

**SUPERIOR COURT OF CALIFORNIA,
COUNTY OF SAN BERNARDINO**

Probate Division
247 West Third Street
San Bernardino, CA 92416-0212

COURT USE ONLY

**Termination of Guardianship
Parent Questionnaire**

Confidential

Guardianship of the: Person Estate

Case Number: _____

Case Name: _____

NOTICE TO PARENT

Please be advised the information provided on this questionnaire will be used to conduct a full and complete investigation of applicant’s background. The results of the investigation and relationship histories will be fully reported to the court.

Regarding Termination of Guardianship of (list all minors’ names):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I give the Court Investigator’s Office authority to release any information in its files to the Guardianship Court Investigator’s Office. This information may include school records, medical records, employment records or psychological records.

The Guardianship Court Investigator’s Office utilizes this information to complete its required investigation in connection with my petition for termination of guardianship of a minor child.

I have read and understand the above conditions and agree to them.

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PRINT NAME OF PARENT

SIGNATURE OF PARENT

Date

MINOR'S INFORMATION (ATTACH ADDITIONAL PAGE IF NECESSARY)

Minor 1

Name: _____ Race/Ethnicity: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Address: _____

With whom does the minor currently reside? _____

Date Guardianship was Granted: _____ Relationship to Petitioner: _____

Has the minor ever had involvement with law enforcement? Yes No If yes, explain:

Does the minor have a history of mental health issues/impairments? Yes No If yes, explain:

Minor 2

Name: _____ Race/Ethnicity: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Address: _____

With whom does the minor currently reside? _____

Date Guardianship was Granted: _____ Relationship to Petitioner: _____

Has the minor ever had involvement with law enforcement? Yes No If yes, explain:

Does the minor have a history of mental health issues/impairments? Yes No If yes, explain:

Minor 3

Name: _____ Race/Ethnicity: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Address: _____

With whom does the minor currently reside? _____

Date Guardianship was Granted: _____ Relationship to Petitioner: _____

Has the minor ever had involvement with law enforcement? Yes No If yes, explain:

Does the minor have a history of mental health issues/impairments? Yes No If yes, explain:

PARENT'S INFORMATION

I am the: Mother Father

PERSONAL INFORMATION

Your Full Name: _____ Maiden Name: _____

Aliases: _____

Language(s) Spoken (including sign language): _____

Race/Ethnicity: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Driver's License Number: _____

HOME

Address: _____

How long at present residence? _____ Rent Own

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

Telephone: () _____ TDD Mobile Phone: () _____

Do you have any guns or other weapons stored on the property? Yes No

If yes, what type(s) of weapon(s)? _____

Describe where and how you store the weapon(s)? _____

EDUCATION

Highest Grade Completed: _____ Graduated High School? Yes No

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

College Degree(s) Received: _____

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

Employer Name: _____ Phone: () _____

Employer Address: _____

Job Title: _____ Length of Service: _____

Supervisor's Name: _____ Supervisor's Phone Number: () _____

Who cares for the children if adults are employed outside of the home? _____

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)?

If you have any special health problems, please explain: _____

If you have any mental/emotional problems, please explain: _____

Have you ever used drugs or alcohol? Yes No If yes, provide details below:

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you on parole or probation? Yes No

Parole or Probation Officer's Name _____ Phone Number () _____

Have you filed a restraining order, or have you had a restraining order filed against you? Yes No

If yes, please explain: _____

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

Yes No If yes, please explain: _____

Have you had previous involvement with Child Protective Services? Yes No

If yes, please explain the circumstances in detail (attach an additional page if necessary):

<u>Details</u>	<u>County/State</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the minor been exposed to domestic violence? Yes No

If yes, please explain: _____

Other Children Living In Your Home under the Age of 18 (ATTACH ADDITIONAL PAGE IF NECESSARY)

Name	Relationship	Date of Birth	Place of Birth	Grade Level	Developmental Disabilities

Other Adults Living In Your Home over the Age of 18 (ATTACH ADDITIONAL PAGE IF NECESSARY)

Name	Driver's License	Social Security Number	Date of Birth	Relationship to you	Child Protective Services History	Criminal History

Does any adult in the home have any problem that could affect the minor(s), for example, child abuse/molestation, criminal background, violent behavior, or alcohol or drug use? Yes No

If yes, explain: _____

Is there a custody or visitation order for the minor(s)? Yes No

Date of Order: _____ Case Number: _____

Where did the proceeding take place? County: _____ State: _____

MARRIAGE AND CHILDREN

Marital Status: Married Widowed Single Divorced

If currently married or separated, what is the name of your spouse? _____

Name of any previous spouse: _____

Date of divorce or death ending the marriage: _____

Name your children, even if they are adults and not living with you (attach additional sheet if necessary).

Child's Name	Birth Date	Address	Name/Relationship of adult with whom child lives

SPOUSE'S INFORMATION Not applicable

PERSONAL INFORMATION

Spouse's Full Name: _____ Maiden Name: _____
Aliases: _____
Language(s) Spoken (includes sign language): _____
Race/Ethnicity: _____
Age: _____ Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Driver's License Number: _____
Telephone: () _____ TDD Mobile Phone: () _____

EMPLOYMENT

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

Employer Name: _____ Phone: () _____
Employer Address: _____
Job Title: _____ Length of Service: _____

HEALTH

Present health status: Good Fair Poor
Does your spouse take any medication? Yes No
Does your spouse have any Special Health Problems? Yes No
Does your spouse have any Mental/Emotional Problems? Yes No
Has your spouse ever used drugs or alcohol? Yes No

LAW ENFORCEMENT INFORMATION

Have charges ever been filed against your spouse for crimes other than minor traffic citations? Yes No
Is your spouse on parole or probation? Yes No
Parole or Probation Officer's Name _____ Phone Number () _____
Has your spouse had previous involvement with Child Protective Services? Yes No

GUARDIANSHIP INFORMATION

Explain why the guardianship was needed when it was established (be specific).

Why is the guardianship no longer necessary? Be specific about what efforts you made to resolve the problems that led to the need for the guardianship. For example, if you had a drug problem, please tell us the name of the program you attended or completed.

Why is it in the best interests of the minor(s) to end the guardianship? How would they benefit or be better off after the termination?

Please describe the amount of contact you have had with the minor(s) since the guardianship was established. For example, how often did you visit and for how long (e.g., for the day or overnight)?

Please describe how your visits have been with the minor(s). Describe any problems that have arisen and how you have resolved them.

If the minor has any developmental, emotional or psychological needs, please explain and describe your plan to meet the minor's needs.

Please describe your methods of disciplining the minor(s).

Have you attended a parenting class? If so, please provide the name of the class and date you completed it.

REFERENCES

Give name, address and telephone number of two (2) non-related references who have knowledge of your home life and standing in the community.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION

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

PRINT NAME OF PARENT OR APPLICANT

SIGNATURE OF PARENT OR APPLICANT

Date