



## BUTTE COUNTY CHILDREN'S SERVICES Questionnaire – Relative Inquiry

**Regarding the following child[ren]:**

<u>Name:</u>	<u>Date of Birth:</u>

California law requires that when a child is removed from their home, relatives should be located, contacted and told about the child's removal and how the relative can choose to help the child during this difficult time. The law also requires that parents must disclose to the county agency social worker the names, residency, and any known identifying information of any maternal or paternal relatives of the child.

Please provide the information asked for and return it to your social worker by \_\_\_\_\_.

If you wish, your social worker will gladly assist you in completing this form.  
If you have any questions, please contact your social worker at \_\_\_\_\_.

Some of the questions may not apply to you, if so, leave them blank.

### **1. Your information**

a)	Your Name (include middle name):				
b)	Maiden Name (or AKA):				
c)	Social Security Number				
d)	Date of Birth:		e)	Place of Birth:	
f)	Relationship to child(ren)	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other (specify):	
g)	Address:			Phone #/Msg. phone #:	

### **2. Your parents**

a)	Your mother's name:			
b)	Maiden Name (or AKA):			
c)	Is your mother living?	<input type="checkbox"/> yes	<input type="checkbox"/> No	
d)	If living, mother's current address:			
e)	Phone number:			
f)	Your father's Name:			
g)	Is your father living?	<input type="checkbox"/> yes	<input type="checkbox"/> No	
h)	If living, father's current address:			
i)	Phone number:			

Were your parents married? Yes  No

**3. Do you have step-parent(s) who does not reside with your parent but who raised you or with whom you have a significant relationship?**

Yes  No If yes:

a)	Your step-mother's name:	
b)	Maiden Name (or AKA):	
c)	Current address:	
d)	Phone number:	
e)	Your step-father's name:	
f)	Current address:	
g)	Phone number:	

**4. Your adult (18+) siblings, half siblings and step-siblings:**  None

	Name	Uncle	Aunt	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	
b)		<input type="checkbox"/>	<input type="checkbox"/>	
c)		<input type="checkbox"/>	<input type="checkbox"/>	
d)		<input type="checkbox"/>	<input type="checkbox"/>	
e)		<input type="checkbox"/>	<input type="checkbox"/>	
f)		<input type="checkbox"/>	<input type="checkbox"/>	

Use additional page if needed

**5. Your adult (18+) children and step-children:**  None

	Name	Brother	Sister	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	
b)		<input type="checkbox"/>	<input type="checkbox"/>	
c)		<input type="checkbox"/>	<input type="checkbox"/>	
d)		<input type="checkbox"/>	<input type="checkbox"/>	
e)		<input type="checkbox"/>	<input type="checkbox"/>	
f)		<input type="checkbox"/>	<input type="checkbox"/>	

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**6. Your adult sibling's children, if 18 or older:**  None

	Name	Cousin (male)	Cousin (Female)	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	
b)		<input type="checkbox"/>	<input type="checkbox"/>	
c)		<input type="checkbox"/>	<input type="checkbox"/>	
d)		<input type="checkbox"/>	<input type="checkbox"/>	
e)		<input type="checkbox"/>	<input type="checkbox"/>	
f)		<input type="checkbox"/>	<input type="checkbox"/>	

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**7. Your Grandparents and Step-Grandparents:**  None

	Name	Great Grandpa	Great Grandma	Address and/or phone #	Living?
a)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
b)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
c)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
d)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
e)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
f)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Use additional page if needed

**8. Your parents' adult brothers and sisters, including step-siblings and half-siblings:**  None

	Name	Great Uncle	Great Aunt	Address and/or phone #	Living?
a)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
b)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
c)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
d)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
e)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
f)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

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**9. Your grandparents' parents:**  None

	Name	Great great grandpa	Great great grandma	Living?	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
c)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
d)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
e)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
f)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

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**10. Your great grandparents' brothers and sisters, including step-siblings and half-siblings:**  None

	Name	Great grand uncle	Great grand aunt	Living?	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
c)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
d)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
e)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
f)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

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