



**MADERA COUNTY SUPERIOR COURT
PETITIONER(S) SCREENING FORM**

This form must be filled out by the parties the same day the Petition is filed with the court.

PETITIONER(S) / NAMES: _____
(or Proposed Guardians if not listed as Petitioners)

CASE NUMBER: _____ **FCS File No.** _____

COURT DATE _____ **Dept.** _____ **@** _____ **AM**

Relationship to the minors: _____

Children at issue: _____ **DOB** _____
_____ **DOB** _____
_____ **DOB** _____

Natural Parents: **Mother** _____ **DOB** _____

Father _____ **DOB** _____

Where are the minors residing at this time? ☐ With Petitioners ☐ With parent/s ☐ Other _____

Mark the box that applies to the allegations in this petition:

- ☐ Domestic violence ☐ Substance abuse ☐ Child abuse – physical, sexual or emotional
☐ Overall neglect ☐ Care taker absence ☐ Other: _____

**In the following questions, do not reveal the names of the reporting party who contacted CWS/CPS.
That information shall be kept CONFIDENTIAL.**

Are you aware of any Child Welfare Service (CPS) complaints made against the parents? Yes ☐ No ☐

If so, are you aware of the outcome of such complaints? Yes ☐ No ☐

Are you aware of the names of the social worker/s ? Yes ☐ No ☐

Were you referred to the Probate Court by a social worker? Yes ☐ No ☐ If Yes, what were the reasons given to you for such referral? _____

Were you offered a Temporary voluntary case management plan through CWS to have custodial care of the minor(s) at issue and told to file a Probate Guardianship ? Yes ☐ No ☐. If yes, please provide the court with a copy of the plan.

Signatures (or) Attorney Rep. signature

Pet. Address

Pet. PH.