



**SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF TULARE**  
[www.tularesuperiorcourt.ca.gov](http://www.tularesuperiorcourt.ca.gov)  
 559-730-5000

## GUARDIANSHIP OF THE PERSON PACKET

| Forms included in this packet:         |               |  |
|--|---------------|--|
| For you to read                        | FCS-308       | Instructions   |
|  | GC-505        | Forms You Need to Ask the Court to Appoint a Guardian of the Person  |
|  | GC-510        | What is "Proof of Service" in a Guardianship?  |
| For you to complete and file           | FCS-303       | Confidential Guardianship Questionnaire  |
|  | GC-210(P)     | Petition for Appointment of Guardian of the Person   |
|  | GC-210(CA)    | Guardianship Petition – Child Information Attachment (1 per child)   |
|  | GC-020        | Notice of Hearing – Guardianship or Conservatorship  |
|  | GC-020(P)     | Proof of Personal Service of Notice of Hearing-Guardianship or Conservatorship   |
|  | FL-105/GC-120 | Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)  |
|  | GC-248        | Duties of Guardian   |
|  | GC-211        | Consent of Proposed Guardian, Nomination of Guardian, and Consent to Appointment of Guardian and Waiver of Notice (1 per guardian) |
|  | GC-212        | Confidential Guardian Screening Form ( 1 per guardian)   |
|  | GC-240        | Order Appointing Guardian Or Extending Guardianship of the Person  |
|  | GC-250        | Letters of Guardianship  |
| Complete/file (Temporary Guardianship) | GC-110(P)     | Petition for Appointment of Temporary Guardian of the Person   |
|  | GC-140        | Order Appointing Temporary Guardian  |
|  | GC-150        | Letters of Temporary Guardianship or Conservatorship   |
| File to excuse service                 | FCS-302       | Declaration of Due Diligence   |
|  | GC-021        | Order Dispensing with Notice   |
| Serve blank on child's parents         | ICWA-020      | Parental Notification of Indian Status   |
| For your information                   | FCS-306       | List of Addresses of State and Local Agencies for Notice Purposes  |

## SELF HELP RESOURCE CENTER

If you are filing for a guardianship and do not have an attorney representing you, free assistance is available. Please contact:

**Superior Court of California, County of Tulare  
SELF-HELP RESOURCE CENTER  
(559) 737-5500**

**3400 W. Mineral King, Suite C, Visalia CA 93291 OR  
300 E. Olive (South County Justice Center), Porterville, CA 93257**

**NOTE: This packet is to be used to file for Guardianship of the Person exclusively. If you want to ask the Court for **Guardianship of the Estate** in addition to, or instead of Guardianship of the Person, please ask the Court Clerk for the form packet for **Guardianship of the Estate**. If the child is or may be an Indian child, please ask the clerk for the ICWA packet, which contains additional forms you will need.**

The Self-Help Resource Center (also known as the Family Law Facilitator) will provide instructions on how to complete the forms and how to properly notice all the necessary parties. They can answer your procedural questions and explain the court process. The Self-Help Resource Center will **NOT** represent you in court. Please call for an appointment.

The Self-Help Resource Center offers Guardianship workshops on how to complete paperwork for a guardianship. Contact them at **(559) 737-5500** to reserve space in the class. The Self-Help Resource Center also provides the Guardianship Orientation class, twice per month, which all proposed guardians **MUST** attend. At the Orientation class, proposed guardians will receive a Live Scan form in order to obtain mandatory fingerprinting. Contact them at **(559) 737-5500** to reserve space in the Orientation.

**Please read and complete all applicable forms thoroughly and follow all of the required procedures – failure to do so may result in the Court delaying or denying your request.** If you have further questions or concerns regarding guardianships, you may wish to consult with an attorney, use the assistance of a paralegal or typing service, or do self-research at the Tulare County Law Library (on the ground floor of the Visalia Courthouse, with Law Library computer terminals also available in the Self-Help Resource Center in the Porterville courthouse) or on the California Courts' Self-Help website at [www.courtinfo.ca.gov/selfhelp/family/guardianship](http://www.courtinfo.ca.gov/selfhelp/family/guardianship) (select the Spanish icon at the right of the webpage for information in Spanish) prior to beginning your case.

## **STEP 1** COMPLETE REQUIRED FORMS FOR FILING

Type or neatly hand print all of the required forms in blue or black ink. Forms are also available in fillable .pdf format on the Court's website at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) (select the Category Probate–Guardianships and Conservatorships).

A list of required forms is included on the front of this packet. *Forms You Need to Ask the Court to Appoint a Guardian of the Person* (Form GC-505), included, lists all required Judicial Council forms as well. This court also requires the following forms:

1. ***Consent of Proposed Guardian, Nomination of Guardian, Consent to Appointment of Guardian and Waiver of Notice*** (GC-211)
  - Consent to Guardianship: Each guardian signs a separate *Consent of Proposed Guardian*.
  - Nomination: The minor's parents, grandparents, or the minor or the minor's siblings (if at least 12 years of age) can sign the *Nomination of Guardian* portion of this form nominating you as guardian. The Court will give weight to this nomination in determining whether the guardianship is in the minor's best interest.
  - Consent and Waiver: The minor or minor's parents, grandparents, or the minor's siblings (if at least 12 years of age) can sign this portion of the form. **Anyone who signs this section need not be served with the guardianship paperwork.**
2. ***Confidential Guardian Screening Form*** (GC-212) - Each proposed guardian must complete and file a separate form. These forms are filed confidentially to protect your privacy.
3. ***Confidential Guardianship Questionnaire*** (FCS-303) – Each proposed guardian must complete and file a separate form. These forms are filed confidentially to protect your privacy.

