPAÑOL

En todos los casos de tutela se requiere una investigación y un informe que se entrega a la corte. Para llevar a cabo la investigación, debe completar: (1) el formulario titulado "Children and Family Services Release of Information Form"; y (2) el formulario titulado "Proposed Guardian(s) Information Form." Si necesita ayuda para completar los formularios, pida a un familiar, amigo u otra persona que lea y escriba en inglés ayuda para completarlos. También, si usted no habla inglés, proporcione el nombre y número de teléfono de una persona de contacto que hable inglés y que pueda interpretar para usted.

**AN INVESTIGATION AND WRITTEN REPORT ARE REQUIRED FOR
YOUR PETITION FOR GUARDIANSHIP**

Everyone petitioning for a **guardianship of person must** do the following:

1. **Complete** the attached "Proposed Guardian(s) Information Form."
2. **Complete** the attached "Children and Family Services Release of Information Consent Form."
3. **Submit** all completed forms in **one** of the following ways:
Fax: (925) 313-8708
Mail: Probate Investigations Unit, PO Box 911, Martinez, CA 94533
Deliver to Probate Window at Wakefield Taylor Courthouse at 725 Court Street, Martinez CA 94533
Placing the forms in the drop box at 725 Court Street, Martinez CA. 94533
4. These forms must be submitted **15 Calendar days** prior to the date of your court hearing.
5. When the completed forms are received your case will be assigned to an investigator who will contact you directly.

**If you do not complete these forms and submit them to us at least 15 calendar days prior to
the court hearing date:**

This will cause a delay to the process as the court date will be rescheduled to a later date to allow for the receipt of these completed forms and the investigation.

If you have questions about these forms please contact the Probate Facilitator by email at probfac@contracosta.courts.ca.gov or leave a voicemail message at 925-608-2066

RETURN TO: **PROBATE INVESTIGATIONS UNIT** P.O. Box 911, Martinez, CA 94553

FAX: 925-313-8708

PROPOSED GUARDIAN(S) INFORMATION FORM

Please complete this entire form and return it to the Probate Investigations Unit, within five days. Use additional paper, when necessary, to answer questions. **Per Local Rule 7.400 Probate Investigations Unit will initiate a guardianship investigation except when the court specifically directs otherwise, only after the petitioner(s) has submitted a complete "Proposed Guardianship Information" (FORM GC-20).**

SOCIAL HISTORY OF THE PROPOSED WARD(S) - child you are seeking guardianship of:

Legal name of child (as on birth certificate) _____

Nickname of child/name child goes by _____ Date of Birth _____

Place of Birth _____ Present age _____ Sex M F

HEALTH – Current health problems? YES NO If yes, explain _____

Is child in counseling? YES NO Name of therapist/counselor _____

SCHOOL/DAY CARE/ Grade – Name of school/day care _____ Grade level _____

Address _____ Telephone _____

Are there special educational needs? YES NO If yes, explain _____

LEGAL CUSTODY – Is there already a court case involving the custody of this child? YES NO

If yes, describe type of orders (guardianship; divorce/separation family law case, adoption, Child Protective Services).

Please include hearing dates & county

List the names and information for additional children you are seeking guardianship of on separate sheet(s).

RELATIONSHIP OF CHILD/REN TO YOU _____

How long have you known the child/ren? _____

Briefly explain how the child/ren ended up in your care and why you filed for guardianship _____

How long do you expect to be the guardian of the child/ren? _____

YOUR SOCIAL HISTORY:

LEGAL NAME _____ AKA's (for example, maiden name) _____

HEALTH – Current health problems? YES NO If yes, explain _____

EDUCATION – Highest grade or educational level completed _____

EMPLOYMENT– Occupation _____ Date employed _____ Employer _____

Address _____ Telephone _____ Can you be contacted at work? YES NO

HOUSING – Rent _____ Own _____ Length of time at current residence _____

Number of bedrooms _____ Is residence a house or apartment? _____

Do you plan to remain in this location, or are you looking for other accommodations? Explain _____

