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Attorney Name(s) or Party without Attorney

Firm Name

Mailing Address

City, State, Zip Code

Phone Number(s)

Fax Number

Email Address

Attorney for {INSERT NAME} or Self-Represented

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

Guardianship of:

{INSERT NAME(S) OF CHILD(REN)}

Case Number: PGN-

**CONFIDENTIAL DECLARATION OF
PROPOSED GUARDIAN**

Please complete one form for each person applying for guardianship and attach another piece of paper to this form if more space is needed to answer any of the questions.

1. Explain why the parents cannot 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: _____

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DECLARATION OF PROPOSED GUARDIAN

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3. Provide the following information:

Your full legal name: _____

Your email address: _____

Your Social Security #: _____

Your date of birth: MM-DD-YYYY

4. Your education (last grade completed/degree earned): _____

5. Your current job title: _____

Name, address, and phone number of current employer/s:

6. Are you in good health? Yes No

If NO, please explain: _____

7. Have you ever been appointed as the guardian of any other child/ren?

Yes No

If YES, please state the County where you were appointed as a guardian, the date you were appointed, and the name/s of the child/ren and the case number if known:

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8. Please tell us about everyone who lives with the child/ren or has frequent contact with the child/ren:

Complete Legal Name	Date of Birth (MM/DD/YYYY)	Relationship to Child(ren)	Social Security Number	Driver's License/ID Number

9. Who did the child/ren live with previously? Name, address/es, relationship/s to the child/ren, and date/s of residence:

10. Does/Do the child/ren have any special emotional, psychological, educational, or physical needs? Yes No

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

11. Will the child/ren need day care? Yes No

If YES, give information about the child/ren's day care provider:

Name of Daycare Provider: _____

Daycare Address: _____

Daycare Phone Number: _____

Name of Daycare Provider: _____

Daycare Address: _____

Daycare Phone Number: _____

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12. Is/are the child/ren in school? Yes No

If YES, please provide information about the child/ren's schooling:

Name of School: _____

School Address: _____

School Phone Number: _____

Name of School: _____

School Address: _____

School Phone Number: _____

If YES, please attach recent report card(s)/proof of enrollment in school

13. Will the child/ren have their own bedroom in your house? Yes No

If NO, please state who shares a bedroom with the child/ren:

14. Is there firearm in the home? Yes No

If YES, how is it stored?

15. Are there any animals or pets in the home? Yes No

If YES, please describe: _____

16. 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:

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17. Have you or has anyone living in the home ever been arrested? 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."

18. 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:

19. Have you, or anyone who lives with you, ever had any contact with Child Protective Services/Department of Human Services Agency? Yes No
If YES, please explain when and why:

20. Where do/does the child/ren get health and dental care?
Name of the doctor or medical clinic: _____
Phone number: _____
Approximate date of most recent medical appointment: _____
Name of the dentist or dental clinic: _____
Phone Number: _____
Approximate date of the most recent dental appointment: _____

Please attach a copy of the minor/s' health insurance card and immunization record as proof of routine and consistent medical care.

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21. Does everyone who lives in the home speak and understand English? Yes No

If NO, please identify the other language/s: _____

22. Please attach a copy of the child/ren's birth certificate. If the birth certificate is in another language, ***please provide an English-language translation of the birth certificate.***

23. Please provide the name, telephone number, and email address of someone who will always know how to contact you.

Name: _____

Phone Number: _____

Email Address: _____

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

In signing below, I consent to a complete criminal and children's services referral history background screening by the San Francisco Superior Court, Court Investigator's Office.

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

Date: _____

Printed Name

Signature