### **If you are petitioning for temporary guardianship:**

- You must complete all of the previously-listed forms, plus the *Petition for Appointment of Temporary Guardian* (GC-110). Temporary Guardianship will only be granted if there is an immediate need, such as imminent physical danger to the child. You must also prepare the *Order Appointing*

*Temporary Guardian (GC-140) and Letters of Temporary Guardianship (GC-150) to submit to the Court Clerk with your paperwork in case the judge grants your temporary order prior to the hearing.*

## **STEP 2** FILE COMPLETED FORMS AND PAY FEES

1. Return the original and **two** photocopies of all forms to the Visalia Courthouse, Clerk of the Court (Rm 201) located at 221 S. Mooney Blvd, Room 201, Visalia, CA 93291 **OR** the South County Justice Center, Court Clerk's window located at 300 E. Olive Ave, Porterville, CA 93257.
2. **Pay filing fee:** \$225.00 for guardianship of the person only. If your petition is referred to Family Court Services for an investigation, you may have to pay an investigation fee of \$550.00. If you cannot pay the filing fee or investigation fee, ask for a *Request to Waive Court Fees (Ward or Conservatee)* (FW-001-GC) and *Order on Court Fee Waiver (Superior Court) (Ward or Conservatee)* (FW-003-GC).
3. The Court Clerk will file the forms and return your filed copies, except for the *Order* and *Letters*, which will be kept in the file until your court date and which require a Judge's signature before they can be filed.
4. One of your copies will be for your records. You can use this to make copies to provide to each person to whom you must give notice. (*see Step 5 – Give Notice of Hearing*).
5. **Investigator's Copy:** *On the same day you file with the Clerk's Office:*
  - a. **In Visalia:** Deliver one copy of all filed forms to Family Court Services in the Visalia Courthouse, Room 203.
  - b. **In Porterville:** When you file your papers with the Court Clerk at the South County Justice Center, the clerk will keep one set of your forms to be delivered to Family Court Services.

## **STEP 3** COURT REVIEWS DOCUMENTS

1. At the court hearing, the Court will determine whether an investigation is necessary or will be waived, and will also determine who will conduct any investigation. **Relative guardianship petitions are investigated by Family Court Services and non-relative petitions are investigated by Child Welfare Services.** Requests for temporary guardianship or other temporary orders will also be reviewed and either granted or denied.

**STEP 4** **SIGN UP FOR GUARDIANSHIP ORIENTATION CLASS**

1. ***Each*** proposed guardian is required to attend the Guardianship Orientation Class, which is offered twice per month at the Self-Help Resource Center. Call the Self-Help Resource Center/Family Law Facilitator’s Office at (559) 737-5500, ext. 7108, to sign up for class.
  - a. **Certificate of Completion** – You will receive this at the end of the Orientation class. You will sign and, you **must** file the original and two copies of this certificate with the Court Clerk no later than 5 days before the scheduled court hearing. In Visalia, you will deliver one filed-stamped copy to Family Court Services in Room 203 of the Courthouse. In Porterville, the Court Clerk will retain one copy and send it to Family Court Services for you.
  - b. **Fingerprinting:**
    - **Authorization:** At the Guardianship Orientation, each proposed guardian will receive and sign and *Authorization for Fingerprinting* (FCS-602) and will receive instructions on how to complete the Live Scan fingerprinting process. **Each proposed guardian and each household member over the age of 18** must complete and sign an Authorization Form and submit to Live Scan fingerprinting. Additional Authorization forms are available at the Self-Help Resource Center.
    - **Live Scan:** The completed Authorization form shall be exchanged for a *Live Scan* form (FCS-606) at the Self-Help Resource Center in Visalia or Porterville. Each person being fingerprinted must take their completed Live Scan form to the Sheriff’s Office in Visalia or Porterville and pay the ***\$46 fee*** for Live Scan fingerprinting (fee is subject to change without notice). The Live Scan operator will write a report number on the form. Take or mail a copy of this form to Family Court Services in Room 203 at the Visalia Courthouse, or to the Court Clerk at the South County Justice Center.

**NOTE: Letters of Guardianship cannot be issued until each proposed Guardian has completed the orientation program and filed the Certificate of Completion, and the proposed guardian(s) and all other household members over 18 have completed the fingerprinting process.**

## **STEP 5** GIVE NOTICE OF HEARING

1. **Temporary Guardianship.** At least 5 court days before hearing, copies of the *Petition for Temporary Guardianship* and *Notice of Hearing* must be personally served on **both parents** and the **minor** (if 12 or older) and a proof of service filed with the Court Clerk.
  
2. **Permanent Guardianship.** At least 15 days before the hearing:
  - **Personal Service:** Copies of the *Petition* and *Notice of Hearing* must be personally served on the **parents** and **proposed minor** (if 12 or older).
  
  - **Personal or Mail Service:** Copies of the *Petition* and *Notice of Hearing* must be served personally or by mail on the **grandparents, siblings** and **half siblings** of the minor (if 12 years old or older), and on Child Welfare Services at:

Tulare County Health and Human Services  
Attention: Child Welfare Services  
3500 W. Mineral King, Suite A  
Visalia CA 93291
  
  - **Mail Service:** Copies of the *Petition* and *Notice of Hearing* must be served by mail on additional agencies depending on the circumstances of the individual case. To determine who else must be served, please refer to the form “Addresses of State and Local Agencies for Services for Purposes of Probate Guardianship and Conservatorship” at the end of this packet.
  
3. See Form GC-510- *What is “Proof of Service” in a Guardianship?* (in this packet) for further instruction on notice requirements. **REMEMBER:** the notice must be served in person or by mail, as required, by someone over 18 years of age. That person can be anyone other than you or any of the parties who must be served in this case. **Anyone who signs the Consent and Waiver of Service (GC-211) need not be served.**
  
4. If you are unable to locate any of the people you are required to serve:
  - a. You **must** fill out and file a Declaration of Due Diligence (FCS-302) in Support of a Request for Order Dispensing with Notice (GC-021) for each person you are unable to serve. On that Declaration, you must show that you have tried at least three different ways to get in touch with them.

Options for conducting this search are listed in the Declaration of Due Diligence.

- b. You **must** also fill out and give the Court Clerk an *Order Dispensing with Notice* (GC-021) for each person you were unable to serve. If the Judge decides that you do not need to notify that person based on the information in your Declaration, the *Order* will be signed and filed.

**REMEMBER:**

If you do not have proof that all the required people have been properly served, your matter will not go forward. It will be continued to another court date until you can show the Court that proper service has been completed.

The Notice of Hearing and Original Proof of Service (on the back of Notice) to all parties must be filed with the Clerk at least five (5) days prior to the court hearing.

**STEP 6** INVESTIGATION

1. If your petition is referred to Family Court Services for an investigation, the Court Investigator will gather information and complete a report and recommendation for the court, which will be filed prior to the hearing. **Guardianship Reports must not be distributed to any person except those who have received it from the Court pursuant to Probate Code Section 1513(d).**
2. The Court may determine that you will be assessed fees for the Court Investigator's investigation (\$550.00). Those court fees are separate from the initial filing fees, but are covered by the same fee waiver if you received one at the time you filed your petition.

