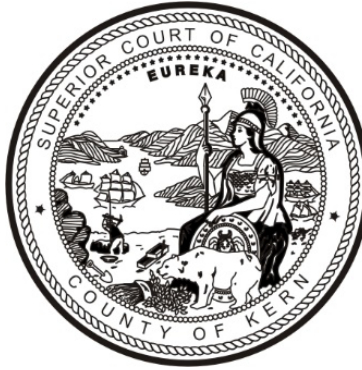


**SUPERIOR COURT OF
CALIFORNIA
COUNTY OF KERN**
Patricia Arredondo, LCSW
Manager of Family Court Services
Mediation & Investigation



Family Court Services
1215 Truxtun Avenue,
3rd Floor
Bakersfield, California 93301
Telephone: (661) 610-6700
Fax: (661) 688-7412
Email: FCS@kern.courts.ca.gov

Guardianship Termination/Objection Questionnaire

Instructions:

MAKE SURE TO READ AND FOLLOW ALL THE INSTRUCTIONS IN ORDER TO AVOID ANY DELAYS IN YOUR CASE.

You are receiving this questionnaire because you are a party to a relative guardianship case. This questionnaire is a vital piece of the guardianship petition. The court has the authority to order an investigation as part of the case proceedings. Therefore, it is important the **entire** packet is completed and returned along with your petition to the Probate Court window.

This questionnaire is confidential and will not become part of the public record. The personal identifying information will be kept in a confidential location at all times.

All persons who are 18 or older who live in the home are required to undergo a background check. Therefore, they are required to complete the “**Background Information**” page of this packet. Make additional copies as necessary.

No recording or recording devices of any kind are allowed during any contact. We do not consent to being recorded and non-consensual recordings are a violation of Penal Code § 632. If we discover that we are being recorded directly or indirectly, the violation will be referred to the Sheriff's Department for investigation.

Make sure all pages which require a signature have been signed.

Make photocopies or use extra paper as necessary.

Attach any extra papers to the end of the packet.

The court has a self-help center that can help you complete this packet. The Self Help Center office is located at 1215 Truxtun Ave., 1st floor, Bakersfield, California. You may contact them at (661) 610-6518 or by email: WMSelfHelp@kern.courts.ca.gov

Please visit <https://www.kern.courts.ca.gov/self-help>

Subject Child(ren) Information

Case Number: _____

Make additional copies as necessary – Attach additional copies to back of packet

Child

Legal name of child (as on birth certificate): _____

Name child is known by: _____ Date of birth: _____

Place of birth: _____ Current age: _____ Gender: _____

Name of child's doctor: _____ Telephone: _____

Current health problems: _____

Date of last examination: _____ Is child in counseling? _____

Counselor's name: _____ Telephone: _____

Name of school: _____ Address: _____

Grade: _____ Teacher's name: _____

Are there special educational needs? Yes No If yes, please explain: _____

Is the child subject to any legal custody orders? Yes No If yes, please explain: _____

Child

Legal name of child (as on birth certificate): _____

Name child is known by: _____ Date of birth: _____

Place of birth: _____ Current age: _____ Gender: _____

Name of child's doctor: _____ Telephone: _____

Current health problems: _____

Date of last examination: _____ Is child in counseling? _____

Counselor's name: _____ Telephone: _____

Name of school: _____ Address: _____

Grade: _____ Teacher's name: _____

Are there special educational needs? Yes No If yes, please explain: _____

Is the child subject to any legal custody orders? Yes No If yes, please explain: _____

Objector/Petitioner Information

Case Number: _____

Each objector/petitioner must complete a separate questionnaire

Make additional copies as necessary – Attach additional copies to back of packet

Legal name: _____ Other names used: _____

Any other names you use or have used, including nicknames: _____

Social Security #: _____ License or ID #: _____ State: _____

Date of birth: _____ Place of Birth: _____

Race: _____ Gender: _____

Height: _____ Eye Color: _____ Hair Color: _____

Language(s) Spoken: _____

Address: _____ City: _____ Zip: _____

Mailing address if different: _____

Best phone number to call: _____ Message phone #: _____

Your email address: _____

**** Please Notify Family Court Services Of Any Changes To Your Address Or Phone Numbers ****

I have a: (circle) Social Worker Probation Officer Parole Officer None

Their name and telephone number is: _____

Employment:

Employer Name: _____ Job Title: _____

Employer's Address: _____

May we contact you at work? Yes No

Employer's phone #: _____ Length of employment: _____

Current working hours: _____ Days: _____

Financial:

Source of Income: _____

Monthly Income: _____ Additional income: _____

Do you receive cash aid for the child(ren)? Yes No If no, will you be applying for cash aid? Yes No

Do the child(ren) have MediCal coverage? Yes No If no, will you be applying for coverage? Yes No

List all of your Children: (Attach additional sheets if necessary)

Name	Age	Other parent's name	With whom do they live

Child Protective Services History:

Have you ever been investigated by Child Protective Services? Yes No

Health:

Current health problems? Yes No If yes, please explain: _____

Mental Health History:

Have you ever been diagnosed with a mental health condition? Yes No If yes, please explain:

Have you ever been hospitalized voluntarily or involuntarily for a mental health condition? Yes No

Have you ever been prescribed any medications for a mental health condition? Yes No

Substance Abuse History:

Do you currently use or have you ever used illegal drugs? Yes No If yes, please explain:

Do you drink alcohol? Yes No

Have you ever had an alcohol problem? Yes No If yes, please explain: _____

Living Arrangements:

Number of people living in your current residence: _____ Number of bedrooms: _____

