CONFIDENTIAL



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 (619) 450-7888

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 1555 6th Avenue, 2nd Floor, 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. - 5:00 p.m. Monday through Thursday and 8:00 a.m. - 12:00 p.m. on 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

COL	COUNSELOR:		PROBATE CASE NUMBER:							
COL	URT DATE:		FCS DATE	:						
ı.	MINOR CHILD(REN) LISTED C	N GUARDIA	NSHIP TERMINAT	ION PETIT	ION:					
	Full Legal Name	Birth Date	Social Security Number	Schoo	l and Grad	le Level		son v n Res	vith siding	
	Attorney for Minor(s):									
	Name:			Tel. N	10:: () _					
	Address:		Ste.		City	State	e	-	Zip Code	
	1. Full Legal Name: Address: Street Telephone Numbers: Home (Social Security Number: Driver License Number:	_)	AptBirth Date:/_	Work (/	City) Place of	State	е	;	Zip Code	
	Relationship to Child(ren) on Pe	tition:					iternal	□ P	aterna	
	2. Full Legal Name:		Ak	(A or Maid	en Name: _					
	Address:					-				
	Telephone Numbers: Home (Apt.	Work (City	State			Zip Code	
	Social Security Number:									
	Driver License Number:					· ·				
	Relationship to Child(ren) on Pe									
	Attorney for Petitioner(s):									
	Name:			Tel. N	lo.: ()					
	Address:									
	Street		Ste.		City	State	е		Zip Code	

III. CURRENT GUARDIAN(S):

1. Full Legal Name: AKA or Maide			e:	
Address:				
Street	Apt.	City	State	Zip Code
Telephone Numbers: Home ()		Work ()		
Social Security Number:	Birth Date:	// Plac	ce 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	Ak	A or Maiden Nam	e:	
Address:				
Street	Apt.	City	State	Zip Code
Telephone Numbers: Home ()				
Social Security Number:	Birth Date:	_//Place	e 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

1. Full Legal Name:	AKA or Maiden Name:					
Address:	Ant			City	State	Zip Code
Telephone Numbers: Home ()	Д μί.		_ Work ()	State	
Social Security Number:	Birth Date:	/	/	_ Place	of Birth:	
Driver License Number:	State:	:			_ Currently Valid: Yes	□ N
Relationship to Child(ren) on Petition:						
Attorney:						
Name:						
Address:	Ste.			City	State	Zip Code
2. Full Legal Name:	AKA d	or M	1aiden Na	ame:		
Address: Street Telephone Numbers: Home ()	Apt.		Work (City	State	Zip Code
Social Security Number:						
Driver License Number:						
Relationship to Child(ren) on Petition:						
Attorney:						
Name:	Tel. No.: ()					
Address:	011			Citv	State	7:- 0- 1-
				- 7		Zip Code
	AKA or Maiden Name				:	
Address:	Apt.			City	State	Zip Code
Telephone Numbers: Home ()			_ Work ()		
Social Security Number:	Birth Date:	/	/	_ Place	of Birth:	
Driver License Number:	State:	:			_ Currently Valid: Yes	□ N
Relationship to Child(ren) on Petition:						
Attorney:			Tal N	o. ()		
Name:				O ()		
Address:	Ste.			City	State	Zip Code
4. Full Legal Name:	Ał	(A (or Maide	n Name:		
Address:						
Street Telephone Numbers: Home ()				•	State	Zip Code
Social Security Number:				,		
Driver License Number:					<u> </u>	
Relationship to Child(ren) on Petition:						
Attorney:				·		
Name:			Tel. N	o.: ()		
Address:						

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: _____ 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: _____ Social Security Number: _____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: _____ Social Security Number: _____ Driver License Number: _____State: _____ Currently Valid: \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) Relationship to Applicant: ______ Relationship to child(ren): _____ **B.** List other child(ren) under age 18 living in your household: **Social Security** Birth Date School Name Number

Name	(Please Print)		Relationship:					
	(Please Print)							
VI. L	LAW ENFORCEMENT INFORMATION:							
Ha	Have charges ever been filed against you for crimes other than minor traffic citations?							
	Yes No If yes, please explain:							
4.	<u>Charge</u>		<u>City/State</u>	<u>Date</u>				
				_				
	re you on parole or probation? Yes		Tal Na. / \					
	arole or Probation Officer's Name:							
	ave you or anyone living in your home ev							
L	Yes No If yes, please explain:							
VII. EI	DUCATION:							
	Highest Grade Completed: Graduated High School? Yes No Year:							
	License(s) or Credential(s) Received:							
	ollege Degree(s) Received:							
	EMPLOYMENT: Please bring confirmation							
	mployer:							
	ength of Employment:							
Sı	upervisor's Name, Address and Phone N	lumber:						
IX. H	EALTH:							
Na	Name of Your Health Insurance Plan:							
Pı	Present Health Status: Good Fair Poor							
lf :	If your health is fair or poor, Please explain:							
	Are you taking any medication? Yes No							
If	If yes, what kind and for what reason(s)?							
	Special Health Problems:							
На	Have you ever had any problem with the following?							
	Alcohol: Yes No Drugs: Yes No Mental/Emotional Problems: Yes No							
lf :	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							
<u> </u>	rofessional Practitioners: (Medical doctors,		counselors who may have treated you with					
	Name and Title	Date of Last Contact	Address	Phone Number				
		Jointage		Hamboi				

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: _____ Sq.ft. Income: Please list source(s) of income and amount(s). Income Source <u>Amount</u> Other Assets: Please list other major assets or real property. <u>Asset</u> <u>Value</u> XI. PLANS FOR CHILD CARE: (If necessary) Care Provider(s): Relationship **Phone Number** Name **Address** Hours to Child

XII. SUMMARY OF CIRCUMSTANCES:

1.	Briefly summarize the reasons why you are requesting termination of the guardianship. You may attach declarations which are being provided to the court in this regard.
2	What is the guardian's opinion regarding your request for termination of the guardianship?
	What is the guardian of opinion regarding your request for termination of the guardian in p.
3.	List any parenting classes or additional programs in which you have participated that you feel enhance your ability to parent. Please provide certificates of completion at the investigation interview.
4.	Please describe the contact you have had with the child(ren) since the guardianship has been in effect.
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	re under penalty of perjury under the laws of the State of California that all of the information I have submitted in ardianship Termination Questionnaire is true and correct.
Date: _	
Type o	r print name Signature