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Bar No. _____

**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, explain:

(3) Your full legal name:

Your email address:

Your date of birth: ____ / ____ / _____

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Your education (last grade completed): _____

Your current job title: _____

Are you in good health: Yes No

If No, explain:

(4) Are you already a guardian to any other child(ren)? Yes No

If Yes, list the county where you are a guardian and the names of the child(ren) you are guardian to:

(5) Tell us about everyone who lives in your household, or has frequent contact with the child(ren). If you need more room, list additional names and information on a separate sheet of paper and attach after the last page of the declaration:

Complete Legal Name	Date of Birth	Relationship	Social Security No.	Driver's License No.

(6) Who has/have the child(ren) lived with since birth? List addresses; relationship, and dates.

1 (7) Does/do the child(ren) have any special emotional, psychological, educational
2 or physical needs? Yes No

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

4 _____
5 _____

6 (8) Will the child(ren) need day care? Yes No

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

8 Name of day care provider:

9 Day care address: _____

10 Day care Telephone number: _____
11 _____

12 (9) Is/are the child(ren) in school? Yes No

13 If Yes, give information about the child's school:

14 Name of school: _____

15 School address: _____

16 School Telephone number: _____
17 _____

18 **If Yes, please attach a recent report card/proof of enrollment.**

19 (10) Will the child(ren) have his or her own room in your house? Yes No

20 If No, explain who the child will share a room with.

21 _____
22 _____

23 (11) Will you get or ask for financial support to help take care of the child(ren)?

24 Yes No

25 If Yes, explain type of financial support.

26 _____
27 _____

28 _____

1 (12) Do you or does anyone in your home have an arrest record?

2 Yes No

3 If yes, say what the charges were, the date and place of offense, and how the case
4 ended, such as "guilty", or "case dismissed".

5 _____
6 _____
7 (13) Is/are the child(ren) involved in any other court case? This can be in Juvenile
8 Court, Family Court or any other court. Yes No

9 If Yes, please state which Court, and why.

10 _____
11 _____
12 (14) Have you, or anyone who lives with you, had any contact with Child
13 Protective Services of the Department of Human Services? Yes No

14 If Yes, explain:

15 _____
16 _____
17 (15) Where does/do the child(ren) get health care?

18 Name and telephone number of the child(ren)'s doctor or clinic:

19 _____
20 **Please attach a copy of the minor(s) health insurance card or other**
21 **documentation (e.g. immunization record) as proof of routine and consistent**
22 **medical care.**

23 (16) Please attach a copy of the child(ren)'s birth certificate. If the birth certificate
24 is in another language, **please provide an English-language translation of the**
25 **birth certificate.**

26 **(17) Please provide the name and telephone number of someone who will always**
27 **know how to contact you.**
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I declare under penalty of perjury under the laws of the State of California that the above information is true and correct. In signing below, I consent to a complete criminal and children's services background screening by the San Francisco Superior Court, Court Investigator's Office.

Dated: _____

Signed: _____

Your name (Type or print)