

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____  E-MAIL ADDRESS (Optional): _____  ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA</b>  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 :  _____ <p style="text-align: center;">MINOR(S)</p>	
<b>ORDER FOR INVESTIGATION OF NON-RELATIVE GUARDIAN(S) BY HEALTH &amp; HUMAN SERVICES, CHILD WELFARE DIVISION</b>	CASE NUMBER: _____  HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____

TO HEALTH & HUMAN SERVICES, CHILD WELFARE DIVISION:

A Petition for Appointment of Guardian(s) of Minor(s) has been filed and set for hearing as noted above. Prior to the hearing on the Petition, you are directed to:

1. Conduct an investigation and file a report in accordance with Probate Code section 1513(a).
2. Screen the name of the guardian(s) for prior referrals of neglect or abuse of the minor pursuant to Probate Code section 1516.
3. Perform a Foster Family Home Licensure screening on the proposed guardian(s) pursuant to Probate Code section 1543.
4. File a written report with the Court at least 5 days before the hearing, detailing the results of your investigation.

Petitioner shall mail a notice of the hearing and a copy of the Petition at least 15 days prior to the hearing to Health & Human Services, Child Welfare Division.

Date: \_\_\_\_\_

\_\_\_\_\_

Judge