**STEP 7** THE COURT HEARING

1. Prior to your hearing, the Court Document Examiner will review your file to be sure all the notices have been properly served and that all the necessary paperwork is in the file. If necessary paperwork is missing, the Court will order it be provided before the guardianship can be granted.
2. On the day of the hearing you must appear as directed. Make sure you have provided your prepared *Order Appointing Guardian* and *Letters of Guardianship* or *Order Appointing Temporary Guardian* and *Letters of Temporary Guardianship* to the Court Clerk *in advance of your hearing*. If the guardianship is granted, the Judge will sign the *Order* and it will be filed with the Court Clerk.

3. If your hearing is continued and you have an *Order of Temporary Guardianship*, the Court may reissue your temporary order.
4. You can pick up your copy of the signed and filed *Order* and *Letters* at the Court Clerk's office.
5. You may want to request certified *Letters of Guardianship*. The cost is \$25.00 plus \$.50 per page for each set issued (cost subject to change without notice). This cost is covered by the Fee Waiver, if you received one, for up to 60 days after the date of filing of the *Order Appointing Guardian*.

## **STEP 8** REQUIREMENTS AFTER THE GUARDIANSHIP IS GRANTED

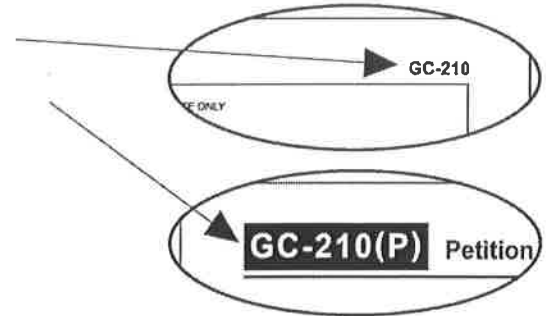
1. **A Confidential Guardianship Status Report (GC-251) must be filed for each child each year by the anniversary date the Letters of Guardianship were issued.** If the minor is school age, you must attach copies of the report cards. Family Court Services will send the Guardian(s) a Cover Letter and Blank Status Report form approximately 6 weeks prior to the due date. You must inform the Court **and** Family Court Services of your current address so that you receive this form. If it is not filed, the Court may set a hearing to find out why the Status Report was not filed and the Court may terminate the guardianship for noncompliance.
2. A review may be conducted each year after the issuance of the *Letters of Guardianship*. Assignment of case reviews are made at the discretion of the Court.
3. After any *Letters of Guardianship* are issued, you **must** file a *Pre-Move Notice of Change of Personal Residence of Ward* (GC-079) and a *Post-Move Notice of Change of Personal Residence of Ward* (GC-080) with the Court Clerk each time you change the address of the minor(s). You must also provide a copy of these forms to Family Court Services. In addition, if you change your address, you must file a *Notice of Change of Address or Other Contact Information* (MC-040), with a copy to Family Court Services, to ensure that you receive any notices from the Court.
4. After the Court has appointed you as Guardian, you **CANNOT** give the child back to a parent(s) or any other person without returning to the Court to terminate the guardianship. The Self-Help Resource Center can help you with this process.

**FAILURE TO COMPLY WITH PROVISIONS OF THE PROBATE CODE REGARDING GUARDIANSHIPS MAY RESULT IN FINES AND/OR REMOVAL OF THE GUARDIAN(S). THIS FORM IS NOT INTENDED TO BE A COMPLETE STATEMENT OF ALL OF YOUR LEGAL RESPONSIBILITIES, AND IS NOT INTENDED TO SUBSTITUTE FOR LEGAL ADVICE.**



Look at the numbers at the top of a form to match them with the form numbers listed below. You can use this form as a checklist.

OR



\* Appointment of a guardian for a Native American child is subject to special requirements that are not discussed in these instructions. See item 14 on the next page.

### I want to become a guardian of a child. What forms do I need to file with the court?

- 1 Fill out, sign, and file with the court *either* of the following form petitions ("your petition"):
  - Form GC-210(P), *Petition for Appointment of Guardian of the Person* (recommended if you won't have an attorney to help you); **or**
  - Form GC-210, *Petition for Appointment of Guardian of Minor*.
- 2 Fill out the following forms and attach them to or file them separately with your petition:
  - Attach to your petition a separate copy of Form GC-210(CA), *Guardianship Petition—Child Information Attachment*, for **each** child you think needs a guardian.
  - Sign and attach to your petition one copy of Form FL-105/GC-120, *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)*, for all children you think need a guardian.
  - Sign and file separately with your petition Form GC-212, *Confidential Guardian Screening Form*. This form is confidential, under the direct control of the court, and not available to the general public.
  - If required by your court, sign and file separately with your petition, Form GC-211, *Consent of Proposed Guardian* (item 1 of that multi-purpose form, at the top of the page). Many courts don't require that form if you are asking for your own appointment as guardian, so check with your court before you file it.
  - File separately with your petition any local forms your court wants you to file with your petition (check your court's local rules and guidelines for information and instructions about these forms).

### What must I do if I want the court to appoint someone other than myself as guardian?

- 3  Instead of filling out and signing Form GC-212, listed above in Step 2, ask the person you want the court to appoint as guardian to fill out and sign that form.
- 4  Instead of signing item 1 of Form GC-211, listed above in Step 2, ask the person you want the court to appoint as guardian to sign item 1 of that form. Many courts don't require that form if the person you want as guardian signs your petition (as an additional petitioner), so check with the court on the need to file that form if that person signed your petition. See page 2 of this form to learn about use of another part of Form GC-211.

### What can I do if I can't afford to pay the court's filing fees?

- 5  Fill out, sign, and file Form FW-001, *Application for Waiver of Court Fees and Costs*, and fill out and give the court clerk Form FW-003, *Order on Application for Waiver of Court Fees and Costs*, for the judge to sign.

### What happens when I file my petition and the other forms listed above?

The court clerk will give you a case number, a date and time when, and a courtroom or department of the court where the judge will hear your request to appoint a guardian. Take an extra copy of your petition and the other papers you must file to the court when you file the originals and ask the clerk to stamp the filing date and case number on your copies and note the hearing date and place on your copy of the petition. Some courts will require you to give the clerk one or more extra copies of your papers, so check with your court before you go to the court to file the papers.

**What forms do I need after I file my petition and have a hearing date?**

- 6  If either or both of the child's parents or any other person you must notify of the hearing on your petition will agree with your request for appointment of a guardian, fill out and have each of them date and sign item 4 at the bottom of **Form GC-211, *Consent to Appointment of Guardian and Waiver of Notice***. File the form with the court when you file the *Notice of Hearing*, discussed below.

