

(optional form)



In the Superior Court of the State of California  
In and for the County of Kings

FOR COURT USE ONLY  
(RECEIVED ON):

### GUARDIANSHIP TERMINATION QUESTIONNAIRE

Case Number:

Next Court Date:

#### Instructions

In order to begin the investigation ordered by the Court, you must complete this questionnaire and return it to:

KINGS COUNTY SUPERIOR COURT  
1640 Kings County Drive  
Hanford, CA 93230  
Attention: Probate Clerk

#### PETITIONER'S NAME

Name:

Your address (Street, City, State and ZIP):

Home Telephone: (     )     )

Cell: (     )     )

Your relationship to the child(ren):

#### CURRENT GUARDIAN INFORMATION:

Name of Current Guardian:

Telephone number: (     )     )

Address of Guardian (Street, City, State and ZIP):

#### NATURAL PARENT INFORMATION:

Name of Natural Father:

Telephone number: (     )     )

Address (Street, City, State and ZIP):

Name of Natural Mother:

Telephone number: (     )     )

Address (Street, City, State and ZIP):

**CHILDREN UNDER GUARDIANSHIP:**

Name:

Date of Birth:

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**QUESTIONS:**

1.) Is anyone opposed to your request to terminate the guardianship?  no  yes  
If yes, who?

2.) Why should the court consider you a more appropriate caretaker than the current guardian(s)? What are your facts to support this change?

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3.) How often have you visited with the children in the last 6 months?

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\_\_\_\_\_  
\_\_\_\_\_



Attach copies of any completion certificates (parenting class, drug treatment program, etc.), drug test results, letters from therapists, parole or probation officers, etc.

**(If you need more space to answer any questions on this form, attach an 8 ½ -by-11-inch sheet of paper and write the question before your answer.)**

Number of pages attached: \_\_\_\_\_