

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
MINOR	

3. Child's Education (continue on Attachment 3 if necessary):

- a. Name and address of child's school:

- b. Child's grade:
- c. (Describe the child's current progress in school, including grades, attendance, behavior problems, tutoring programs, etc. Complete on Attachment 3c if necessary. Attach a copy of the child's last report card, progress report, or other similar school record received by you.):

4. Child's Physical and Emotional Health (continue on Attachment 4 if necessary):

- a. Is the child having any current medical or dental problems? No Yes
(If your answer is "Yes," please explain. Continue on Attachment 4a if necessary.):

- b. The child is is not current on immunizations.
(If the child is not current, please explain. Continue on Attachment 4b if necessary.):

- c. (Name, address, and telephone number of each physician, dentist, or other health care provider now seeing or treating the child. Please explain if the child has not been seen by a health care provider for any problem identified in item 4a above. Complete on Attachment 4c if necessary.):

- d. Is the child having any emotional or behavioral problems that cause you concern? No Yes
(If your answer is "Yes," please explain. Continue on Attachment 4d if necessary.):

- e. Has the child experienced any traumatic event, major disruption, or significant change during the past year, such as the death of a parent, abuse, or a major illness? No Yes (If your answer is "Yes," please explain. Continue on Attachment 4e if necessary.):

- f. (Name, address, and telephone number of any therapist the child has been seeing for any of the problems described in items 4d and 4e above. If the child has not been seeing a therapist for these problems, please explain. Continue on Attachment 4f if necessary.):

- g. (Describe the child's social activities/services, including recreational, educational, church, social, occupational, or cultural activities. Continue on Attachment 4g if necessary.):

- h. (Describe your goals for the child for the next year. Continue on Attachment 4h if necessary.):

5. Other Persons in the Child's Home (complete on Attachment 5 if necessary):

- a. (Name, age, and relationship to the child and to you of each person now living in the child's home. Complete on Attachment 5a if necessary.):

- b. (Name of each person identified in item 5a who moved into the child's home after the guardianship was established. Continue on Attachment 5b if necessary.):

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6. Child's Natural Parents (complete on Attachment 6 if necessary):

a. (1) (Name, address, and telephone number of child's mother):

(2) (Name, address, and telephone number of child's father):

b. Visits of child's mother: Yes No Frequency: _____ Average length: _____

(1) Visits are are not supervised.

(2) (Name and telephone number of person who is present during visits):

(3) Overnight visits: Yes No (Address of overnight visits):

(4) Are there any problems during the visits? No Yes (If you answered "Yes," please explain in Attachment 6b.)

c. Visits of child's father: Yes No Frequency: _____ Average length: _____

(1) Visits are are not supervised.

(2) (Name and telephone number of person who is present during visits):

(3) Overnight visits: Yes No (Address of overnight visits):

(4) Are there any problems during the visits? No Yes (If you answered "Yes," please explain in Attachment 6c.)

d. Financial contribution of either or both natural parents:

(1) Yes (2) No (3) Average monthly amount: \$

7. Need for Guardianship

The guardianship is is not still necessary (State reasons. Continue on Attachment 7 if necessary.):

8. Continuation as Guardian

I am am not able to continue my duties and obligations as the child's guardian.

(If you are not able to continue as guardian, state reasons. Continue on Attachment 8 if necessary. If you cannot continue as guardian, you must petition the court to relieve you of your duties.):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF GUARDIAN)

(TYPE OR PRINT NAME)



(SIGNATURE OF GUARDIAN)