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Department of Children and Family Services  
Regional Office Address  
CSW Name  
CSW Phone Number  
CSW File #, First Initial, Last Name  
DSS No. State ID

Text in **BLACK** automatically populates when the document is created in CWS/CMS. Complete your document by referring to the **PURPLE** text.

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES**

**PROBATE INVESTIGATION REPORT**

Hearing Date                      Dept./Room                      Hearing Type/Subtype  
Guardianship of the Person

**IN THE MATTER OF**

Enter the name of each child, date of birth, sex and the Probate Court Number(s).

Name                                      Date of Birth                      Sex                      Probate Court Number

**CHILD(REN)'S WHEREABOUTS**

Indicate the whereabouts of each child.

**PARENT(S) INFORMATION**

Enter the name, date of birth and address of the parent(s). Use the comment section as needed to discuss the identity and whereabouts of the parent(s).

Name                                      Date of                      Address

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**INDIAN CHILD WELFARE ACT STATUS (ICWA)**

Select if the "Indian Child Welfare Act does or may apply", or "Not Applicable". If it has been determined that a child may be or is an American Indian, consult with the Indian child's tribe and include in this section information provided by the tribe.

**REASON FOR HEARING**

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Insert the name of the proposed legal guardian in the pre-typed statement on the reason for hearing.

This matter is on calendar to determine the appropriateness of appointing as the legal guardian of the above minor.

### **PROPOSED LEGAL GUARDIAN**

#### **Social History:**

The social history may include, but is not limited to: age, marital status, family composition, education, employment, income, etc.

#### **Results of Criminal History Clearance:**

Obtain a Live-Scan on proposed legal guardians and attach the results of all requested criminal records on the individual(s) in question. Address all clearance results in the report. Enter the person's name, AKAs, and then enter information followed by a description of any arrests and/or convictions. Indicate "No criminal history known at this time" if there is no criminal record found.

#### **Results of CWS History Clearance:**

Provide the results of CWS/CMS and Child Abuse Clearance Index (CACI) clearances. If there is a history of child welfare services, describe in detail the type of allegations involved, the results of the investigation and the extent of child protective services. Include a statement regarding the potential impact of any child welfare history upon the abilities of the proposed guardian(s) to care for the child.

### **SOCIAL HISTORY OF CHILD(REN)**

Create separate sections for each child in the report. Following the heading titled "Regarding, enter the child's name".

#### **Regarding:**

##### **Medical:**

Provide a detailed description of the child's current medical status. Include a description of any current or prior health problems, including diagnosis, treatment, medication taken, etc. Attach any reports or written summaries, if available.

##### **Developmental:**

Provide a specific description of the child's current developmental status. Include information regarding the child's needs, including any special needs and any services the child receives. Provide the dates of when developmental milestones were achieved and/or developmental delays were diagnosed, etc. Be specific and give details. State how, where and when this information was obtained.

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**Educational:**

Provide a description of the child's current educational status. Include information on the child's educational needs and educational milestones, including any special educational needs and services (s)he receives or has received. State how and where this information was obtained. Provide the dates of when special education services were provided; educational testing (and their results) was done; Individualized Education Plans (IEPs) conducted, etc. Attach any reports or written summaries, if available.

**Mental & Emotional Status:**

Provide a description of the child's current mental health and emotional status.

Describe any previous and/or current mental health problems, including diagnosis, treatment, medications (including psychotropic) taken, etc. Attach any reports or written summaries, if available.

**THE RELATIONSHIP OF THE CHILD TO THE PROPOSED LEGAL GUARDIAN**

**Proposed Legal Guardian's Motivation for Seeking Legal Guardianship:**

Discuss in detail the proposed legal guardian's motivation for seeking legal guardianship.

**Duration and Character of Relationship with Child(ren):**

Discuss in detail the relationship of the child to each proposed legal guardian(s) and the duration and character of the relationship. When applicable, discuss the circumstances whereby physical custody of the child was acquired by the proposed guardian.

**Capability to Meet Child(ren)'s Needs:**

Address the ability of each proposed guardian(s) to provide a safe and secure home; exercise proper care and control of the child; obtain appropriate child care, if necessary; protect the child from his or her parents, if applicable; and facilitate visitation with parents, siblings, or other relatives, if applicable. Include information on the proposed legal guardian's parenting abilities and experience with children and how the proposed legal guardian has met the child's needs, including any special needs.

**Understanding of Responsibilities of Legal Guardianship:**

Provide a description of the proposed legal guardian's understanding of the legal responsibilities and financial obligations of legal guardianship

**Understanding of Legal and Financial Rights:**

Describe the proposed legal guardian's understanding of the legal and financial rights of legal guardianship.

**Child(ren)'s Statement(s) Concerning Placement and the Proposed Legal Guardianship:**

Obtain and record a statement from children age four years or older concerning their feelings regarding the proposed legal guardian and whether they agree with the proposed

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legal guardianship, unless the child's physical, emotional, or other condition precludes a meaningful response, and, if so, provide a description of that condition. Enter the name of the child, and indicate if the interview was conducted in person or by telephone. Whenever possible, record statements verbatim. If the child is non-verbal and/or too young to make a statement, enter the child's name followed by "The child is non-verbal" or "The child is too young to make a statement."

### **ANTICIPATED DURATION OF THE LEGAL GUARDIANSHIP AND PERMANENT PLAN**

#### **Proposed Legal Guardian's Commitment to Permanent Plan:**

Provide a brief description of the proposed legal guardian's commitment to providing the child with a stable and permanent home. Indicate the anticipated length of the legal guardianship and any alternate permanent plans that were considered.

#### **Parent(s)'s Statement(s)**

Include a statement from the child's parent(s) regarding the anticipated length of the guardianship and their plans for a stable and permanent home for their child.

### **ASSESSMENT/EVALUATION**

Comprehensively summarize the factors that lead to the recommendation and discuss why the recommendation is in the best interest of the child. If the recommendation is for the legal guardianship petition to be denied, discuss comprehensively what the alternate plan is for the child and make any additional recommendations that the Probate Court may consider for the best interest of the child. In the event that there are safety/child abuse and neglect concerns, immediately make a referral to the CPH.

### **ATTACHMENTS**

The attachments identified in this report are attached hereto and incorporated herein by this reference.

List any attachment(s).

### **RECOMMENDATION**

Select between the two and as needed, add any additional recommendation:

It is respectfully recommended that the legal guardianship petition be granted. or

It is respectfully recommended that the legal guardianship petition be denied.

**Respectfully Submitted,**

PHILIP L. BROWNING Director

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Department of Children and Family Services

**By**

CSW Name, CSW File #, First Initial, Last Name, Title, CSW Phone Number Date:

SCSW Name, ( ) Date: