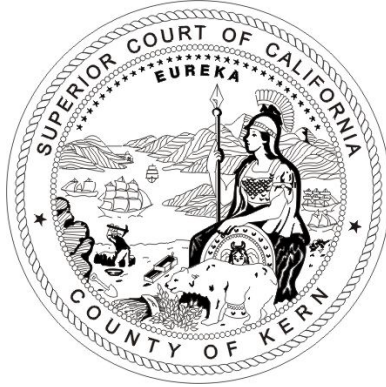


**SUPERIOR COURT OF
CALIFORNIA
COUNTY OF KERN**



**FAMILY COURT SERVICES
PATRICIA ARREDONDO, LCSW
MANAGER**

1215 Truxtun Avenue, Room 301
Telephone: (661) 610-6700
Facsimile: (661) 688-6714
Email: FCS@kern.courts.ca.gov

Requirements For Your Petition to Terminate Parental Rights

Termination of parental rights is a serious legal action, not to be undertaken lightly. Because of its seriousness, California Family Laws outline certain requirements and this court also requires certain actions to be taken by petitioners. This document outlines some of these requirements. Please be aware that the judge at the time of the hearing may require additional information or other steps to be taken before the court can decide your case. For example, you may need to comply with the Indian Child Welfare Act if there is a possibility that the minor(s) has Native American Ancestry. The Superior Court of California, County of Kern wants to ensure that all laws and procedures as required are met to ensure that the court's decision in your case is not subject to appellate review or the possibility of it being overturned in such a review.

Investigation

You and the minor children involved in the petition shall meet with an investigator from the Family Court Services' staff to answer questions related to the circumstances of your petition to terminate parental rights. All petitions must be investigated, and a report filed with the court pursuant to Family Law Code 7851 before your case will be heard.

Whenever possible, the other parent(s) will need to be questioned. As the petitioner, you will need to provide FCS with information so that we can send a letter to the other parent(s) informing them of the need to speak with the investigator or contact them directly. It is your responsibility to search for the other parent using internet searches, social media, relatives, public records, telephone directories and other means to locate the other party. It is also your responsibility to provide the investigators supporting documents. Family Court Services does not keep copies of these documents. It is the responsibility of the petitioner to request any original documents from the assigned investigator.

Questionnaire

Your case will not be assigned for investigation until you have completed the attached questionnaire. This MUST be turned in to Family Court Services at 1215 Truxtun Avenue, Room 301, within 7 calendar days of your filing to ensure timely assignment of your case. You may also email it to FCS@kern.courts.ca.gov

Informing Minors

Family Code 7851 requires that the report include the following:

- (1) A statement that the person making the report explained to the child the nature of the proceeding to end parental custody and control.
- (2) A statement of the child's feelings and thoughts concerning the pending proceeding.
- (3) A statement of the child's attitude towards the child's parent or parents and particularly whether

- or not the child would prefer living with his or her parent or parents.
- (4) A statement that the child was informed of the child's right to attend the hearing on the petition and the child's feelings concerning attending the hearing.

It is therefore important that the children in your petition have an age and developmentally appropriate understanding of their parentage and the effects of ending the rights of their biological parent(s). It is your responsibility as the petitioner to explain the purpose of the petition to the minors.

Service of Petition to Other Parent

A hearing cannot take place until the other parent(s) is served with your petition and informed of the court date. The Family Law department can provide you with information on how to do this so service is accepted by the court. You may need to consult with the Law Library, located on the 3rd floor of the courthouse located at 1415 Truxtun Avenue, in the event you cannot locate the other party for service.

Appointment of Counsel

If the other parent appears in court to contest the petition and is unable to afford an attorney, the court will appoint an attorney for the parent. The court will also consider whether to appoint minor's counsel to represent the minor(s). The cost of minor's counsel is paid by the county.

Fees for Investigation

The cost of the investigation is \$450 and it is paid at the time of filing the petition.

Court employees are unable to provide you with specific legal advice.

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.

CHILD:

Full Legal Name: _____

Age: _____ Birth date: _____ Place of birth: _____

Name of School or Daycare: _____ School phone #: _____

Grade Level _____ School Achievement & Adjustment (include special needs) _____

The child's preferred language: _____

Health (include medical problems, current medications & name of M.D.) _____

Treating Counselor, Psychologist, or Psychiatrist (include name, phone number, and reason for treatment) _____

Sports, Social Organizations, & Favorite Activities: _____

Child's Feelings and Thoughts Concerning Proceeding: _____

Does the child have any Native American or Alaskan ancestry on either parent's side?

☐ Yes ☐ No ☐ I am not sure

Explain: _____

PETITIONER'S HISTORY:

Name: _____ (List maiden or other names) _____

Address: _____ City: _____ State: _____ Zip: _____

Date of birth: _____ Place of Birth: _____

Race: _____ Gender: _____ Height: _____ Eye color: _____

Home Telephone #: _____ Cell phone #: _____ Preferred Language: _____

Driver's License (state & #) _____ U.S. Citizen ____ Resident Alien ____

Served in Military ____ Yes ____ No Branch: _____ From: _____ To: _____

Discharge Status _____ High School (name/location) _____

Highest Grade Completed/Year Graduated _____ Graduate: ____ Yes ____ No G.E.D.

College (name/location) _____ Degree(s) _____

Employer _____ Telephone # _____

Job Title _____ Salary _____ Date Began _____

Sports & Social Organizations _____ Health Issues _____

Therapist/M.D. (name, phone #, medications, reason for treatment) _____

Arrest Record (date & charges) _____

Current Marriage: Spouse's Name _____ Date Began _____

Place _____ Children in Common (list name, birth date & place of birth) _____

Previous Marriage: Date _____ Spouse's Name _____

Place _____ Date Dissolved _____ Place _____

Children in Common (list names, birthdates & place of birth) _____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from a non-marital relationship (include name, birth date, place of birth, and current custody/visitation order)

PARENT WHOSE RIGHTS ARE SUBJECT TO TERMINATION:

Name _____ (List maiden or other names) _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Race _____

Home Telephone # _____ Cell Phone # _____ Social Security # _____

Driver's License (State & #) _____ Served in Military _____ Yes _____ No _____

Branch _____ From _____ To _____ Discharge Status _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

The parent's language of preference _____

Employer & Job Title _____ Telephone # _____

If location of parent is unknown, list name, address, and phone # of any known relatives or friends below.

Arrest Record (date & charges) _____

Date this parent last had contact with the child(ren) _____

Date parent last paid child support _____ Amount of Back Child Support Owed \$ _____

(If District Attorney collects child support, attach a current DA printout showing payment history and current balance owed.)

Date this parent last sent a letter, postcard, or gave a gift to this children _____

Current Marriage: Spouse's Name _____ Children (list name & birthdate) _____

Previous Marriage: Spouse's Name _____ Children (list names & birthdates) _____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from non-marital relationships (include name, birth date, place of birth, and current custody/visitation order)

ADDITIONAL PETITIONER:

Name _____ (List maiden or other names) _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Race _____

Language of preference _____

Home Telephone # _____ Cell Phone# _____ Social Security # _____

Driver's License (State & #) _____ U.S. Citizen _____ Resident Alien _____

Served in Military _____ Yes _____ No _____ Branch _____ From _____ To _____

Discharge Status _____ High School (name/location) _____

Highest Grade Completed / Year Graduated _____ / _____ Graduate: _____ Yes _____ No _____ G.E.D.

College (name/location) _____ Degree(s) _____

Employer _____ Telephone # _____

Job Title _____ Salary _____ Date Began _____

Sports & Social Organizations _____ Health _____

Therapist/M. D. (name, phone #, medications, reason for treatment) _____

Arrest Record (date & charges) _____

Current Marriage: Spouse's Name _____ Date Began _____ Place _____

Children In Common (list name, birth date & place of birth) _____

Previous Marriage: Date _____ Spouse's Name _____

Place _____ Date Dissolved _____ Place _____

Children In Common (list names, birthdates & place of birth) _____

List additional marriages on reverse side with all required information as above. Also, list any children resulting from a non-marital relationship (include name, birth date, place of birth, and current custody/visitation order)

HOME INFORMATION:

Residence Location _____

Buying ____ Renting ____ Own ____ Month & Year Moved In _____

Rent/Payment Amount _____ Number of Bedrooms _____

Names and Birthdates of Other Residents In The Home _____

List Residence Location For The Last Five Years (if different than present):

1. From: _____ To: _____ Address (city & state) _____

2. From: _____ To: _____ Address (city & state) _____

3. From: _____ To: _____ Address (city & state) _____

4. From: _____ To: _____ Address (city & state) _____

ADDITIONAL INFORMATION:

Has either parent or guardian ever been contacted by Children's Protective Services?

Yes ____ No ____ If yes, please explain:

Date _____ Explanation _____

INFORMATION RELEASE

I, _____, specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teachers) possessing information about me or my minor children, including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Evaluator/Investigator, such information to be used as the Court may deem fit and proper.

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

Petitioner's Signature

Petitioner's Name (Please Print)

INFORMATION RELEASE

I, _____, specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teachers) possessing information about me or my minor children, including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Evaluator/Investigator, such information to be used as the Court may deem fit and proper.

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

Additional Petitioner's Signature

Petitioner's Name (Please Print)