

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, Address, Fax, Telephone & State Bar Number):</i>	
Attorney for: <i>(Name)</i> Superior Court of California, County of Sacramento STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY & ZIP CODE: Sacramento, California 95826	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF: (Name) _____, a Minor(s)	Hearing Date: _____ Time: _____ Dept. _____
TERMINATION OF GUARDIANSHIP, SUPPLEMENTAL INFORMATION	Probate Case Number: _____

NAME OF CHILD(REN) UNDER GUARDIANSHIP: _____

DATE(S) OF BIRTH: _____

Does anyone object to terminating the guardianship? ☐ Yes ☐ No

If yes, who? _____

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. Please attach any supporting documentation including certificates of completion.

YOUR SOCIAL HISTORY:

NAME: _____

TELEPHONE NUMBER (WORK): _____

TELEPHONE NUMBER (HOME): _____

ADDRESS: _____

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

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NUMBER: _____

 CURRENT MARITAL Status: ☐ Married ☐ Live In ☐ Widowed ☐ Single ☐ Separated
☐ Divorced

Present Spouse's Name: _____ Spouse's Date of Birth _____

Spouse's Social Security Number: _____

Spouse's Driver's License Number: _____

Were you previously married? ☐ Yes ☐ No

If yes, provide name(s) of previous spouse(s) and date of divorce or death that ended the marriage.

Contact Information for the other parent of the child(ren) under Guardianship:

Name: _____ Phone Number: _____

Address: _____

List any other children you have (provide their date of birth, address, and with whom they are living).

- 1) _____
- 2) _____
- 3) _____
- 4) _____

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, provide the dates and the name of the County?

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 and provide any medication being taken for these conditions:

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

EMPLOYMENT:

Are you employed? ☐ Yes ☐ No

Current employer: _____

Employer's Phone Number: _____ Length of employment: _____

Housing:

Describe your home and accommodations for the minor if the guardianship is terminated. Number of bedrooms and baths. Will the child have own room or bed, shared, with whom?

Do you have any guns or other weapons? ☐ Yes ☐ No

If yes, please describe how they are stored: _____

Do you have any pets or other animals? ☐ Yes ☐ No

If yes, please describe how they are housed: _____

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

Give names, dates of birth, school attending, and how they are related to.

1) _____

2) _____

3) _____

4) _____

OTHER ADULTS IN THE HOME (18 AND OVER)

Give names, dates of birth, social security number, and their relationship to you and the child.

1) _____

2) _____

3) _____

Does any adult in the home have any problem(s) that could affect the minor, for example, criminal background, violent behavior, mental illness, alcohol or drug problem? ☐ Yes ☐ No

Explain: _____

YOUR FINANCIAL INFORMATION:

Income:	Amount:	Amount
Net monthly pay (wages/retirement)	_____	_____

Your monthly income:	Amount	Amount
Welfare	_____	_____
SSI	_____	_____
Unemployment	_____	_____
Spousal/Child Support	_____	_____
Investments	_____	_____
Expenses	_____	_____

Rent: _____ monthly Mortgage: _____ monthly

Large debts/car payments: _____

Total monthly expenses: _____

Are you able to financially support the child? ☐ Yes ☐ No

If no, what assistance will you receive? _____

Have you applied or are you receiving assistance for this child through:

	Yes	No
Welfare	<input type="checkbox"/> Amount _____	<input type="checkbox"/>
Social Security	<input type="checkbox"/> Amount _____	<input type="checkbox"/>
Veteran's benefits	<input type="checkbox"/> Amount _____	<input type="checkbox"/>
Othe (WIC, Food Stamps)	<input type="checkbox"/> Amount _____	<input type="checkbox"/>

INFORMATION ABOUT THE CHILD(REN) UNDER THE GUARDIANSHIP:

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?

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

Please describe your methods of disciplining the child: _____

Have you attended or completed a parenting class? ☐ Yes ☐ No

When and where: _____

SCHOOL AND/OR DAY CARE:

Are you keeping the child in the same school or daycare? ☐ Yes ☐ No

Child's Schedule: Days _____ Times _____

Name of the school or daycare: _____

Address: _____

Phone Number: _____ Is the day care licensed? ☐ Yes ☐ No

Teacher's Name: _____

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

If yes, please provide the name of the service coordinator: _____

If there are special needs, please describe your plans to provide for those needs:

MEDICAL/HEALTH CARE:

Name of child's physician: _____

Address: _____

Phone Number: _____

Medical Insurance: _____ Medical Number: _____

Date of last examination: _____

Are you aware of any serious illness, hospitalizations, physical or developmental disabilities, etc.?

☐ Yes ☐ No

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: _____