

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA STREET ADDRESS: 825 Brown Street MAILING ADDRESS: 825 Brown Street CITY AND ZIP CODE: Napa, CA 94559	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF : _____, MINOR(S)	CASE NUMBER:
<p style="text-align: center;">ORDER FOR INVESTIGATION OF RELATIVE GUARDIAN(S) BY HEALTH & HUMAN SERVICES, CHILD WELFARE DIVISION, PURSUANT TO PROBATE CODE SECTION 1516</p>	DATE: TIME: DEPT:

TO HEALTH & HUMAN SERVICES, CHILD WELFARE DIVISION:

A Petition for Appointment of Relative Guardian(s) has been scheduled for _____, or as soon thereafter as the court directs.

Prior to the hearing on the Petition and the appointment of a guardian, you are directed to:

1. Screen the name of the guardian(s) for prior referrals of neglect or abuse of the minor(s) pursuant to Probate Code section 1516.
2. File a written report with the Court at least five (5) days before the hearing, detailing the results of your screening.

Date: _____

Judge of the Napa Superior Court