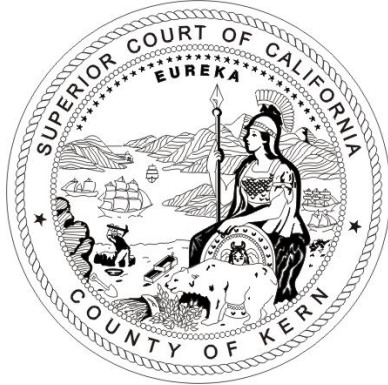


**SUPERIOR COURT OF  
CALIFORNIA  
COUNTY OF KERN**



**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.

**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)