



**SUPERIOR COURT OF CALIFORNIA
 COUNTY OF TULARE**
www.tulare.courts.ca.gov
 559-730-5000

TERMINATION OF GUARDIANSHIP PACKET

Forms included in this packet:		
For you to read	Instructions	
For you to complete and file	Petition for Termination of Guardianship	Judicial Council Form # GC-255
	Termination Petition Attachment 5	Local form PRO-010
	Notice of Hearing	Judicial Council Form # GC-020
	Proof of Mail Service of Notice of Hearing	Judicial Council Form # GC-020(MA)
	Termination Questionnaire	Local form PRO-009
For you to file if requesting to waive service	Declaration of Due Diligence	Local form PRO-008
	Order Dispensing with Notice	Judicial Council Form # GC-021
For you to lodge for judge to sign	Order Terminating Guardianship	Judicial Council Form # GC-260

SELF HELP RESOURCE CENTER

If you are filing for termination of a guardianship and do not have an attorney representing you, free assistance is available. Please contact:

Superior Court of California, County of Tulare
SELF-HELP RESOURCE CENTER
(559) 737-5500

221 S. Mooney Blvd. (County Civic Center), Room 203, Visalia CA 93291 OR
300 E. Olive Ave. (South County Justice Center), Porterville, CA 93257

NOTE: This packet is to be used to file a request to termination a Guardianship of the Person. Once the court appoints a guardian, it is assumed that the guardianship will continue until the child (ward) turns 18. Sometimes, however, the need for a guardianship ends. The ward (if 12 or older), the guardian, or a parent can ask to terminate the guardianship. The court will only terminate a guardianship if it finds that doing so is in the child's best interest. If the ward is more than 12 years old, the court may consider the child's preferences in deciding whether to terminate the guardianship.

The Self-Help Resource Center (also known as the Family Law Facilitator) will provide instructions on how to complete the forms and how to properly notice all the necessary parties. They can answer your procedural questions and explain the court process. The Self-Help Resource Center will **NOT** represent you in court. Please call for an appointment.

The Self-Help Resource Center offers assistance in completing these forms. Contact them at **(559) 737-5500** for further information.

Please read and complete all applicable forms thoroughly and follow all of the required procedures – failure to do so may result in the Court delaying or denying your request. If you have further questions or concerns regarding guardianships, you may wish to consult with an attorney, use the assistance of a paralegal or typing service, or do self-research at the Tulare County Law Library (on the ground floor of the Visalia Courthouse, with Law Library computer terminals also available in the Self-Help Resource Center in the Porterville courthouse) or on the California Courts' Self-Help website at <https://www.courts.ca.gov/1213.htm> (select the Spanish icon at the right of the webpage for information in Spanish) prior to beginning your case.

STEP 1 COMPLETE REQUIRED FORMS FOR FILING

Type or neatly hand print all of the required forms in blue or black ink. Forms are also available in fillable .pdf format on the Judicial Council website at www.courts.ca.gov/forms (select the Category Probate–Guardianships and Conservatorships) and the Tulare County Superior Court website at www.Tulare.courts.ca.gov.

You will need to complete the following forms:

- **Petition for Termination of Guardianship** (Form GC-255);
- **Attachment 5** – in this packet (Local Form PRO-010)
- **Notice of Hearing** -- Guardianship or Conservatorship (Form GC-020);
- **Order Terminating Guardianship** (Form GC-260) (caption only)
- **Termination Questionnaire** (Local Form PRO-009)

The Termination Questionnaire is filed confidentially to protect your privacy.

Completing your Petition:

- In the top left-hand box, write your name, address, and telephone number
- In the bottom box, write the child's name. If there is more than one child in the guardianship, write the oldest child's name.
- In the bottom right hand box, under "case number," write your case number.
- Complete the remaining sections as follows:
 1. Write your name and under a write the child or children's names.
 2. Check the box indicating whether you are the child, the guardian, or the parent.
 3. Write in the name of the person who was appointed guardian, and the date the guardianship was granted.
 4. Leave this section blank
 5. Check this box. You will complete Attachment 5 and attach it to your Petition.
 6. Leave this section blank unless you know that someone has filed a request for special notice in your case.
 7. The guardian(s), the child(ren), the child(ren)'s parents, and siblings over 12 years old must be served with the Petition and Notice of Hearing. If you

cannot find one or more of these people to serve them, check boxes 7 and 7a and request a Declaration of Due Diligence form; one form must be submitted for each person you are asking not to serve. You will not need a declaration of due diligence for any person who signs the CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING on page 2.

8. If you are the guardian and you want the court to make visitation orders for after the guardianship is terminated, check this box.
9. Write in the names and addresses of the people listed in this section.
10. You will write in the number of pages attached, after you write your declaration.
11. Date, write your name and sign the form.

CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING:

If any of the people who are listed on page 2 will sign this section of the form agreeing to termination of the guardianship, have them date, sign, print their name, and check the box saying how they are related to the child. Anyone who signs this section does not have to be served.

Completing your Declaration (Attachment 5):

Remember that to terminate the guardianship, the judge must determine that doing so is in the child or children's best interest. Basically, the court will want to know what has changed since the date when guardianship was granted that makes the guardianship unnecessary now. Some factors the court will consider in making this decision are:

- Whether the parent has a stable place to live
- Whether the parent has a source of income
- Whether the parent is "fit" or has been sufficiently rehabilitated, and
- Whether the parent can provide a good home for the child.

When you write your declaration, focus on these factors and explain to the judge why the parent or parents are now the best people to care for their child.

Attach Attachment 5 to your **Petition for Termination of Guardianship.**

Completing Your Notice of Hearing:

- In the top left-hand box, write your name, address, and telephone number
- In the bottom box, write the child's name. If there is more than one child in the guardianship, write the oldest child's name.
- In the bottom right hand box, under "case number," write your case number.
- Complete section 1 as follows: Write your name and underneath write either "guardian" if you are the guardian, or "parent" if you are the parent, or "ward" if you are the ward.
- On the **Proof of Mail Service of Notice of Hearing**, list the name and address of each person who is to be served. The server will complete the rest of this page.

Completing your Order Terminating Guardianship

- In the top left-hand box, write your name, address, and telephone number
- In the bottom box, write the child's name. If there is more than one child in the guardianship, write the oldest child's name.
- In the bottom right hand box, under "case number," write your case number.

Leave the rest of this form blank.

The Self-Help Resource Center can review your forms to ensure they are complete and correct before you copy and file them.

STEP 2 FILE COMPLETED FORMS AND PAY FEES

1. **Make at least 3 copies of all your forms.** The original is for the court, one copy is for the Investigator's Office, one copy is for you, and one is for the existing guardian. You may need additional copies if someone other than the guardian must be given notice. You can make these additional copies after you file your forms.
2. File the original and **three** photocopies of all forms to the Visalia Courthouse, Clerk of the Court (Rm 201) located at 221 S. Mooney Blvd, Room 201, Visalia, CA 93291 **OR** the South County Justice Center, Court Clerk's window located at 300 E. Olive Ave, Porterville, CA 93257.
3. **There may be a fee to file this paperwork and, if your petition is referred to Family Court Services for an investigation, you may have to pay an investigation fee as well. If you cannot pay the filing fee and/or investigation fee, ask for a Request to Waive Court Fees (Ward or Conservatee) (FW-001-GC) and Order on Court Fee Waiver (Superior Court) (Ward or Conservatee) (FW-003-GC).**

4. The Court Clerk will file the forms and return your filed copies, except for the *Order*, which will be kept (“lodged”) in the file until your court date and which requires a Judge’s signature before they can be filed.
5. One of your copies will be for your records. You can use this to make copies to provide to each person to whom you must give notice. (*see Step 4 – Give Notice of Hearing*).
6. **Investigator’s Copy:** On *the same day* you file with the Clerk’s Office:
 - a. **In Visalia:** Deliver one copy of all filed forms to Family Court Services in the Visalia Courthouse, Room 204. Include your original Termination Questionnaire.
 - b. **In Porterville:** When you file your papers with the Court Clerk at the South County Justice Center, ask the clerk to place one set of your forms in the Family Court Services box. Include your original Termination Questionnaire.

STEP 3 COURT REVIEWS DOCUMENTS

At the court hearing, the Court will determine whether an investigation is necessary or will be waived, and will also determine who will conduct any investigation that is ordered.

STEP 4 GIVE NOTICE OF HEARING

1. **At least 15 days before the hearing**, you must have someone serve a copy of the **Petition** and **Notice of Hearing** on all of the people who received notice when the guardianship was filed (unless they sign the “Consent to Termination and Waiver of Service and Notice of hearing on the back of your Petition).
2. If you are unable to locate any of the people you are required to serve:
 - a. You **must** fill out and file a **Declaration of Due Diligence in Support of a Request for Order Dispensing with Notice** (PRO-008) for each person you are unable to serve. On that Declaration, you must show that you have tried at least three different ways to get in touch with them. Options for conducting this search are listed in the Declaration of Due Diligence.
 - b. You **must** also fill out and give the Court Clerk an **Order Dispensing with Notice** (GC-021). If the Judge decides that you do not need to notify a particular person or persons based on the information in your Declaration(s), the *Order* will be signed and filed.

REMEMBER:

Informational
January 5, 2023

If you do not have proof that all the required people have been properly served, your matter will not go forward. It will be continued to another court date until you can show the Court that proper service has been completed.

The Notice of Hearing and Original Proof of Service (on the back of Notice) to all parties must be filed with the Clerk at least five (5) days prior to the court hearing.

STEP 6 **INVESTIGATION**

1. If your petition is referred to Family Court Services for an investigation, the Court Investigator will gather information and complete a report and recommendation for the court, which will be filed prior to the hearing. **Guardianship Reports must not be distributed to any person except those who have received it from the Court pursuant to Probate Code Section 1513(d).**
2. The Court may determine that you will be assessed fees for the Court Investigator's investigation.

STEP 7 **THE COURT HEARING**

1. Prior to your hearing, the Court Document Examiner will review your file to be sure all the notices have been properly served and that all the necessary paperwork is in the file. If necessary paperwork is missing, the Court will order it provided before the guardianship can be granted.
2. On the day of the hearing you must appear as directed. Make sure you have provided your prepared *Order* and, if appropriate, your *Order Dispensing with Notice* to the Court Clerk *in advance of your hearing*. If judge grants your request, you will receive a copy of the signed Order Terminating Guardianship (Form GC-260) (and if granted, the Order Dispensing with service (GC-021) from the court clerk.

NOTE: TERMINATING A GUARDIANSHIP OF THE ESTATE

To terminate a **guardianship of the estate**, you must file a final report and accounting with the court and ask the court to discharge you as guardian. Specific rules apply. The Self-Help Resource Center does not assist with guardianship of the estate, so you may want to seek further information or legal advice if you are attempting to terminate a guardianship of the estate.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____ <div style="text-align: right;">MINOR</div>	CASE NUMBER: _____
PETITION FOR TERMINATION OF GUARDIANSHIP	HEARING DATE AND TIME: _____ DEPT.: _____

1. Petitioner (*name*): _____ requests that
 - a. the guardianship of the PERSON of (*minor*): _____ be terminated.
 - b. the guardianship of the ESTATE of (*minor*): _____ be terminated.
 - (1) The estate has been entirely exhausted through expenditures or disbursements (Probate Code, § 2626).
 - (2) The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
 - (3) Other (*specify*): _____

2. Petitioner is the minor minor's guardian minor's parent.
3. (*Name*): _____ was appointed guardian of the PERSON
 of the minor named in item 1a on (*date*): _____
4. (*Name*): _____ was appointed guardian of the ESTATE
 of the minor named in item 1b on (*date*): _____
5. It is in the best interest of the minor that the guardianship of the person estate be terminated for the reasons
 stated in Attachment 5 stated below (*specify*): _____

6. A request for special notice
 - a. has not been filed.
 - b. has been filed and notice will be given to (*names*): _____

7. Notice to the persons identified in Attachment 7 should be dispensed with because
 - a. they cannot with reasonable diligence be given notice (*specify names and efforts to locate in Attachment 7*).
 - b. other good cause exists to dispense with notice (*specify names and reasons in Attachment 7*).
8. Petitioner is the minor's guardian. Petitioner requests reasonable visitation with the minor after termination of the guardianship as specified in Attachment 8. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105/GC-120) is also attached.

NOTICE: This guardianship will terminate automatically when the child reaches age 18. No petition or court order is necessary to terminate the guardianship at that time. Nevertheless, if this is a guardianship of the estate, termination of the guardianship does not eliminate the requirement that a final report or account must be filed. (See Prob. Code, § 1600.)

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER: _____
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9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are (specify):
- | | |
|---|--|
| a. Guardian:

b. Minor:

c. Father:

d. Mother:

e. Brother or sister:

f. Brother or sister: | g. Brother or sister:

h. Maternal grandfather:

i. Maternal grandmother:

j. Paternal grandfather:

k. Paternal grandmother:

l. <input type="checkbox"/> Additional names and addresses continued on Attachment 9. |
|---|--|

10. Number of pages attached: _____

Date: _____



(SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY *)

* (Signature of all petitioners also required (Prob. Code, § 1020).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING

11. I consent to the termination of the guardianship of the person estate of the minor and waive service of a copy of, and notice of the hearing on, this petition.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Additional signatures on Attachment 11.

* Minor over 12 years of age.

ATTACHMENT 5

Child's Name: _____ Case Number: _____

1. Briefly explain why you are requesting termination of the guardianship:

2. How have circumstances changed since the guardianship was granted that make you feel it is no longer necessary?

3. Does the guardian agree with your request for termination of the guardianship? Why or why not?

4. Have the child(ren) requested to terminate the guardianship? If so, why?

5. Have you attended any parenting classes or programs that you feel improve your parenting abilities? If so, 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: _____

Program: _____ Date of Completion: _____

Program: _____ Date of Completion: _____

6. Please explain what contact you have had with the child(ren) since the guardianship was ordered. How often have you had contact? Was it in person, by telephone? Supervised or unsupervised?

7. Have there been any problems at the visits? If so, how have you solved them?

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

Signed: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER:

**This notice is required by law.
This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (*name*):
(*representative capacity, if any*):
has filed (*specify*):

2. You may refer to documents on file in this proceeding for more information. (*Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.*)

3. The petition includes an application for the independent exercise of powers by a guardian or conservator under
 Probate Code section 2108 Probate Code section 2590.
 Powers requested are specified below specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
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b. Address of court same as noted above is (*specify*):

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



ESTATE GUARDIANSHIP CONSERVATORSHIP MATTER OF

CASE NUMBER:

(Name):

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

No.	Name of person served	Address (number, street, city, state, and zip code)

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(Probate—Decedents' Estates and Guardianships and Conservatorships)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form

Save this form

Clear this form

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

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: _____ Aliases (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: _____

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: _____

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): _____

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: \$ _____
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount: \$ _____
Veterans Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount: \$ _____
Medi-Cal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe: _____

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)?

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: _____

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: _____

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

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:

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

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

If yes, describe: _____

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

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:

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

Primary Care: _____

Eye Care: _____

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:

In the Matter of the Guardianship of:	Case Number:
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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

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) NO.:	TELEPHONE	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:		
<input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship <input type="checkbox"/> Estate of		
DECLARATION OF DUE DILIGENCE		CASE NUMBER:

Note: Please use one form for each person you are unable to serve/locate.

I, the undersigned, declare:

1. I made a reasonable search and cannot locate and serve the following person:

Name	Relationship to Minor/Conservator/Decedent

2. I do not know the name of the person I am to serve and I am unable to find out that information because:

3. The last known address of the person named in item 1 is: _____

4. I spoke with the following relatives and friends of the person named in item 1, or others having knowledge of the person's whereabouts: (MANDATORY)

Name	Date of Contact	Relationship to Person in item1	Result

(Complete at least three of items 5 through 9)

5. I searched the telephone directory for _____ County (where the person was last known to live) and this was the result: _____

6. I contacted the California Prisoner Locator System at (916) 445-6713 and this was the result [complete only if there is reason to believe the person is incarcerated in California]: _____

<i>Insert Case Name:</i>	Case #
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7. I searched the internet to locate the person and this was the result: _____

8. I checked with the following persons who may have knowledge concerning the whereabouts of the person named in item 1:

Last known employer:	Date of contact:	Result:

Last known landlord:	Date of contact:	Result:

9. I have checked public records in _____ County with the following results:

Tax Assessor's Name:	
Voter Registration Records:	
Other:	

10. The last contact I had with the person named in item 1 was or the last information concerning his/her whereabouts is as follows: (MANDATORY) _____

11. If requesting Notice by Publication, the newspaper most likely to give notice is: _____ because _____

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed on (date) _____, at (city) _____, California.

Type or print name _____ Signature _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (<i>Name</i>): <div style="text-align: right;"><input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE</div>	
ORDER DISPENSING WITH NOTICE	CASE NUMBER:

1. **THE COURT FINDS** that a petition for (*specify*):
has been filed and

a. (*for guardianship only*) the following persons cannot with reasonable diligence be given notice (*names*):

b. (*for guardianship only*) the giving of notice to the following persons is contrary to the interest of justice (*names*):

c. good cause exists for dispensing with notice to the following persons referred to in Probate Code section 1460(b) (*names*):

d. other (*specify*):

2. **THE COURT ORDERS** that notice of hearing on the petition for (*specify*):

a. is not required except to persons requesting special notice under Probate Code section 2700.

b. is dispensed with to the following persons (*names*):

Date:

JUDGE OF THE SUPERIOR COURT

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(Name):</i> _____ MINOR	
ORDER TERMINATING GUARDIANSHIP	CASE NUMBER: _____

1. The petition to terminate the guardianship came on for hearing as follows *(check boxes c-l to indicate personal presence):*

- a. Judicial Officer *(name):* _____
- b. Hearing date: _____ Time: _____ Dept. _____ Rm.: _____
- c. Petitioner *(name):* _____
- d. Attorney for petitioner *(name):* _____
- e. Minor *(name):* _____
- f. Attorney for minor *(name):* _____
- g. Guardian of the person *(name):* _____
- h. Attorney for guardian of the person *(name):* _____
- i. Guardian of the estate *(name):* _____
- j. Attorney for guardian of the estate *(name):* _____
- k. Parent of minor *(name):* _____
- l. Attorney for parent *(name):* _____

THE COURT FINDS

- 2. a. All notices required by law have been given.
- b. Notice of hearing has been should be dispensed with to the following persons *(specify):*

- c. It is in the minor's best interest to terminate the guardianship of the PERSON.
- d. It is in the minor's best interest to terminate the guardianship of the ESTATE.
 - (1) The estate has been entirely exhausted through expenditures or disbursements (Prob. Code, § 2626).
 - (2) The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
 - (3) Other reasons *(specify):* _____

THE COURT ORDERS

- 3. The guardianship of the PERSON of *(minor):* _____ is terminated.
- 4. The guardianship of the ESTATE of *(minor):* _____ is terminated.
- 5. Notice of hearing to the persons named in item 2b is dispensed with.
- 6. Visitation between the minor and the guardian of the person of the estate is ordered as provided in Attachment 6.
- 7. Other *(specify):* _____

Continued on Attachment 7.

Date: _____

 JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

