ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
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 ☐ PERSON ☐ ESTATE OF: _____ MINOR(S)	
ORDER FOR INVESTIGATION OF RELATIVE GUARDIAN(S) BY HEALTH & HUMAN SERVICES, CHILD WELFARE DIVISION	CASE NUMBER: HEARING DATE: HEARING TIME: DEPT.:

TO HEALTH & HUMAN SERVICES, CHILD WELFARE DIVISION:

A Petition for Appointment of Guardian 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. 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 5 days before the hearing, detailing the results of your screening.

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: _____ _____
Judicial Officer