

**COURT INVESTIGATOR
SUPERIOR COURT, ALAMEDA COUNTY
BERKELEY COURTHOUSE
2120 MARTIN LUTHER KING, JR. WAY
BERKELEY, CA 94704
(510) 636-8820
(510) 451-2269 FAX**

TERMINATION OF GUARDIANSHIP QUESTIONNAIRE

IMPORTANT INFORMATION REGARDING YOUR FILING – PLEASE READ

INSTRUCTIONS

Please read these instructions carefully. They contain important information that will assist you in completing this form and about your guardianship.

You should be completing this form if you are asking the Court to terminate the guardianship for a child. The Court will usually require the Court Investigator to make a home visit, speak with you, the guardian and the child. The Court Investigator prepares a report for the Court that will address why the guardianship was needed when it was established, what has changed since that time, your ability to resume care, custody and control of the child and whether termination would be in the child's best interests.

Please answer all questions honestly and completely. On the last page, sign the form and declare, under penalty of perjury, that all the information you have provided is true and correct.

IF YOU HAVE ANY QUESTIONS ABOUT FILLING OUT THIS FORM, PLEASE CALL THE COURT INVESTIGATOR'S OFFICE AT (510) 636-8820.

Mail or fax the completed questionnaire to:

**COURT INVESTIGATOR
BERKELEY COURTHOUSE
2120 MARTIN LUTHER KING, JR. WAY
BERKELEY, CA 94704
FAX NO.: (510) 451-2269**

IN ORDER TO PREVENT ANY DELAY IN YOUR HEARING, YOU MUST COMPLETE THIS FORM ANSWERING ALL QUESTIONS. FILE IT WHEN YOU FILE YOUR PETITION FOR TERMINATION, AT LEAST 60 DAYS BEFORE YOUR HEARING DATE.

CONFIDENTIAL GUARDIANSHIP SCREENING (PROBATE CODE SECTION 1516)
GUARDIANSHIP OF: _____ CASE NO.: _____

1. ATTACH A COPY OF EACH CHILD'S BIRTH CERTIFICATE TO THIS FORM AND LIST THE NAME AND DATE OF BIRTH OF EACH CHILD SUBJECT TO THE GUARDIANSHIP:

1. _____ DATE OF BIRTH _____
2. _____ DATE OF BIRTH _____
3. _____ DATE OF BIRTH _____

2. Does the family have Native American/American Indian ancestry or heritage? ☐ YES ☐ NO.

3. LIST THE GUARDIAN(S): THIS INFORMATION IS REQUIRED
NAME RELATIONSHIP TO CHILD

DATE OF BIRTH

1. _____
2. _____

4. HAVE YOU EVER BEEN ARRESTED, CHARGED WITH OR CONVICTED OF ANY CRIME (REGARDLESS OF THE OUTCOME)? YES ☐ NO ☐

NOTE: THE COURT INVESTIGATOR WILL CONDUCT A CRIMINAL BACKGROUND CHECK.

6. PARENTS OF CHILD(REN) SUBJECT TO THE GUARDIANSHIP:
NAME ADDRESS

DATE OF BIRTH

1. Mother: _____
2. Father: _____

7. OTHER PEOPLE LIVING IN YOUR HOME AGE 18 AND OVER
(Continue on back if needed):

NAME

RELATIONSHIP

DATE OF BIRTH

1. _____
2. _____

DO NOT WRITE BELOW THIS LINE

DEPARTMENT OF SOCIAL SERVICES USE ONLY

[] NO INFORMATION AVAILABLE

[] INFORMATION AVAILABLE

Screening by Worker #: _____

Date: _____ Phone No.: _____

CONFIDENTIAL TERMINATION OF GUARDIANSHIP QUESTIONNAIRE
YOU MUST ANSWER ALL QUESTIONS. (Write "N/A" if a question does not apply to your situation.)

GUARDIANSHIP OF: _____ CASE NO.: _____

HEARING DATE: _____

Will you or anyone else in the home require an interpreter? ☐ YES ☐ NO

Language : _____

Does anyone object to terminating the guardianship? ☐ YES ☐ NO

If yes, who? _____

SECTION I

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

2. 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.

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

4. Please describe the amount of contact you have had with the child since the guardianship was established. For example, how often did you visit and for how long, day or overnight?

5. Please describe how your visits with the child have been. Describe any problems that have arisen and how you have resolved them.

6. Please describe your methods of disciplining the child:

7. If the child has any developmental, emotional or psychological needs, please describe your plan to meet the child's needs:

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

SECTION II

PARENT'S INFORMATION: (This information is about the person who wants to terminate guardianship. Please provide information for each parent.)