**What must I do before the court hearing on my petition?**

You must arrange for **someone other than yourself** to notify certain people about your petition and the court hearing and show the court that he or she has done so. Read **Form GC-510, *What is "Proof of Service" in a Guardianship***, and:

- 7  Fill out the first page of **Form GC-020, *Notice of Hearing—Guardianship or Conservatorship***.
- 8  Follow the instructions in **Form GC-510** for personal delivery ("**personal service**") of copies of your petition and the *Notice of Hearing* and showing the court that personal service has been made ("**proving service**").
- 9  Follow the instructions in **Form GC-510** for mailing ("**service by mail**") copies of your petition and the *Notice of Hearing* and showing the court that service by mail has been made ("**proving service**").
- 10  File with the court at least 5 days before the hearing, the original **Form GC-020**, with attached original filled-in proofs of personal and mailed service, signed by the person(s) who delivered and mailed the papers.
- 11 **Fill out and deliver the following forms to the court at or before the hearing on your petition** (check your court's local rules for the deadlines for delivery of these forms to the court):
- Form GC-240, *Order Appointing Guardian of Minor*** (the judge will sign this Order at or shortly after the hearing on your petition if he or she grants your request for appointment of a guardian);
  - Form GC-248, *Duties of Guardian and Acknowledgment of Receipt*** (you or any other person the court has appointed as guardian must sign this form and the form must be filed with the court before the clerk will sign and file the *Letters of Guardianship* (see below)); and
  - Form GC-250, *Letters of Guardianship*** (the court clerk will sign and file the original of this form, often called "*Letters,*" and will give you (for a fee) **certified copies** that you, or any other person the court has appointed as guardian, must have to show legal authority to act as the child's guardian.
- 12  **Fill out and file any local forms your court requires at or before the hearing on your petition** (check your court's local rules for information about these forms, deadlines for filing them, and requirements for service of copies to other persons interested in the case).

**Need help?**

- 13 Your court may have a self-help center or a volunteer assistance program that can help you with a guardianship, or the court may be able to refer you to other organizations in your area that can help you.
- 14 If you can get on the Internet, you can go to the California Courts Self-Help Center Web site, at [www.courtinfo.ca.gov/selfhelp/family/guardianship](http://www.courtinfo.ca.gov/selfhelp/family/guardianship) (English) or [www.courtinfo.ca.gov/selfhelp/espanol/familia/tutela](http://www.courtinfo.ca.gov/selfhelp/espanol/familia/tutela) (Spanish). This Web site provides information about the guardianship process, including information about what you need to do if the child in your case is a Native American or has a Native American ancestor, and information about other resources available to you. You can also download a copy of **Form GC-205, *Guardianship Pamphlet*** and all the forms mentioned above. The pamphlet has a basic explanation of a guardianship. It is available in Spanish and several other languages. You can even fill out the necessary forms on your computer while visiting this site and print them out ready for signing and filing, free of charge.
- 15 You can also go to [www.courtinfo.ca.gov/courts/trial/courtlist.htm](http://www.courtinfo.ca.gov/courts/trial/courtlist.htm) to access your court's Web site. This site can tell you where to file your forms and go for court hearings and can advise you about the court's rules and practices you need to know during the progress of your case. You can also download copies of the court's local forms.

|  |                             |
|--|-----------------------------|
| <b>Attorney or Party Without Attorney (Name and Address):</b><br><br><b>Telephone No:</b><br><b>Email Address: (Optional)</b><br><b>Attorney for (Name):</b>   | <b>FOR COURT USE ONLY</b>   |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE</b><br><br><input type="checkbox"/> Visalia Division– 221 S Mooney Blvd, Room 203 Visalia, CA 93291<br><input type="checkbox"/> South County Justice Center - 300 E. Olive Ave., Porterville, CA 93257 |                             |
| Guardianship of:   | Case Number:                |
| <b>CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE</b>   | <b>(Probate Code §1513)</b> |

When a guardianship case is filed, the Investigator's office will open an investigation by order of the Court. The person filing for guardianship will be responsible for the \$550 investigation fee after Family Court Services completes this investigation, unless that fee is waived or reduced by the court, or payments are arranged by the Court in cases of extreme hardship.

Investigations are done by a Court Investigator for Family Court Services (FCS) or County of Tulare Health and Human Services Agency (HHS) as follows:

| <b>Guardianship of:</b>    | <b>Proposed Guardian(s):</b> | <b>Agency:</b>   |
|----------------------------|------------------------------|------------------|
| 1. Person or Person/Estate | Relative                     | FCS              |
| 2. Person or Person/Estate | Non-Relative                 | HHS              |
| 3. Person or Person/Estate | Relative & Non-relative      | FCS/HHS Rotation |

Per Probate Code 1513, Family Court Services is to prepare an investigative report to include the social history of the proposed guardians, parents and child(ren) as required by state law, unless waived by the Court. Please complete this entire Guardianship Questionnaire (FCS-303). Information provided in this questionnaire, during interview(s), in other submitted paperwork and from investigative sources will be used to prepare a family social history, evaluation, and recommendation for the court. This report will then be placed in a sealed court file. Copies will be mailed to the proposed guardians, parents, and their respective attorneys.

**\* "Relative" is defined in Prob. Code § 1513(g) as a person who is a spouse, parent, step-parent, brother, sister, step-brother, step-sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of these persons even after the marriage has been terminated by death or dissolution.**

If you are not one of the relations noted above, then you are considered a non-relative for the purposes of this investigation. If you have questions regarding the Family Court Services investigation process, you can call Family Court Services at 559-730-5000 option 6.

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**I. MINOR CHILD(REN) LISTED ON GUARDIANSHIP PETITION:**

|    | Full Legal Name | Birth Date | Age | Person with whom Residing | Related or Not Related to Petitioner(s) * | Primary Language |
|----|-----------------|------------|-----|---------------------------|---|------------------|
| #1 |                 |            |     |                           |   |                  |
| #2 |                 |            |     |                           |   |                  |
| #3 |                 |            |     |                           |   |                  |
| #4 |                 |            |     |                           |   |                  |

Check here if you have additional children to list. Attach a separate sheet of paper titled ATTACHMENT 1 - ADDITIONAL MINOR CHILDREN to the back of this questionnaire.

**II. (PROPOSED) GUARDIAN(S):**

Check here if you have more than two proposed guardians. For each additional guardian, please photocopy this section and attach it to the end of this Questionnaire – titled ATTACHMENT 2 - ADDITIONAL PROPOSED GUARDIANS.

|    | Full Legal Name | Birth Date | Age | Primary Language |
|----|-----------------|------------|-----|------------------|
| #1 |                 |            |     |                  |
| #2 |                 |            |     |                  |

Attorney for Proposed Guardian(s):

Name: \_\_\_\_\_ Tel. No.: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street State City State Zip Code

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**III. MINOR CHILD(REN): ADDITIONAL INFORMATION**

**MINOR CHILD #1:**

Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government?

