

Case Name: Guardianship of

Case Number: _____

TERMINATION OF GUARDIANSHIP INFORMATION FORM

Please complete this entire form and return it to the Probate Investigations Unit by mail or fax. Use additional paper, when necessary, to answer questions.

SOCIAL HISTORY OF THE MINOR(S):

Legal name of 1st minor (as on birth certificate)

Name minor known by _____ Date of Birth _____

Place of Birth _____ Present age _____ Sex M
F

HEALTH - Current health problems? ____ Yes ____ No
If yes, explain:

Minor's physician _____ Telephone _____

Date of minor's last examination _____ Is minor in counseling? ____ Yes ____ No

SCHOOL/DAY CARE - Name of school/day care

Address _____ Telephone _____

Teacher's name _____ Grade level _____

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

Legal name of 2nd minor (as on birth certificate)

Name minor known by _____ Date of Birth _____

Place of Birth _____ Present age _____ Sex M F

HEALTH - Current health problems? Yes/No If yes, explain:

Minor's physician _____ Telephone _____

Date of minor's last examination _____ Is minor in counseling? ____ Yes ____ No

SCHOOL/DAY CARE - Name of school/day care

If yes, explain

Are you in counseling? _____ Yes _____ No

EDUCATION - Highest grade or educational level completed _____

List any additional training or education

MILITARY SERVICE - Branch _____ Type/Date of Discharge _____

EMPLOYMENT - Occupation _____ Date employed _____

Employer _____ Telephone _____

Address _____ Can you be contacted at work? _____ Yes _____ No

FINANCIAL - Monthly income _____ Additional income _____
(including spouse's income)

Number of dependents _____ Rent/Mortgage payment _____

Other total monthly expenses (include child support payments) _____

Are you planning to apply for AFDC? _____ Yes _____ No Are you planning to apply for MEDI-CAL? _____ Yes _____ No

HOUSING - rent _____ own _____ Length of time at current residence _____

Number of bedrooms _____ Is residence a house or apartment? _____

Do you plan to remain in this location, or are you looking for other accommodations? _____ Yes _____ No

If yes, Please explain: _____

Accommodations for ward(s) _____

ARREST RECORD - Have you ever been arrested? _____ Yes _____ No

If yes, specify dates/counties/charges: _____

Have you ever been on Probation or Parole? _____ Yes _____ No

If yes, specify dates, counties, name of parole/probation officer: _____

MARITAL HISTORY - Number of previous marriages _____

Date and place of current marriage _____

OTHER ADULTS RESIDING IN THE HOME -

<u>NAME</u>	<u>BIRTHDATE</u>	<u>DRIVER'S LICENSE #</u>	<u>RELATIONSHIP</u>

SOCIAL HISTORY OF PRESENT SPOUSE OR DOMESTIC PARTNER:

LEGAL NAME _____ **AKA's** _____

(aliases) _____

Date of birth _____ Place of birth _____ Present _____

age _____

SS# _____ DL# _____ State _____

Residence: _____
(House No.) (Street) (City) (State) (Zip)

Telephone Number: (day) _____ - _____ , (eve) _____ - _____

HEALTH – Current health problems? ____ Yes ____ No

If yes,

explain: _____

Spouse/domestic partner in counseling? ____ Yes ____ No

EDUCATION – Highest grade or educational level completed _____

List any additional training or

education _____

MILITARY SERVICE – Branch _____ Type/Date of Discharge _____

EMPLOYMENT – Occupation _____ Date employed _____

Employer _____ Telephone _____

Address _____

Can spouse/domestic partner be contacted at work? ___ Yes ___ No

ARREST RECORD - Has your spouse/domestic partner ever been arrested? ___ Yes ___ No

If yes, specify

dates/counties/charges: _____

Has your spouse/domestic partner ever been on Probation or Parole? ___ Yes ___ No

If yes, specify dates, counties, name of parole/probation

officer: _____

**YOU MAY BE CHARGED FOR THE COST OF THIS INVESTIGATION
PURSUANT TO PROBATE CODE SECTION 1513.1**

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Dated: _____ at _____, California

Signature:

Note: If another person filled out this document for you, that person must also sign the acknowledgment under penalty of perjury.

Dated: _____ at _____, California

Signature:

Print or type name: _____