

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-PR094

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

Note to Petitioner: Please provide three (3) character references. One form will be mailed by the court to each non-related reference who has knowledge of your home life and standing in the community. The character reference must complete this form and return it to the court within 10 days. It is preferred that one (1) reference be associated with the subject minor (e.g. day care provider, therapist, teacher, medical professional).

CHARACTER REFERENCE'S NAME AND ADDRESS:

Your name has been given to the court as a reference for (*name*): _____ . Will you kindly answer the following questions and return the completed form to us in the enclosed envelope within 10 days.

Petitioner do not complete below this line

1. How long have you known this individual? _____
2. How well do you know this individual? If you are related to them, how are you related?

3. How frequently have you visited the home where the minor(s) will reside? _____
4. How do you rate the characteristics of this individual? (excellent, acceptable, unfavorable; explain unfavorable ratings under comments.)

Responsibility _____
 Honesty _____
 Disposition _____
 Moral Standards _____

Dependability _____
 Diligence/Industry _____
 Emotional Maturity _____
 Relationship to child(ren) _____

IN THE MATTER OF:	CASE NUMBER:
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5. To the best of your knowledge, are they financially able to add a child to their family?

6. What do you know of their habits, homelife, and their fitness to bring up children?

7. If this individual has a spouse or significant other, do you consider their relationship to be a happy one? Why?

8. Have you observed any physical abuse or heated arguments within the family. If yes, briefly explain and give dates.

9. To what extent does this individual use intoxicants? (alcohol, drugs, etc.)
Excessively _____ Moderately _____ Not at all _____
10. State your observations of each child subject to guardianship including any known physical or emotional problems. _____

11. Have the children expressed to you their feelings regarding the guardianship or custody? _____
If so, please explain.

12. Please state any reasons why you believe this individual would not be desirable for the care of the child/children.

13. What special care are they giving to the child(ren) in their home? (if applicable)

14. If an occasion should arise where it would be necessary to place your own child or one in whom you are personally interested, would you feel satisfied to have him/her raised in this home? Why?

15. If you have any reservations about recommending the individual, would you like to discuss questions with our investigator?

For additional comments use a separate attachment if necessary:

Signature: _____

Date: _____

Phone number: _____