



Please send completed questionnaire to:  
**Aaron, Riechert, Carpol & Riffle, APC**  
 Redwood City, CA 94063  
**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.

GENERAL CLIENT INFORMATION				
NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTHDATE / /
SPOUSE/PARTNER (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
RELATIONSHIP TO PROPOSED WARD	IS CLIENT PETITIONER FOR GUARDIANSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS CLIENT PROPOSED GUARDIAN? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT TRIBE?	
IS THE CHILD MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEVER MARRIED			IF CHILD WAS/IS MARRIED, PLEASE EXPLAIN	

HAS THE CHILD EVER BEEN INVOLVED IN A COURT CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT KIND	
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>B. MEDICAL HISTORY</b>			
CURRENT MENTAL OR PHYSICAL HEALTH PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN	
NAME OF MINOR'S PHYSICIAN	TELEPHONE NUMBER OF PHYSICIAN	DATE OF MINOR'S LAST EXAMINATION	
IS MINOR IN COUNSELING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF COUNSELOR	TELEPHONE NUMBER OF COUNSELOR	
NAME OF SCHOOL		NAME OF DAYCARE FACILITY	
STREET ADDRESS	CITY	STATE	ZIP
TEACHER'S NAME		GRADE LEVEL	

ARE THERE ANY SPECIAL EDUCATION NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN
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### C. FINANCIAL STATUS

IS THE CHILD RECEIVING PUBLIC BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IF YES, PLEASE EXPLAIN
IS THE CHILD ENTITLED TO PUBLIC BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IF YES, PLEASE EXPLAIN
IS THE CHILD RECEIVING CHILD SUPPORT FROM A PARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IF YES, PLEASE EXPLAIN
IS THE CHILD ENTITLED TO CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IF YES, PLEASE EXPLAIN
DOES THE CHILD HAVE FINANCIAL ASSETS OF HIS/HER OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	DATE AND TYPE OF DISCHARGE		
CURRENT OCCUPATION	EMPLOYER	DATES EMPLOYED	CAN YOU BE CONTACTED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK ADDRESS	CITY	STATE	ZIP	
MONTHLY INCOME	MONTHLY RENT/MORTGAGE PAYMENTS	OTHER MONTHLY EXPENSES		
NUMBER OF DEPENDENTS	WILL YOU FILE FOR AFDC? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	WILL YOU FILE FOR MEDI-CAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		
HOUSING <input type="checkbox"/> OWN <input type="checkbox"/> RENT	RESIDENCE <input type="checkbox"/> HOUSE <input type="checkbox"/> 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 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 IS 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 FILED FOR BANKRUPTCY IN THE LAST TEN YEARS?

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 GUARDIAN?

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 / /
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STREET ADDRESS	CITY	STATE	ZIP
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HOME TELEPHONE	HOME FAX	HOME EMAIL
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WORK/ALTERNATE TELEPHONE	WORK/ALTERNATE FAX	WORK/ALTERNATE EMAIL
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PLACE OF BIRTH	DRIVER'S LICENSE (STATE AND NUMBER)
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HIGHEST EDUCATION GRADE COMPLETED	ADDITIONAL TRAINING
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MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	DATE AND TYPE OF DISCHARGE
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CURRENT OCCUPATION	EMPLOYER	DATES EMPLOYED	CAN YOU BE CONTACTED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WORK ADDRESS	CITY	STATE	ZIP
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NUMBER OF PREVIOUS MARRIAGES	DATE/PLACE OF CURRENT MARRIAGE
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NAME OF YOUR CHILD	BIRTHDATE / /	CHILD'S DRIVER'S LICENSE NO.	CHILD'S PHONE NUMBER
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CHILD'S ADDRESS	CITY	STATE	ZIP
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NAME OF YOUR CHILD	BIRTHDATE / /	CHILD'S DRIVER'S LICENSE NO.	CHILD'S PHONE NUMBER
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CHILD'S ADDRESS	CITY	STATE	ZIP
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<b>B. SOCIAL HISTORY</b>	STATE	ZIP
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
ARE YOU RECEIVING SERVICES FROM A PSYCHIATRIST, PSYCHOLOGIST, OR THERAPIST FOR A MENTAL HEALTH-RELATED ISSUE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
IS THERE IS A SOCIAL WORKER OR PROBATION OFFICER ASSIGNED TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
HAVE YOU HABITUALLY USED ANY ILLEGAL SUBSTANCES OR ABUSED ALCOHOL ? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
HAVE YOU FILED FOR BANKRUPTCY IN THE LAST TEN YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
DO YOU OR ANYONE ELSE LIVING IN YOUR HOME SUFFER FROM MENTAL ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
DO YOU SUFFER FROM ANY PHYSICAL DISABILITY THAT WOULD IMPAIR YOUR ABILITY TO PERFORM THE DUTIES OF GUARDIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
DO ANY OF THE ABOVE QUESTIONS APPLY TO ANY OTHER PERSON LIVING IN YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
<b>C. MEDICAL HISTORY</b>
CURRENT MENTAL OR PHYSICAL HEALTH PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN