

CONFIDENTIAL



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA (619) 844-2888

**GUARDIANSHIP TERMINATION QUESTIONNAIRE
(CONFIDENTIAL)**

NOTICE TO PETITIONERS

When seeking termination of guardianship of a child(ren) to whom you are related, in order to begin the Family Court Services (FCS) investigation process, copies of the following documents that were filed in the probate business office, must be submitted to FCS at the address listed above, prior to scheduling an investigation date:

1. Petition for Termination of Guardianship (JC Form #GC-255)
2. Either an Order Directing or Waiving Investigation (SDSC Form #PR-063) signed by a judge of the Superior Court or a Family Court Services Referral (SDSC Form #FCS-037) request from a judge of the Superior Court directing FCS to conduct a termination investigation.
3. Family Court Services Guardianship Termination Questionnaire (SDSC Form #FCS-039) (Provided only to Family Court Services).

You may mail the information to the San Diego FCS office at 1100 Union St., Room 430, San Diego, California 92101. You may also walk-in and drop your paperwork off from 8:00 a.m. - 12:00 p.m. and 1:00 p.m. – 4:00 p.m. Monday through Friday.

Complete the attached seven page Guardianship Termination Questionnaire in its entirety, and bring all documentation requested in the questionnaire, including proof of residence and employment, parenting class certificates, treatment programs, etc.

Information provided on this questionnaire, in the family interview(s), in other submitted comments and from investigative sources, will be used to prepare a recommendation to the court. This report will then be placed in a sealed court file. Copies will be issued to the petitioner, guardians, parents and their respective attorneys.

You may call the Guardianship Clerk at the number listed above with questions regarding the FCS termination investigation process, or concerns regarding appointments.

The petitioner is responsible for notifying the guardians regarding the FCS investigation interview appointment. Any adult living in the home and acting in a parental role should be present for the interview.

Do not bring the child(ren) to the FCS appointment. A subsequent appointment will be scheduled should the investigator need to interview the children.



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FAMILY COURT SERVICES

GUARDIANSHIP TERMINATION QUESTIONNAIRE

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO FAMILY COURT SERVICES BY: _____

Your appointment will not be set until this form has been returned to Family Court Services.

COUNSELOR: _____ PROBATE CASE NUMBER: _____

COURT DATE: _____ FCS DATE: _____

I. MINOR CHILD(REN) LISTED ON GUARDIANSHIP TERMINATION PETITION:

Table with 5 columns: Full Legal Name, Birth Date, Social Security Number, School and Grade Level, Person with whom Residing

Attorney for Minor(s):

Name: _____ Tel. No.: (____) _____

Address: _____ Street Apt. City State Zip Code

II. PETITIONER(S) FOR TERMINATION OF GUARDIANSHIP:

1. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____ Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____/____/____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: [] Yes [] No

Relationship to Child(ren) on Petition: _____ [] Maternal [] Paternal

2. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____ Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____/____/____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: [] Yes [] No

Relationship to Child(ren) on Petition: _____ [] Maternal [] Paternal

Attorney for Petitioner(s):

Name: _____ Tel. No.: (____) _____

Address: _____ Street Apt. City State Zip Code

III. CURRENT GUARDIAN(S):

1. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____/____/____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____ Maternal Paternal

Attorney for Guardian(s):

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

2. Full Legal Name _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____/____/____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____ Maternal Paternal

Attorney for Guardian(s):

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

IV. PARENTS OF MINORS: *(Full legal names)* If one of the natural parents has died, please mark "deceased" for that person's address and add the date of death, if known.

1. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

2. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

3. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

4. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

V. HOUSEHOLD COMPOSITION OF PARTY REQUESTING TO PROVIDE THE CHILD(REN)'S RESIDENCE:

A. List other adults 18 or older residing in your home. Indicate if they are acting in a parental role with the child(ren).
*****(Any individuals acting in a parental role will be required to attend the investigation interview).**

1. Full Legal Name: _____ AKA or Maiden Name: _____
 Telephone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to child(ren): _____

2. Full Legal Name: _____ AKA or Maiden Name: _____
 Telephone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to child(ren): _____

3. Full Legal Name: _____ AKA or Maiden Name: _____
 Telephone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to child(ren): _____

4. Full Legal Name: _____ AKA or Maiden Name: _____
 Telephone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to child(ren): _____

B. List other child(ren) under age 18 living in your household:

Name	Birth Date	Social Security Number	School

The remaining sections are to be completed regarding the party requesting to provide the child(ren)'s residence.

Name: _____ Relationship: _____
(Please Print)

VI. LAW ENFORCEMENT INFORMATION:

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes No If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation? Yes No

Parole or Probation Officer's Name: _____ Tel. No.: (____) _____

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes No If yes, please explain: _____

VII. EDUCATION:

Highest Grade Completed: _____ Graduated High School? Yes No Year: _____

License(s) or Credential(s) Received: _____

College Degree(s) Received: _____

VIII. EMPLOYMENT: Please bring confirmation of employment, including pay stubs, to the investigation interview.

Employer: _____ Capacity/Job Title: _____

Length of Employment: _____ Salary: _____

Supervisor's Name, Address and Phone Number: _____

IX. HEALTH:

Name of Your Health Insurance Plan: _____

Present Health Status: Good Fair Poor

If your health is fair or poor, Please explain: _____

Are you taking any medication? Yes No

If yes, what kind and for what reason(s)? _____

Special Health Problems: _____

Have you ever had any problem with the following?

Alcohol: Yes No Drugs: Yes No Mental/Emotional Problems: Yes No

If yes, what is your current condition regarding this problem? (Bring proof of treatment to investigation interview)

Professional Practitioners: (Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)

Name and Title	Date of Last Contact	Address	Phone Number

X. FAMILY FINANCES:

Residence: Please provide proof of residence, e.g. rental agreement, at investigation interview.

The home you live in is: owned rented.

How long have you lived there? _____ Monthly Cost: \$ _____ Value: \$ _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Approximate Size: _____ sq.ft.

Income: Please list source(s) of income and amount(s).

	<u>Income Source</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other Assets: Please list other major assets or real property.

	<u>Asset</u>	<u>Value</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

XI. PLANS FOR CHILD CARE: (If necessary)

Care Provider(s):

Name	Address	Phone Number	Hours	Relationship to Child