No  Not sure  Yes (specify tribe): \_\_\_\_\_

School Information (if school age):

| <u>School Name</u> | <u>Address</u> | <u>Telephone #</u> | <u>School Days/Hours</u> | <u>Teacher Name</u> | <u>Child Special Needs:</u> |
|--------------------|----------------|--------------------|--------------------------|---------------------|-----------------------------|
|                    |                |                    |                          |                     |                             |

**Please attach current and prior school year attendance & grade reports and copy of any educational plan if available.**

Child Care Information:

| <b>Name</b> | <b>Address</b> | <b>Telephone Number</b> | <b>Days/Hours</b> | <b>Relationship to Child</b> |
|-------------|----------------|-------------------------|-------------------|------------------------------|
|             |                |                         |                   |                              |

Who transports the child to/from school and/or child care? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How will the child be transported if you are granted guardianship? \_\_\_\_\_

Health Information:

Health insurance Plan:  Medi-Cal  Other: \_\_\_\_\_

Present Health Status:  Good  Fair  Poor

If minor's health is fair or poor, please explain and include any special health problems:

Is minor taking any medication?  Yes  No If yes, what kind and for what reason(s)? \_\_\_\_\_

Has the minor child ever had any problem with the following?

Alcohol:  Yes  No Drugs:  Yes  No Mental/Emotional Problems:  Yes  No

If yes, what is the child's current condition regarding this problem? \_\_\_\_\_

Professional Practitioners: (Medical doctors, dentists, eye doctor, counselors, regional center workers etc.)

| <b>Name and Title</b> | <b>Date of Last Contact</b> | <b>Address</b> | <b>Telephone Number</b> |
|-----------------------|-----------------------------|----------------|-------------------------|
|                       |                             |                |                         |
|                       |                             |                |                         |
|                       |                             |                |                         |

**Financial Information:**

Type of Income Received for Minor #1:  TANF  Cash Aid  Food stamps  SSI  SSDI  Parental Assistance  None  Other: \_\_\_\_\_

If income received, what is the amount? \_\_\_\_\_

Who will manage the minor's income? \_\_\_\_\_

Does the Minor have a trust?  Yes  No If yes, what amount and who manages the trust? \_\_\_\_\_

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**MINOR CHILD #2:**

Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government?

No  Not sure  Yes (specify tribe): \_\_\_\_\_

School Information (if school age):

| <u>School Name</u> | <u>Address</u> | <u>Telephone #</u> | <u>School Days/Hours</u> | <u>Teacher Name</u> | <u>Child Special Needs:</u> |
|--------------------|----------------|--------------------|--------------------------|---------------------|-----------------------------|
|                    |                |                    |                          |                     |                             |

**Please attach current and prior school year attendance & grade reports and copy of any educational plan if available.**

Child Care Information:

| <b>Name</b> | <b>Address</b> | <b>Telephone Number</b> | <b>Days/Hours</b> | <b>Relationship to Child</b> |
|-------------|----------------|-------------------------|-------------------|------------------------------|
|             |                |                         |                   |                              |

Who transports the child to/from school and/or child care? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
How will the child be transported if you are granted guardianship? \_\_\_\_\_

Health Information:

Health insurance Plan:  Medi-Cal  Other: \_\_\_\_\_

Present Health Status:  Good  Fair  Poor

If minor's health is fair or poor, please explain and include any special health problems:

Is minor taking any medication?  Yes  No If yes, what kind and for what reason(s)? \_\_\_\_\_

Has the minor child ever had any problem with the following?

Alcohol:  Yes  No Drugs:  Yes  No Mental/Emotional Problems:  Yes  No

If yes, what is the child's current condition regarding this problem? \_\_\_\_\_

Professional Practitioners: (Medical doctors, dentists, eye doctor, counselors, regional center workers etc.)

| <b>Name and Title</b> | <b>Date of Last Contact</b> | <b>Address</b> | <b>Telephone Number</b> |
|-----------------------|-----------------------------|----------------|-------------------------|
|                       |                             |                |                         |
|                       |                             |                |                         |

**Financial Information:**

Type of Income Received for Minor #2:  TANF  Cash Aid  Food stamps  SSI  SSDI  Parental Assistance  None  Other: \_\_\_\_\_

If income received, what is the amount? \_\_\_\_\_

Who will manage the minor's income? \_\_\_\_\_

Does the Minor have a trust?  Yes  No If yes, what amount and who manages the trust?

**MINOR CHILD #3:**

Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government?

No  Not sure  Yes (specify tribe): \_\_\_\_\_

School Information (if school age):

| School Name | Address | Telephone # | School Days/Hours | Teacher Name | Child Special Needs: |
|-------------|---------|-------------|-------------------|--------------|----------------------|
|             |         |             |                   |              |                      |

**Please attach current and prior school year attendance & grade reports and copy of any educational plan if available.**

Child Care Information:

| Name | Address | Telephone Number | Days/Hours | Relationship to Child |
|------|---------|------------------|------------|-----------------------|
|      |         |                  |            |                       |

Who transports the child to/from school and/or child care? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How will the child be transported if you are granted guardianship? \_\_\_\_\_

Health Information:

Health insurance Plan:  Medi-Cal  Other: \_\_\_\_\_

Present Health Status:  Good  Fair  Poor

If minor's health is fair or poor, please explain and include any special health problems:

Is minor taking any medication?  Yes  No If yes, what kind and for what reason(s)? \_\_\_\_\_

Has the minor child ever had any problem with the following?

Alcohol:  Yes  No Drugs:  Yes  No Mental/Emotional Problems:  Yes  No

If yes, what is the child's current condition regarding this problem? \_\_\_\_\_

Professional Practitioners: (Medical doctors, dentists, eye doctor, counselors, regional center workers etc.)

| Name and Title | Date of Last Contact | Address | Telephone Number |
|----------------|----------------------|---------|------------------|
|                |                      |         |                  |
|                |                      |         |                  |

**Financial Information:**

Type of Income Received for Minor #3:  TANF  Cash Aid  Food stamps  SSI  SSDI  Parental Assistance  None  Other: \_\_\_\_\_

If income received, what is the amount? \_\_\_\_\_

Who will manage the minor's income? \_\_\_\_\_

Does the Minor have a trust?  Yes  No If yes, what amount and who manages the trust?

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**MINOR CHILD #4:**

Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government?