Accommodations for child/ren _____

Are you caring for any other child/ren? If so, please provide their ages and gender (for example, 8 year-old son) _____

SOCIAL HISTORY OF PRESENT SPOUSE AND/OR PROPOSED CO-GUARDIAN:

LEGAL NAME _____ **AKA's (aliases)** _____

Date of birth _____ Place of birth _____ Present age _____

SS# _____ DL# _____ State _____

Residence: _____
(House No.) (Street) (City) (State) (Zip)

Telephone Number: (day) _____ - _____ (eve) _____ - _____

HEALTH – Current health problems? YES NO If yes, explain _____

EDUCATION – Highest grade or educational level completed _____

EMPLOYMENT– Occupation _____ Date employed _____ Employer _____

Address _____ Telephone _____ Can you be contacted at work? YES NO

ARREST RECORD – Has spouse/co-guardian ever been arrested? YES NO If yes, specify dates/counties/charges:

Has spouse/co-guardian ever been on Probation or Parole? YES NO If yes, specify dates, counties, name of
parole/probation officer: _____

BIOLOGICAL/ADOPTIVE PARENTS: (Please provide as much information as possible)

FATHER'S NAME _____ **Date of Birth** _____

Residence _____

Telephone _____ SS# _____ DL# _____

Employer _____ Telephone No. _____

Does the child/ren see the father? YES NO Explain: _____

Is the father in agreement with this proceeding? YES NO

MOTHER'S NAME _____ **Date of Birth** _____

Residence _____

Telephone _____ **SS#** _____ **DL#** _____

Employer _____ **Telephone No.** _____

Does the child/ren see the mother? YES NO Explain _____

Is the mother in agreement with this proceeding? YES NO

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Dated: _____ **at** _____, **California**

Signature: _____

Print or type name: _____

Note: If another person filled out this document for you, that person must also sign the acknowledgment under penalty of perjury.

Dated: _____ **at** _____, **California**

Signature: _____

Print or type name: _____

Telephone Number: _____

PROBATE INVESTIGATIONS UNIT

Superior Court of California

P.O. Box 911, Martinez, CA 94553

(925) 608-2033 FAX: (925) 313-8708

CHILDREN AND FAMILY SERVICES RELEASE OF INFORMATION CONSENT FORM

Please **PRINT** the name(s) and date(s) of birth of anyone living in your home who is **18 years or older** (for example, your son, daughter, spouse, brother, sister, mother-in-law, roommate, etc). Please have these people sign and date the form below on the signature and date line(s).

1. I, _____, DOB _____ hereby give my consent

2. I, _____, DOB _____ hereby give my consent

3. I, _____, DOB _____ hereby give my consent

4. I, _____, DOB _____ hereby give my consent

Further Instructions: On page 2 of this form state the relationship and provide the Social Security Number and Driver's License Number for the people listed above in the order they are listed.

(For example: 1. Jane Smith DOB: 01/02/34 listed on page 1. Relationship: Mother SS# 123-45- 6789 DL# N1234567 listed on page 2)

To Probate Investigations Unit of the Superior Court of Contra Costa County, to obtain information from Children and Family Services regarding any records that agency may have pertaining to me.

1. Signature _____ Date _____

2. Signature _____ Date _____

3. Signature _____ Date _____

4. Signature _____ Date _____

This Section to be completed by the Probate Investigations Unit

Case Name: _____

Report Due Date: _____

Assigned Court Investigator: _____

CHILDREN AND FAMILY SERVICES RELEASE OF INFORMATION CONSENT FORM

1. Relationship: _____ SS#: _____ DL#: _____
2. Relationship: _____ SS#: _____ DL#: _____
3. Relationship: _____ SS#: _____ DL#: _____
4. Relationship: _____ SS#: _____ DL#: _____