

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address): _____ State Bar #: _____  TELEPHONE NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Petitioner's name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE</b> <input type="checkbox"/> 221 S. Mooney Blvd., County Civic Center, Visalia, CA 93291 <input type="checkbox"/> 300 E. Olive Ave., Porterville, CA 93257	
<b>IN THE MATTER OF THE GUARDIANSHIP OF:</b>  _____ (Name of child under guardianship)	
<b>TERMINATION OF GUARDIANSHIP QUESTIONNAIRE (CONFIDENTIAL)</b>	CASE NUMBER: <input type="checkbox"/> VPR _____ <input type="checkbox"/> PPR _____

**NOTE: A Petition to Terminate Guardianship may be filed by the guardian, a parent, or the child. This confidential Questionnaire should be completed by the parent(s) or other party who will have custody of the child if guardianship is terminated.**

If the court refers your case for investigation, it will usually require the Court Investigator to complete a home visit, and speak separately with the parent(s), the guardian, and the child(ren). The Court Investigator will prepare a written report for the court that will include why the guardianship was needed, when it was established, what has changed since that time, how the child is doing, and why you believe the guardianship should end and their recommendations to the court. The Court Investigator will use your questionnaire in preparing their report. Therefore, please answer every section of this questionnaire honestly and fully. You will be required to sign this questionnaire under penalty of perjury, declaring that all information you have provided is true and correct.

**PLEASE MAKE THREE COPIES OF YOUR COMPLETED QUESTIONNAIRE AND ATTACHMENTS AND FILE THEM with the CLERK OF THE COURT in Room 201 at the Visalia courthouse at 221 S. Mooney Blvd., or to the Clerk's Office at the Porterville Courthouse. PLEASE BRING A COPY OF YOUR FILED QUESTIONNAIRE AND ATTACHMENTS to FAMILY COURT SERVICES, ROOM 204 of the Visalia courthouse, or provide to the clerk's office in the Porterville courthouse to the attention of Family Court Services.**

**If you have any questions about filling out this form, please call the Court Investigator's office at 559-730-5000 Option 6.**

*If you do not have enough space for any portion of this questionnaire, you may continue on a separate page. Identify your answer by writing the number of the question and then continue your answer. If more than one parent is requesting to terminate guardianship, please complete separate questionnaires; make copies as needed.*

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**THE PETITION TO TERMINATE GUARDIANSHIP WAS FILED BY (name):** \_\_\_\_\_

**Who is the:**  Guardian  Parent  Child  Indian Custodian: \_\_\_\_\_

**Petitioner's language preference:** \_\_\_\_\_

**CHILD/REN CURRENTLY UNDER GUARDIANSHIP:**

• Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Special needs? Yes  No

• Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Special needs? Yes  No

• Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Special needs? Yes  No

1. **When was guardianship established (date)?** \_\_\_\_\_

2. **Children's home address (if different from the guardian's):** \_\_\_\_\_

3. **Does anyone object to terminating the guardianship?** Yes  No

If yes, provide name and relationship to the child: \_\_\_\_\_

4. **Explain in your own words why the guardianship was needed or why it was established (be specific):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT OR PERSON WHO WILL HAVE CUSTODY OF THE CHILD IF THE GUARDIANSHIP IS TERMINATED:**

5. **Name:** \_\_\_\_\_ **Allases (aka's, maiden name):** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Driver's License No.:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Valid?** Yes  No

**Car make/model or method of transportation:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Marital status:** Single  Married  Divorced  Widow/Widowed  Registered Domestic Partnership

**If married or in a domestic partnership, spouse/partner's name:** \_\_\_\_\_

**Date of marriage or registration of domestic partnership:** \_\_\_\_\_

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**Home Address:** \_\_\_\_\_

If you have lived at this address for less than five years, please list your previous addresses:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**6. Do you have other children?** Yes  No

If yes, please provide their full name(s), date(s) of birth, address, and with whom they are living:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**7. Is the child under guardianship already living in your home?** Yes  since \_\_\_\_\_ No

**8. Have you ever been arrested?** Yes  No

**9. Have you ever been convicted of any crime in the state of California?** Yes  No

If yes, provide details including the crime, misdemeanor/felony, date, county and sentence:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**10. Do you have criminal history in a state outside of California?** Yes  No

If yes, provide details including the crime, misdemeanor/felony, date, county and sentence:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**11. Are you required to register as a sex offender?** Yes  No  *If yes, is your information current?* \_\_\_\_\_

**12. Are you currently on probation or parole?** Yes  No

If yes, provide name and contact information for parole/probation officer and end date of term.

\_\_\_\_\_

**13. Do you have a restraining/protective order protecting you and/or the child(ren) and/or any other adult in the household?** Yes  No  If yes, provide name of court, case number, names of protected parties, date of order(s) and expiration date: \_\_\_\_\_

\_\_\_\_\_

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14. Has a restraining/protective order protecting someone from you or any adult in the home been active in the last 5 years? Yes  No  If yes, provide name of court, case number, names of protected parties, date of order and expiration date: \_\_\_\_\_

15. Have you ever been involved with Child Welfare Services (formerly CPS)? Yes  No

If yes, list the date, county, allegations and outcome:

a. \_\_\_\_\_

b. \_\_\_\_\_

16. Have you ever abused drugs or alcohol? Yes  No ; If yes, what is your drug/s of choice? \_\_\_\_\_

a. When was the date you last used drugs/alcohol? \_\_\_\_\_

b. Have you ever been ordered to complete drug and/or alcohol rehabilitation? Yes  No

c. Have you ever completed drug and/or alcohol rehabilitation? Yes  No

If yes, provide the details of completion (when, where, how long was the program, was a certificate earned and date of sobriety): \_\_\_\_\_

17. Are there any circumstances which may affect your ability to resume care, custody or control of the child if guardianship is terminated (For example, do you suffer from any health problems or mental illness)?