Name: _____ Date of Birth _____

Phone numbers Home: _____ Work: _____ Cell: _____

Home Address: _____ City: _____ Zip: _____

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

Email address: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Are you currently ☐ Married ☐ Widowed ☐ Single ☐ Separated ☐ Divorced

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

Name of any previous spouse and date of divorce or death ending the marriage:

List **your** children - **even if** they are adults and not living with you. Also provide their date of birth, address, and whether they have ever been arrested or charged with a crime.

NAME	BIRTH DATE	ADDRESS	Name/relationship of adult with whom child lives

☐ More children listed on back.

Have you ever been convicted of any crime, including driving under the influence of drugs/alcohol?

☐ YES ☐ NO

If yes, provide details such as the crime(s), date(s), place(s):

Have you ever been involved with Child Protective Services? ☐ YES ☐ NO

If yes, where and when?

Are there any circumstances which may affect your ability to resume care, custody or control of the child(ren) if guardianship is terminated? (For example, do you suffer from any health problems or mental illness?) ☐ YES ☐ NO

If yes, describe:

Who will you rely on for assistance and support if the child(ren) is returned to your custody?

YOUR HEALTH CONDITION:

Are you being treated by a doctor or other health care practitioner? ☐ YES ☐ NO

If yes, why? _____

List any current medications you are taking and the condition/problem for which the medication is prescribed.

1. _____

2. _____

3. _____

4. _____

Have you ever been in counseling? ☐ YES ☐ NO

If yes, reason for counseling: ☐ Drugs ☐ Alcohol ☐ Grief ☐ Domestic Violence ☐ Other _____

Explain: _____

EDUCATIONAL HISTORY:

Last school attended: _____

Where & When: _____

Highest Degree(s) earned: _____ Where & When: _____

Other courses taken: _____

MILITARY HISTORY:

Branch of Service: _____ Date Entered: _____ Date Discharged: _____

Type of Discharge: ☐ Honorable ☐ General ☐ Good of Service ☐ Dishonorable

EMPLOYMENT:Are you employed? ☐ YES ☐ NO

Name of Employer _____ Address: _____

Length of employment: _____ Job Title: _____

Responsibilities/duties: _____

Are you retired or have you been at your current employment for less than five years? ☐ YES ☐ NO
If yes, please list your work history for the past five years:

Name of Employer _____ Employed From _____ To _____

Name of Employer _____ Employed From _____ To _____

Name of Employer _____ Employed From _____ To _____

PARENT'S FINANCIAL INFORMATION:

Income:		Expenses:	
	Amount		Amount
Monthly take-home pay	\$ _____	Rent/Mortgage:	\$ _____
Other monthly income:		Credit Card/other monthly payments	
Welfare	\$ _____	Food:	\$ _____
SSI	\$ _____	Clothing:	\$ _____
Unemployment	\$ _____	Medical:	\$ _____
Spousal/Child Support	\$ _____	Transportation:	\$ _____
Other	\$ _____	Childcare:	\$ _____
Total Monthly Income: \$ _____		Total Monthly Expenses: \$ _____	

Does anyone else contribute money to the household? ☐ YES ☐ NO

If yes, who? _____ How much? \$ _____ How often _____

Does anyone else contribute money for the support of the child(ren)? ☐ YES ☐ NO

If yes, who? _____ How much? \$ _____ How often _____

Your financial resources

Checking Accounts Balance \$ _____

Savings Accounts Balance \$ _____

Other Investments Value \$ _____

Are you financially able to support the child(ren)? ☐ YES ☐ NO

If your expenses are greater than your income, how will you make up the difference? _____

Have you applied for or, are you already receiving benefits for this child ?

☐ YES ☐ NO

Welfare ☐ Amount \$ _____
Social Security ☐ Amount \$ _____
Medi-Cal ☐ Amount \$ _____
Child Support ☐ Amount \$ _____

Is someone else, such as the guardian, receiving the above benefits for the child(ren)?

☐ UNKNOWN ☐ YES ☐ NO

Who: _____ Relationship to child: _____

REFERENCES:

Please list **three references** who have known you **at least five years and who are friends, NOT relatives**. Give complete name, complete address, including zip codes and daytime phone numbers. Please notify them that we will be contacting them by letter or telephone.

PRINT NAME	STREET ADDRESS, CITY AND ZIPCODE	DAYTIME TELEPHONE
1.		
2.		
3.		

If you cannot provide 3 non-relative references, please explain: _____

SECTION III

DESCRIBE YOUR HOME:

☐ Single family home ☐ Apartment No. of bedrooms _____ No. of bathrooms _____

How long have you lived here? _____

Will ward have own room ☐ YES ☐ NO.

