RETURN TO: Probate Investigations Unit, 751 Pine Street, Martinez, CA 94553/ FAX (925) 957-7979

Case Name: Guardianship of		
Case Number:	_	
TERMINATION OF GUA	ARDIANSHIP INFORMATION FORM	
Please complete this entire form and return it to the Pr necessary, to answer questions.	robate Investigations Unit by mail or fax. Use a	dditional paper, when
**************	************	*******
SOCIAL HISTORY OF THE MINOR(S):		
Legal name of $\underline{1}^{st}$ minor (as on birth certificate)		
Name minor known by	Date of Birth	
Place of BirthF	Present age	Sex M
HEALTH - Current health problems?Yes If yes, explain:	_No	
Minor's physician Tele	ephone	
Date of minor's last examination	Is minor in counseling?	YesNo
SCHOOL/DAY CARE - Name of school/day care		
Address	Telephone	
Teacher's name_	Grade level	
Are there special educational needs? Yes/No If yes, e	explain:	
Legal name of 2^{nd} 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	s, explain:	
Minor's physician Te	elephone	
Date of minor's last examination	Is minor in counseling? _	YesNo

Page 1 of 5

Address			Telephone	
Teacher's name			Grade level	
Are there special educational need	ds? Yes/No If	yes, explain:		
*******		onal minor(s) on separ		٠ • • • • • • • • • • • • • • • • • • •
			*********	የ <i>ሉሉሉሉሉሉሉሉሉሉሉሉሉሉሉ</i>
RELATIONSHIP OF WARD(S	S) TO PETITION	ONER:		
How long have you known the wa	ard(s)?			
Briefly explain why the guardians	ship should be to	erminated:		
*********	******	*******	********	*******
SOCIAL HISTORY OF PETIT	<u> IONER SEEK</u>	KING TO TERMINAT	<u>E GUARDIANSHIP:</u>	
Legal Name		AK	A'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 proble	ems?Y	esNo		

Local Court Form (Mandatory) GC-21 Rev. 11/25/14

Are you in counseling?YesNo			
EDUCATION - Highest grade or educational lev completed			
List any additional training or education			
MILITARY SERVICE - Branch	Type/Date of Discharge		
EMPLOYMENT - Occupation	Date employed		
Employer	Telephone		_
	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 suppo	ort 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?YesNo)	
If yes, Please explain:			
Accommodations for ward(s)			
ARREST RECORD - Have you ever been arrest If yes, specify dates/counties/charges:			
Have you ever been on Probation or Parole?	bation		

MARITAL HISTORY	- Number of <u>previous</u> marr	iages	
Date and place of current	t marriage		
OTHER ADULTS RES	SIDING IN THE HOME -		
NAME	BIRTHDATE	DRIVER'S LICENSE #	<u>RELATIONSHIP</u>
SOCIAL HISTORY O	F PRESENT SPOUSE OI	R DOMESTIC PARTNER:	
LEGAL NAME		AKA's	
(aliases)			
Date of birth	Plac	ce of birth	Present
age			
SS#		DL#	State
Residence:	(0)	(City)	(State) (Zip)
		(City)	
-		<u>-</u>	
HFALTH - Current hea	lth problems?Yes	No	
If yes,	itti problems:res	110	
•			
explain:			
Spausa/domastic partner	in counseling?Ye	ng No	
	-		
		completed	
List any additional training			
MILITARY SERVICE	- Branch	Type/Date of Di	ischarge
EMPLOYMENT – Occ	cupation	Date employed_	
Employer		Telephone	

Address		
Can spouse/domestic partner b	be contacted at work?YesNo	
If yes, specify	our spouse/domestic partner ever been arrested?Yes	_ No
If yes, specify dates, counties,	tner ever been on Probation or Parole?Yes No name of parole/probation	
********	****************	********
PUR	CHARGED FOR THE COST OF THIS INVI SUANT TO PROBATE CODE SECTION 151 ***********************************	13.1
PUR	SUANT TO PROBATE CODE SECTION 151	1 3.1 ***************
PUR	RSUANT TO PROBATE CODE SECTION 151 ***********************************	13.1 ***********************************
PUR ************ I certify under penalty of p	RSUANT TO PROBATE CODE SECTION 151 ***********************************	13.1 ***********************************
PUR *********** I certify under penalty of p Dated: Signature:	RSUANT TO PROBATE CODE SECTION 151 ***********************************	13.1 ***************** *t of my knowledge. , California
PUR ************ I certify under penalty of p Dated: Signature: Note: If another person fills under penalty of perjury.	RSUANT TO PROBATE CODE SECTION 151 ************************** perjury that the foregoing is true and correct to the besat	13.1 *********** ** of my knowledge. , California the acknowledgment
PUR ************ I certify under penalty of p Dated: Signature: Note: If another person fills under penalty of perjury.	RSUANT TO PROBATE CODE SECTION 151 ************************* perjury that the foregoing is true and correct to the bes atat ded out this document for you, that person must also sign	13.1 *********** ** of my knowledge. , California the acknowledgment