Yes  No  If yes, please describe:

18. Are you under a doctor's care? Yes  No  If yes, please explain: \_\_\_\_\_

19. Have you ever been in counseling? Yes  No  If yes, reason: Drugs  Alcohol  Grief  Anger Management  Domestic Violence  Other (explain): \_\_\_\_\_

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20. What is your education history (highest grade or degree completed)? \_\_\_\_\_

21. Military history? Yes  No  Branch of Service: \_\_\_\_\_ Date discharged: \_\_\_\_\_

22. Are you employed? Yes  No

If no, what is your source/s of income? \_\_\_\_\_

\_\_\_\_\_

If yes, who is your employer? Please include name and contact information of your supervisor.

\_\_\_\_\_

Job title, duties / responsibilities: \_\_\_\_\_

How long have you been employed? \_\_\_\_\_  Part time  Full time

Total AVERAGE monthly net INCOME: \$ \_\_\_\_\_ Monthly Expenses: \$ \_\_\_\_\_

23. Name(s) of person(s) you financially support: \_\_\_\_\_

Have you financially supported the child/ren since guardianship was granted? If yes, in what ways?

\_\_\_\_\_

\_\_\_\_\_

24. Have you applied for or are you receiving assistance for this child through:

Welfare	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount: \$ _____
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Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount: \$ _____
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Veterans Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount: \$ _____
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Medi-Cal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe: _____
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25. Do you have relatives or friends that you can rely on to be a support system (emotionally or financially if needed) for you if the child is returned to your custody? Yes  No  If yes, who? Describe their relationship to the child:

\_\_\_\_\_

\_\_\_\_\_

26. Describe your home and accommodations for the child if the guardianship is terminated. Include the number of bedrooms, bathrooms, etc. Will the child have his/her own bedroom or will it be shared (if so, with whom, name, age and relation to the child)?

\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

27. Do you own or possess any guns or other weapons? Yes  No

If yes, please describe how they are stored: \_\_\_\_\_

28. Are there other children living in your home (under 18 years of age)? Yes  No

	Name(s)	Date(s) of birth	Relationship to the child
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

29. Are there any other adults living in your home (18 and older)? Yes  No

If yes, please provide the following information for each adult:

	Name(s)	Date(s) of birth	Relationship to the child
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

30. List all other adults and children who have lived in your home within the last year who are no longer living there.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

31. Does any adult in the home have any history that could negatively affect the child (for example, criminal background, violent behavior, excessive alcohol or illegal drug use)? Yes  No  If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Do you/any adult in the home own guns and/or other weapons or ammunition? Yes  No  Not sure   
If yes, please list and describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

33. Has any adult in the home been arrested, charged with, and/or convicted of any misdemeanor or felony? Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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34. Is any adult in the home on probation or parole? Yes  No  If yes, please explain: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

35. Please describe the contact that you have had with the child since the guardianship was established. For example, what type of visits (in person, telephone, electronic, etc.), how frequent, how long do they last? Are they supervised or unsupervised? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Please describe your visits with the child(ren). Describe any problems that have arisen and how you have resolved them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Please describe your method/s of disciplining the child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. Have you attended or completed a parenting class or program that you felt improved your parenting abilities? Yes  No  If yes, please list the programs and dates of completion and attach copies of any certificates you have received:  
Program: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Program: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

39. Have you ever been ordered to complete other services/requirements in a Family Law Case? Yes  No   
If yes, please describe what services/requirement and if they were completed; include all related case numbers:  
\_\_\_\_\_  
\_\_\_\_\_

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40. Describe how the child(ren) is/are doing in school (grades, activities, social relations):

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41. Will the child(ren) move to a different school if the guardianship is terminated? Yes  No  If yes, state which school, why, and describe how you expect this will affect them:

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42. Describe any problems the child may have with peers, teachers or social adjustment in school:

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43. Does the child have any special educational or developmental needs? Yes  No

If yes, describe:

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44. Is the child receiving Special Education/Resource Services? Yes  No  If yes, describe:

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45. Is the child receiving services through the Regional Center? Yes  No

If yes, please provide the name and contact information of the case manager and list services being provided:

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46. Who is/will be the child's medical doctor and/or healthcare providers? Provide name and phone numbers:

Primary Care: \_\_\_\_\_  
Eye Care: \_\_\_\_\_



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Audiologist: \_\_\_\_\_

Other providers: \_\_\_\_\_

47. Are you aware of any serious illnesses, hospitalizations, physical or developmental disabilities regarding this child? Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. Are you aware of any behavioral, emotional or psychological problems regarding this child? Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

49. Has the child received counseling in the past? Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

50. Is the child currently receiving counseling? Yes  No

If yes, please provide the counselor's name, address, phone number of counselor and why the child is in counseling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

51. If the child has any medical, developmental, emotional, or psychological needs, please describe your plan to meet those needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

52. If you're a parent, please include information about the child's other parent (i.e. where they are located, contact with the child and your plans to allow the child to have a relationship with that parent, if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

53. Is there any additional information not requested on this form that you would like the Court to be aware of or consider? Yes  No  If yes, please explain and attach any additional pertinent documents:

\_\_\_\_\_  
\_\_\_\_\_

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**Please provide copies of the following documents with this questionnaire:**

- Certificates of Completion (e.g. substance abuse treatment and classes)
- Last three paycheck stubs
- Letters of proof of completion of probation
- Child's most recent report card, including attendance record
- Any other documents you wish to provide for the investigator's review

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.**

Executed in \_\_\_\_\_, California, on \_\_\_\_\_  
City Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature