

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- MURRIETA** 30755-D Auld Rd., Murrieta, CA 92563
 PALM SPRINGS 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262

- RIVERSIDE** 4050 Main St., Riverside, CA 92501

RI-PR092

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address)</i></p> <p>TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i>: _____</p> <p>E-MAIL ADDRESS <i>(Optional)</i>: _____</p> <p>ATTORNEY FOR <i>(Name)</i>: _____</p>	<p><i>FOR COURT USE ONLY</i></p> <p>(CONFIDENTIAL)</p>
<p>IN THE MATTER OF:</p> 	<p>CASE NUMBER: _____</p>
<p>SOCIAL HISTORY OF GUARDIAN/PARENT</p>	

I. IDENTIFYING INFORMATION

1. a. Your Full Name: _____

FIRST
MIDDLE
LAST

aka/and/or maiden name: _____

Primary Language Spoken: _____ Do you need an interpreter? _____

Place of Employment: _____
- b. Name of Spouse or Significant Other: _____

FIRST
MIDDLE
LAST

aka/and/or maiden name: _____

Phone number – Home: _____ Work: _____

Place of Employment: _____

Spouse/Significant Other’s Date of Birth: _____

Social Security Number: _____
2. How long at your present address? _____ Own? Rent?
3. Do you drink alcohol, use drugs or take any kind of medication? If so, please indicate how frequently and explain.
 You: No Yes (explain): _____

 Spouse/Significant Other: No Yes (explain): _____

IN THE MATTER OF:	CASE NUMBER:
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4. List all adults living in your home:

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

5. Has any adult living in your home ever been convicted of an offense other than a minor traffic ticket?
 No Yes (If yes, in an attached sheet of paper give the name of the individual, the date, place, and detail of each offense)

6. Has any person living in your home lived in another state or used an alias?
 No Yes (If yes, state each person's name, prior state of residence, and/or a.k.a.(s) used:

Name: _____ State: _____ Alias: _____
Name: _____ State: _____ Alias: _____
Name: _____ State: _____ Alias: _____
Name: _____ State: _____ Alias: _____

7. Have you or your spouse/significant other been approved previously of guardianship, foster care and/or adoption? No Yes (If yes, state the name, address, phone number of the approving entity and date of approval)

a. Name of Child(ren): _____

b. Address: _____

c. Name of Approving Entity: _____

d. Address and County: _____

e. Date of Approval: _____

f. If the proceeding has been terminated, the Date Terminated: _____

g. Reason for termination: _____

II. FINANCIAL INFORMATION

8. Your Monthly net income(s) (All Sources): \$ _____
Monthly expenses: \$ _____

9. Is medical insurance available to minor? No Yes
If so, give name of Insurer: _____

10. Do you receive public assistance? No Yes If so, amount \$ _____

11. Do you pay or receive Child Support (for your own children)? No Yes
Paying: \$ _____ Receiving: \$ _____

IN THE MATTER OF:	CASE NUMBER:
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II. YOUR MARRIAGES

12. Are you currently: Married Divorced Separated Widowed
 Never Married

13. Date of Present Marriage: _____

14. Do you or your spouse/significant other have any children from a current or previous relationship?
 No Yes

15. If yes, complete the information below:

Name of Child	Date of Birth

16. Do all of these children live with you? Yes No
 List Names of Children who live with you: _____

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

Date: _____

 (PRINT NAME)

 (SIGNATURE)