Length of time at your current residence: _____ years _____ months Are you: Renting Buying Own

Accommodations for the child(ren): _____

Do you plan to remain in this location or are you looking for other accommodations? Explain: _____

Child Protective Services History:

Have you ever been investigated by Child Protective Services? Yes No

All others living in the home (Adults and Children):

Name	Age	Relationship to the subject child(ren)

Additional Information:

Have you or anyone in your household ever been the subject of any type of a restraining order? Yes No

If yes, give brief explanation: _____

☐ I object to the petition for guardianship ☐ I wish to terminate the existing guardianship

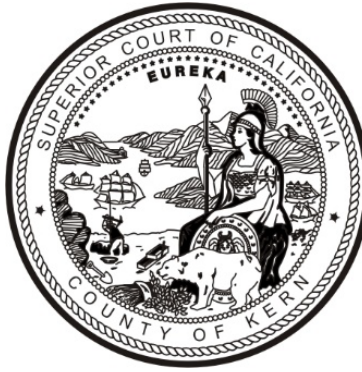
Relationship to subject child(ren) _____

Why has a petition for guardianship been filed or why was the guardianship established (be specific)?

Why is the guardianship not necessary? What efforts have you made to resolve the problems that led to the guardianship. For example, if you had a drug problem, please tell us the name of the program you attended, the date you attended and the date you completed the program.

Why is it in the best interest of the child(ren) to be in your custody? How would they benefit or be better off?

Describe the amount of contact you have with the child(ren)
For example, how often do you visit and for how long (e.g., for the day or overnight)?



Informed Consent for Guardianship Evaluation

Evaluation Procedures- A Family Court Services' Investigator will be gathering information from many sources, including but not limited to law enforcement, Child Protective Services, schools, day care, and our own observation of you, the child(ren) and others involved in this case. The **Release of Information** form will provide us with access to medical, school, legal, and other information related to the issues under investigation.

Evidence- Any evidence you provide to the investigator will be destroyed upon completion of the investigation and filing of the report. It is your responsibility to file any evidence with the court in accordance with the rules of court if you want it to be considered by the court.

Confidentiality- Quite simply, within the process, there is no confidentiality. We may share information one party tells us with the other party or ask you questions about what we hear from a party, child(ren), or a collateral source. We will inform the child(ren) their statements may not be confidential, though we may inform you, your attorneys, and the court if we believe it is in the best interest of the child(ren) to protect that confidentiality.

****Please note that California state law requires reporting to the appropriate agencies in cases where there is reasonable suspicion of child abuse, elder abuse, stated intention to injure another person and/or imminent danger of harming yourself.**

Recommendations- A written report will be prepared and filed with the Court. Please be aware, it will always be based the investigators analysis of all of the evaluation data and what they believe to be in the best interest of the child(ren).

Confidentiality of the Report- Pursuant to California Probate Code §1513(d) all reports authorized by this section are confidential and shall only be made available to persons who have been served in the proceedings or their attorneys.

Complaints- If you have a concern or a complaint regarding the Investigator assigned to your case, you may contact Patricia Arredondo, Manager of Family Court Services, at 1215 Truxtun Avenue, 3rd Floor, Bakersfield, CA 93301, (661) 610-6700.

Consent- I have read and understand this Consent for Guardianship Evaluation, and expressly consent to allow the Kern County Superior Court, and its agents and employees, to conduct an evaluation. I hereby declare under penalty of perjury that all information I have submitted is true and correct.

Date: _____

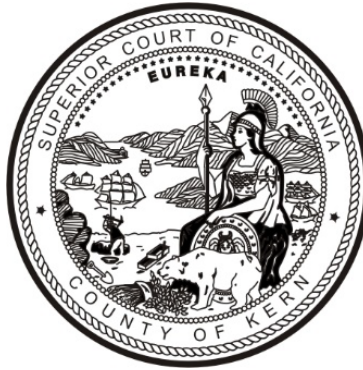
Print Name: _____

Signature: _____

Case Number: _____

**SUPERIOR COURT OF
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RELEASE OF INFORMATION

I, _____, as _____
(Print name) (Relationship to child)

specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teacher) possessing information about me or the minor child(ren), including psychiatric information, confidential or otherwise, to release same (including copies) to the Kern County Superior Court through its duly appointed Court Investigator, such information to be used as the Court may deem fit and proper. I understand that Family Court Services will conduct a criminal and Child Protective Services' background check on me in the course of this investigation.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from this date unless otherwise revoked.

Date: _____ Print Name: _____

Signature: _____

Case Number: _____

Background Information

Case Number: _____

This page must be completed by all other persons, 18 years old or older, who live in the home.
Make additional copies if necessary

Your full legal name: _____

Any other names you have used, including maiden name: _____

Your relationship to the child(ren): _____

Your Street Address: _____

City: _____ Zip Code: _____

Best phone number to call: _____ Message phone #: _____

Mailing Address if different: _____

Social Security #: _____ Date of Birth: _____

Gender: _____ Race: _____ Height: _____ Eye Color: _____

Hair Color: _____ Driver's License or ID #: _____ State: _____

Place of Birth: _____

Place of Employment: _____

I have a: (circle) Social Worker Probation Officer Parole Officer None

Their name and telephone number is: _____

I understand that a Kern County Superior Court Investigator will perform a criminal background check on me as part of the guardianship investigation. I understand that the purpose of the investigation is to make recommendations to the court regarding whether a guardianship is necessary and in the best interest of the subject child(ren).

I certify under penalty of perjury that the information I have provided is true and correct.

Date: _____

Signature: _____

Printed Name: _____