If shared, with whom? Name: _____ age: _____

Do you have any guns or other weapons stored on the property? ☐ YES ☐ NO

If yes, what type of weapon? _____

Where and how stored? _____

Is there a swimming pool or hot tub? ☐ YES ☐ NO Is it fenced? ☐ YES ☐ NO

Pets in the home: _____

OTHER CHILDREN IN THE HOME: (under 18 years of age)

Name	Birthdate	School Attending	Relation to guardian

OTHER ADULTS IN THE HOME: (18 and over)

Name	Birthdate	Social Security #	Employer/school	Relation to guardian

Does any adult in the home have any problem that could affect the minor, for example, child abuse/molestation, criminal background, violent behavior, alcohol and/or drug problem?

☐ NO ☐ YES

Explain _____

Have the police ever been to your home? ☐ YES ☐ NO

If yes, when and why? _____

Does anyone object to the guardianship? ☐ YES ☐ NO If yes, who? _____

SECTION IV**INFORMATION ABOUT THE CHILD OR CHILDREN SUBJECT TO THE GUARDIANSHIP:**

Name	Sex	Date of Birth	Place of Birth	Social Security #

☐ More listed on separate sheet

1. Has the child been involved with the Juvenile Court? ☐ YES ☐ NO ☐ DON'T KNOW

Dates: _____ Case Number: _____

Where did the proceeding take place? (County) _____ (State) _____

2. Does the child have a Social Worker? ☐ YES ☐ NO ☐ DON'T KNOW

If, yes, who is the Social Worker? _____ Telephone _____

3. Is there a custody or visitation order for the child(ren)? ☐ YES ☐ NO ☐ DON'T KNOW

Date of the order: _____ Case Number: _____

Where did the proceeding take place? (County) _____ (State) _____

5. Has the child(ren) been subjected to abuse, neglect, or abandonment?

☐ YES ☐ NO ☐ DON'T KNOW

If yes, explain: _____

6. Does the child have siblings (brothers and sisters)? ☐ YES ☐ NO

Please provide names and ages of the siblings and the person with whom they live:

NAME OF SIBLING	AGE	WITH WHOM THEY LIVE

9. Does the child visit his/her brothers and/or sisters? ☐ YES ☐ NO How often? _____

10. Is there any specific religious or cultural heritage, such as Native American ancestry, that would affect the child's future plans? ☐ YES ☐ NO Explain: _____

11. Does the family have Native American ancestry or receive any medical or other services/benefits from a tribe? YES ☐ NO ☐ UNKNOWN ☐

If yes, please explain: _____

Name and address of Tribe: _____

SCHOOL AND/OR DAY CARE:

(Please contact the child/ren's school or daycare and tell them that we will be contacting them. Please attach a copy of the child's most recent report card to this questionnaire).

Name _____ Director or Principal

Address _____

Teacher's Name _____

Grade level _____ If Daycare, is it licensed? _____

How is the child doing in school? (Attach copy of recent report card) _____

Does the child have any problems with teachers or other children in school? If so, please explain. _____

What school and non-school activities does the child participate in (sports, scouting, dance, Little League, martial arts, music, etc.)? _____

Does the child have any special educational needs? ☐ YES ☐ NO

Describe _____

Is the child receiving Special Education/Resource Services? ☐ YES ☐ NO

Describe _____

Is the child receiving services through the Regional Center? ☐ YES ☐ NO

Case Manager: _____ Telephone: _____

If the child has special needs, how do you plan to address these needs? _____

MEDICAL/HEALTH CARE:

(Please attach a copy of the child's immunization record).

Doctor's Name: _____

Address: _____ Telephone: _____

Dentist's Name: _____

Address: _____ Telephone: _____

Medical Insurance Provider: _____ Medical Number: _____

Date of last medical appointment: _____ Reason for visit: _____

Date of last dental appointment: _____ Reason for visit: _____

Are all required immunizations current? ☐ YES ☐ NO

Does the child have any medical problems, physical or developmental disabilities, etc.?

☐ YES ☐ NO

If yes, what is your plan to meet these needs? _____

Does the child take any prescribed medications? ☐ YES ☐ NO

If yes, what? _____

Does the child have any behavioral, emotional or psychological problems? ☐ YES ☐ NO

Describe _____

Has the child ever been hospitalized? ☐ YES ☐ NO Why, When? _____

Has the child seen a counselor in the past? ☐ YES ☐ NO Why, When? _____

Is the child seeing a counselor now? ☐ YES ☐ NO If yes, how often? _____

Name of counselor: _____ Telephone: _____

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: _____

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

_____ on _____
(city, state) (date)

Signature: _____