No  Not sure  Yes (specify tribe): \_\_\_\_\_

School Information (if school age):

| <u>School Name</u> | <u>Address</u> | <u>Telephone #</u> | <u>School Days/Hours</u> | <u>Teacher Name</u> | <u>Child Special Needs:</u> |
|--------------------|----------------|--------------------|--------------------------|---------------------|-----------------------------|
|                    |                |                    |                          |                     |                             |

**Please attach current and prior school year attendance & grade reports and copy of any educational plan if available.**

Child Care Information:

| <b>Name</b> | <b>Address</b> | <b>Telephone Number</b> | <b>Days/Hours</b> | <b>Relationship to Child</b> |
|-------------|----------------|-------------------------|-------------------|------------------------------|
|             |                |                         |                   |                              |

Who transports the child to/from school and/or child care? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
How will the child be transported if you are granted guardianship? \_\_\_\_\_

Health Information:

Health insurance Plan:  Medi-Cal  Other: \_\_\_\_\_

Present Health Status:  Good  Fair  Poor

If minor's health is fair or poor, please explain and include any special health problems:

Is minor taking any medication?  Yes  No If yes, what kind and for what reason(s)? \_\_\_\_\_

Has the minor child ever had any problem with the following?

Alcohol:  Yes  No Drugs:  Yes  No Mental/Emotional Problems:  Yes  No

If yes, what is the child's current condition regarding this problem? \_\_\_\_\_

Professional Practitioners: (Medical doctors, dentists, eye doctor, counselors, regional center workers etc.)

| <b>Name and Title</b> | <b>Date of Last Contact</b> | <b>Address</b> | <b>Telephone Number</b> |
|-----------------------|-----------------------------|----------------|-------------------------|
|                       |                             |                |                         |
|                       |                             |                |                         |
|                       |                             |                |                         |

**Financial Information:**

Type of Income Received for Minor #4:  TANF  Cash Aid  Food stamps  SSI  SSDI  Parental Assistance  None  Other: \_\_\_\_\_

If income received, what is the amount? \_\_\_\_\_

Who will manage the minor's income? \_\_\_\_\_

Does the Minor have a trust?  Yes  No If yes, what amount and who manages the trust? \_\_\_\_\_

Check here if you have additional children to list. Attach a separate sheet of paper titled ATTACHMENT 3- ADDITIONAL MINOR CHILDREN INFORMATION to the back of this questionnaire.



PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**IV. PARENTS OF MINOR(S):** (Full legal names) If one of the natural parents has died, please mark "deceased" for that person's address and add the date of death, if known.

1. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Deceased?  Yes  No \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Minor 1:  Mother  Father

Relationship to Minor 2:  Mother  Father

Relationship to Minor 3:  Mother  Father

Relationship to Minor 4:  Mother  Father

List other child(ren) of the Legal Parent not listed in this petition.

| Name | Birth Date | Location |
|------|------------|----------|
|      |            |          |
|      |            |          |
|      |            |          |

2. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Deceased?  Yes  No

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Minor 1:  Mother  Father

Relationship to Minor 2:  Mother  Father

Relationship to Minor 3:  Mother  Father

Relationship to Minor 4:  Mother  Father

List other child(ren) of the Legal Parent not listed in this petition.

| Name | Birth Date | Location |
|------|------------|----------|
|      |            |          |
|      |            |          |
|      |            |          |

3. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Deceased?  Yes  No

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

- Relationship to Minor 1:  Mother  Father  
Relationship to Minor 2:  Mother  Father  
Relationship to Minor 3:  Mother  Father  
Relationship to Minor 4:  Mother  Father

List other child(ren) of the Legal Parent not listed in this petition.

| Name | Birth Date | Location |
|------|------------|----------|
|      |            |          |
|      |            |          |
|      |            |          |

4. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip Code

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Deceased?  Yes  No

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

- Relationship to Minor 1:  Mother  Father  
Relationship to Minor 2:  Mother  Father  
Relationship to Minor 3:  Mother  Father  
Relationship to Minor 4:  Mother  Father

List other child(ren) of the Legal Parent not listed in this petition.

| Name | Birth Date | Location |
|------|------------|----------|
|      |            |          |
|      |            |          |
|      |            |          |

Check here if you have additional Legal Parents to list. Attach a separate sheet of paper titled ATTACHMENT 4 - ADDITIONAL LEGAL PARENTS to the back of this questionnaire.

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**V. PROPOSED GUARDIAN #1 ADDITIONAL INFORMATION:**

Check here if you have more than two proposed guardians. For each additional guardian, please photocopy this section and attach it to the end of this Questionnaire – titled ATTACHMENT 5 - PROPOSED GUARDIAN ADDITIONAL INFORMATION.

Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Minor 1: \_\_\_\_\_  Maternal (on mother's side)  Paternal (on father's side)

Relationship to Minor 2: \_\_\_\_\_  Maternal (on mother's side)  Paternal (on father's side)

Relationship to Minor 3: \_\_\_\_\_  Maternal (on mother's side)  Paternal (on father's side)

Relationship to Minor 4: \_\_\_\_\_  Maternal (on mother's side)  Paternal (on father's side)

List other child(ren) of the Proposed Guardian whom reside outside of the residence:

| Name | Birth Date | Location |
|------|------------|----------|
|      |            |          |
|      |            |          |
|      |            |          |

**HOUSEHOLD COMPOSITION:** List other adults age 18 or older residing in your home.

1. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Petitioner(s): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Petitioner(s): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Petitioner(s): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

4. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Petitioner(s): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

List other child(ren) **under age 18** living in your household:

| Name | Birth Date | School | Relationship to Child(ren) Location |
|------|------------|--------|-------------------------------------|
|      |            |        |                                     |
|      |            |        |                                     |
|      |            |        |                                     |

**LAW ENFORCEMENT INFORMATION:**

If you have ever been convicted of a crime other than minor traffic citations, please provide the following information: :

| Charge   | City/State | Date  |
|----------|------------|-------|
| 1) _____ | _____      | _____ |
| 2) _____ | _____      | _____ |
| 3) _____ | _____      | _____ |

If you are on Parole or Probation, please provide your Officer's Name: \_\_\_\_\_ Tel. No.: (\_\_\_\_) \_\_\_\_\_

Has anyone in your household ever applied for a domestic violence restraining order or had one issued against them?

