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**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN FRANCISCO**

Proposed Guardianship of
(name of the child(ren)):

Case No.: _____

**Confidential
Declaration of Proposed Guardian**

Please complete the following questions for each person applying for guardianship.

(1) Why can't the parents care for the child(ren)?

(2) Do the parents agree that you can be the guardian? Yes No
 Not sure

If No, or Not sure, please explain:

(3) Your full legal name:

Your email address: _____

Your date of birth: ____ / ____ / ____

(4) Your education (last grade completed): _____

1 Your current job title: _____

2 Name, address, and telephone number of current employer:

3 _____

4 (5) Are you in good health: Yes No

5 If No, please explain:

6 _____

7 _____

8 _____

9
10 (6) Are you currently or were you previously appointed as the guardian of any
11 other child(ren)? Yes No

12 If Yes, please state the County where you were appointed as a guardian, the date
13 you were appointed, and the name(s) of the child(ren) who was/were legally placed
14 in your care:

15 _____

16 _____

17 (7) Tell us about everyone who lives with the child(ren), or has frequent contact
18 with the child(ren). If you need more room, please list additional names and
19 information on a separate sheet of paper and attach after the last page of this form:

Complete Legal Name	Date of Birth	Relationship to Child(ren)	Social Security No.	Driver's License / ID No.

27
28 (8) Who has/have the child(ren) lived with since birth? List addresses,

1 relationships, and dates of residence:

2 _____
3 _____

4 (9) Does/do the child(ren) have any special emotional, psychological, educational
5 or physical needs? Yes No

6 If Yes, please explain what the needs are and what you would do to meet the needs:

7 _____
8 _____

9 (10) Will the child(ren) need day care? Yes No

10 If Yes, give information about the child(ren)'s day care provider:

11 Name of day care provider: _____

12 Day care address: _____

13 Day care Telephone number: _____

14 (11) Is/are the child(ren) in school? Yes No

15 If Yes, please provide information about the child(ren)'s school(s):

16
17 Name of School: _____

18 School Address: _____

19 School Telephone Number: _____

20 Name of School: _____

21 School Address: _____

22 School Telephone Number: _____

23 **If Yes, please attach recent report card(s)/proof of enrollment in school.**

24
25 (12) Will the child(ren) have their own room in your house? Yes No

26 If No, please state who shares a room with the child(ren):

27 _____

28 (13) Is there a firearm in the home? Yes No

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If Yes, how is it stored?

(14) Will you get or ask for financial support to help take care of the child(ren)?
 Yes No

If Yes, please explain type and amount of financial support:

(15) Do you or does anyone in your home have an arrest record? Yes No
If Yes, please explain what the charges were, the date and place of offense(s), and how the case(s) ended, such as "guilty", or "case dismissed." Please attach another piece of paper to this form, if more space is needed.

(16) Is/are the child(ren) involved in any other Court case? This can be in Juvenile Court, Family Court or any other Court. Yes No

If Yes, please state which Court, the case number, and why:

(17) Have you, or anyone who lives with you, had any contact with Child Protective Services of the Department of Human Services? Yes No

If Yes, please explain:

(18) Where does/do the child(ren) get health and dental care?
Name and telephone number of the child(ren)'s doctor or medical clinic:

Approximate date of most recent medical appointment: _____

1 Name and telephone number of the child(ren)'s dentist or dental clinic:

2 _____

3 Approximate date of most recent dental appointment: _____

4 **Please attach a copy of the minor(s) health insurance card and immunization**
5 **record as proof of routine and consistent medical care.**

6 (19) Does everyone who lives in the child(ren)'s home speak and understand
7 English? Yes No

8 If No, please identify the other language(s): _____

9
10 (20) Please attach a copy of the child(ren)'s birth certificate. If the birth certificate
11 is in another language, **please provide an English-language translation of the**
12 **birth certificate.**

13 (21) **Please provide the name and telephone number of someone who will always**
14 **know how to contact you.**

15 _____

16 In-person interviews are required. Please be advised a Court Investigator will be
17 contacting you to schedule a meeting in your home with you and the child(ren).
18 Personal interviews with additional residents of the minor's household may be
19 required.

20 I declare under penalty of perjury under the laws of the State of California that the
21 above information is true and correct. **In signing below, I consent to a complete**
22 **criminal and children's services referral history background screening by the San**
23 **Francisco Superior Court, Court Investigator's Office.**

24
25 Dated: _____

26 Signed: _____

27 _____
28 Your name (Type or print)