Yes  No; If yes, please explain: \_\_\_\_\_

**YOUR EDUCATION:**

Highest Grade Completed: \_\_\_\_\_ Graduated High School?  Yes  No Year: \_\_\_\_\_

License(s) or Credential(s) Received: \_\_\_\_\_

College Degree(s) Received: \_\_\_\_\_

**YOUR EMPLOYMENT:** If you are not employed, please indicate the source of income..

Employer: \_\_\_\_\_ Capacity/Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name, Address and Telephone Number: \_\_\_\_\_

**YOUR HEALTH:**

Name of Your Health Insurance Plan: \_\_\_\_\_

Present Health Status:  Good  Fair  Poor

If your health is fair or poor, please explain: \_\_\_\_\_

Are you taking any medication?  Yes  No; If yes, what kind and for what reason(s)? \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Have you ever had any problem with the following?

Alcohol:  Yes  No Drugs:  Yes  No Mental/Emotional Problems:  Yes  No

If yes, what is your current condition regarding this problem? \_\_\_\_\_

Professional Practitioners: (Medical doctors, counselors, or providers who may have treated you within the past two years.)

| Name and Title | Date of Last Contact | Address | Telephone Number |
|----------------|----------------------|---------|------------------|
|                |                      |         |                  |
|                |                      |         |                  |

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**PROPOSED GUARDIAN #2 ADDITIONAL INFORMATION:**

Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip Code

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Minor 1: \_\_\_\_\_  Maternal (on mother's side)  Paternal (on father's side)

Relationship to Minor 2: \_\_\_\_\_  Maternal (on mother's side)  Paternal (on father's side)

Relationship to Minor 3: \_\_\_\_\_  Maternal (on mother's side)  Paternal (on father's side)

Relationship to Minor 4: \_\_\_\_\_  Maternal (on mother's side)  Paternal (on father's side)

List other child(ren) of the Proposed Guardian whom reside outside of the residence (if different than Guardian #1):

| Name | Birth Date | Location |
|------|------------|----------|
|      |            |          |
|      |            |          |
|      |            |          |

**HOUSEHOLD COMPOSITION:** List other adults age 18 or older residing in your home (If different than Guardian #1).

1. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Petitioner(s): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Petitioner(s): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Petitioner(s): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

4. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Petitioner(s): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

List other child(ren) **under age 18** living in your household (If different than Guardian #1)

| Name | Birth Date | School | Relationship to Child(ren) Location |
|------|------------|--------|-------------------------------------|
|      |            |        |                                     |
|      |            |        |                                     |
|      |            |        |                                     |

**LAW ENFORCEMENT INFORMATION:**

If you have ever been convicted of a crime other than minor traffic citations, please provide the following information:

| Charge   | City/State | Date  |
|----------|------------|-------|
| 1) _____ | _____      | _____ |
| 2) _____ | _____      | _____ |
| 3) _____ | _____      | _____ |

If you are on Parole or Probation, please provide your Officer's Name: \_\_\_\_\_ Tel. No.: (\_\_\_\_) \_\_\_\_\_

Has anyone in your household ever applied for a domestic violence restraining order or had one issued against them?

Yes  No; If yes, please explain: \_\_\_\_\_

**YOUR EDUCATION:**

Highest Grade Completed: \_\_\_\_\_ Graduated High School?  Yes  No Year: \_\_\_\_\_

License(s) or Credential(s) Received: \_\_\_\_\_

College Degree(s) Received: \_\_\_\_\_

**YOUR EMPLOYMENT:** If you are not employed, please indicate the source of income.

Employer: \_\_\_\_\_ Capacity/Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name, Address and Telephone Number: \_\_\_\_\_

**YOUR HEALTH:**

Name of Your Health Insurance Plan: \_\_\_\_\_

Present Health Status:  Good  Fair  Poor

If your health is fair or poor, please explain: \_\_\_\_\_

Are you taking any medication?  Yes  No; If yes, what kind and for what reason(s)? \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Have you ever had any problem with the following?

Alcohol:  Yes  No      Drugs:  Yes  No      Mental/Emotional Problems:  Yes  No

If yes, what is your current condition regarding this problem? \_\_\_\_\_

Professional Practitioners: (Medical doctors, counselors, or providers who may have treated you within the past two years.)

| Name and Title | Date of Last Contact | Address | Telephone Number |
|----------------|----------------------|---------|------------------|
|                |                      |         |                  |
|                |                      |         |                  |

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**VI. FAMILY FINANCES OF PROPOSED GUARDIAN(S):**

*If proposed guardians are not living together, please photocopy this sheet and attach a separate sheet for each additional proposed guardian titled – ATTACHMENT 5 – FAMILY FINANCES OF PROPOSED GUARDIAN(S).*

Residence:

The home you live in is:  owned  rented.

How long have you lived there? \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Approximate Size: \_\_\_\_\_ sq.ft.

Please describe the sleeping arrangements for each household member including the proposed guardians and minor children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Income: Please list source(s) of income and amount(s).

|    | <u>Income Source</u> | <u>Amount</u> |
|----|----------------------|---------------|
| 1. | _____                | _____         |
| 2. | _____                | _____         |
| 3. | _____                | _____         |

Other Assets: Please list other major assets or real property.

|    | <u>Asset</u> | <u>Value</u> |
|----|--------------|--------------|
| 1. | _____        | _____        |
| 2. | _____        | _____        |
| 3. | _____        | _____        |

Within the past 5 years, have you been served a Three Day Notice to Pay or Quit?  Yes  No;

If yes, please explain: \_\_\_\_\_

PROBATE CASE NUMBER: \_\_\_\_\_ PROBATE CASE NAME: \_\_\_\_\_

**VII. SUMMARY OF CIRCUMSTANCES:**

1. Briefly explain the benefits to the minor(s) if you are granted guardianship? Please include how you will provide guidance and what type of discipline you will use.
  
  
  
  
  
  
  
  
  
  
2. If there is a conflict between you and the minor's parent(s), please state the nature of the conflict and with which parent(s) the conflict exists.
  
  
  
  
  
  
  
  
  
  
3. If more than one person is competing for custody of the child(ren), give reasons why you should be primarily responsible for the child(ren).
  
  
  
  
  
  
  
  
  
  
4. To the best of your knowledge, is the mother, the father, or are the legal parents contesting the guardianship?  
 Yes  No; If yes, who? \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that all of the information I have submitted in this Guardianship Questionnaire is true and correct.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_





|   |              |
|---|--------------|
| Guardianship of the person of <i>(all children's names)</i> : | Case Number: |
|   |              |
|   |              |

- 5** The proposed guardian named in **1** or **4** is *(check all that apply)*:
- a.  Related to the child or children named in **8**, as shown in item 3 of the child's or children's attached *Guardianship Petition—Child Information Attachment* (form(s) GC-210(CA)).
  - b.  Not related to the child or children named in **8**.
  - c.  A nominee of a parent of one or more of the children named in **8**, as shown in item 5 of the child's or children's attached *Guardianship Petition—Child Information Attachment* (form(s) GC-210(CA)).

- 6**  **Check this box if you checked the box in item 5b (guardian unrelated to child or children).** Answer the question in item a and check the box in item b or c. If you check the box in c, provide the signed statement of the proposed guardian on a separate sheet of paper. Write "*Form GC-210(P)—Attachment 6: Statement of Unrelated Guardian*" at the top of the paper and attach it to this form.
- a. Does the proposed guardian run a licensed foster family home?  Yes  No
  - b.  I am the proposed guardian. I will promptly furnish any information requested by an agency investigating an adoption or a local agency designated by the county to provide public social services.
  - c.  I am **not** the proposed guardian. The signed statement of the proposed guardian agreeing to promptly furnish any information requested by an agency investigating an adoption or a local agency designated by the county to provide public social services is attached to this form as Attachment 6.

- 7**  **A person other than the proposed guardian(s) named in 1 or 4 has been nominated in a will or other writing as guardian of the child or children named in 8. A copy of the written nomination is attached.** Write "*Form GC-210(P)—Attachment 7: Nomination of Another Person as Guardian*" at the top of the writing and attach it to this form. Fill in the nominated person's name and address in item 2 of the *Guardianship Petition—Child Information Attachment* (form GC-210(CA)) for each child for whom the person was nominated as guardian.

- 8** **Tell the court about the child or children who need a guardian.** Fill out and attach to this form a separate copy of *Guardianship Petition—Child Information Attachment* (form GC-210(CA)) for each child named below. Show all children's names at the top of all pages of this form. Fill out and attach to this form a *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105/GC-120) concerning all children under 18 years of age listed below.

The full legal name and date of birth of each child who needs a guardian is *(specify)*:

|          |  |       |        |      |                |                |
|----------|--|-------|--------|------|----------------|----------------|
| a. Name: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: small;">First</td> <td style="width: 33%; text-align: center; font-size: small;">Middle</td> <td style="width: 33%; text-align: center; font-size: small;">Last</td> </tr> </table> | First | Middle | Last | Date of birth: | Month/Day/Year |
| First    | Middle   | Last  |        |      |                |                |
| b. Name: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: small;">First</td> <td style="width: 33%; text-align: center; font-size: small;">Middle</td> <td style="width: 33%; text-align: center; font-size: small;">Last</td> </tr> </table> | First | Middle | Last | Date of birth: | Month/Day/Year |
| First    | Middle   | Last  |        |      |                |                |
| c. Name: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: small;">First</td> <td style="width: 33%; text-align: center; font-size: small;">Middle</td> <td style="width: 33%; text-align: center; font-size: small;">Last</td> </tr> </table> | First | Middle | Last | Date of birth: | Month/Day/Year |
| First    | Middle   | Last  |        |      |                |                |
| d. Name: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: small;">First</td> <td style="width: 33%; text-align: center; font-size: small;">Middle</td> <td style="width: 33%; text-align: center; font-size: small;">Last</td> </tr> </table> | First | Middle | Last | Date of birth: | Month/Day/Year |
| First    | Middle   | Last  |        |      |                |                |
| e. Name: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: small;">First</td> <td style="width: 33%; text-align: center; font-size: small;">Middle</td> <td style="width: 33%; text-align: center; font-size: small;">Last</td> </tr> </table> | First | Middle | Last | Date of birth: | Month/Day/Year |
| First    | Middle   | Last  |        |      |                |                |

- Check here if there are additional children. Continue this list on a separate sheet of paper. Write "*Form GC-210(P)—Attachment 8: Additional Children*" at the top of the paper and attach it to this form.

|   |              |
|---|--------------|
| Guardianship of the person of <i>(all children's names)</i> : | Case Number: |
|   |              |
|   |              |
|   |              |

**9** The guardianship is necessary or convenient for the reasons given below.  
*(Explain why each child listed in 8 needs a guardian.)*

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Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(P)—Attachment 9: Need for Guardian" at the top of the paper and attach it to this form.

**10** I/We ask the court to *(check all that apply)*:

- a. Appoint the person named in 1 or 4 guardian of the person of the child or children named in 8 and issue Letters of Guardianship.
- b.  Excuse me/us from having to give notice of the hearing on this petition to one or more relatives or other persons listed in item 2 of the attached *Guardianship Petition—Child Information Attachment* (form GC-210(CA)) for the reasons given below. *(Specify (1) the name of each child, (2) the name and relationship to the child of each of the persons to whom you want the court to excuse you from giving notice, and (3) the reasons for your request, including the steps, if any, you have taken to find each person.)*

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Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(P)—Attachment 10b: Request for Waiver of Notice" at the top of the paper and attach it to this form.

**The relatives and other persons listed in item 2 of each child's Guardianship Petition—Child Information Attachment (form GC-210(CA)) must be given notice of the hearing on your petition for appointment of a guardian for that child unless the court excuses you from giving notice. The court may waive (excuse) this requirement if you can show the court that you do not know where the relative or other person is located after making reasonable efforts to find him or her or if giving notice to that person may harm the child or otherwise be contrary to the interests of justice. See rule 7.52 of the California Rules of Court for information on making reasonable efforts to find a person.**



|   |              |
|---|--------------|
| Guardianship of the person of <i>(all children's names)</i> : | Case Number: |
|   |              |
|   |              |

10 c.  Make the following additional orders *(specify)*:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here if you need more space. Continue your request for additional orders on a separate sheet of paper. Write "Form GC-210(P)—Attachment 10c: Additional Orders" at the top of the paper and attach it to this form.

- 11 **Filed with this petition are the following** *(check all that apply)*:
- Consent of Proposed Guardian (form GC-211, item 1)
  - Nomination of Guardian (form GC-211, items 2 and 3)
  - Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4).
  - Petition for Appointment of Temporary Guardian or Conservator (form GC-110)
  - Petition for Appointment of Temporary Guardian of the Person (form GC-110(P))
  - Confidential Guardian Screening Form (form GC-212)
  - Petition for Special Immigrant Juvenile Findings (form GC-220)
  - Other *(specify)*: \_\_\_\_\_

12 All attachments are made part of this form as though included here. There are \_\_\_\_\_ pages attached to this form.

Date: \_\_\_\_\_ *Petitioner's attorney types or prints name here* ▶ *Petitioner's attorney signs here*

**All petitioners and the proposed ward—if he or she is at least 18 but not yet 21 years of age and not a petitioner—must read and sign below.**

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

Date: \_\_\_\_\_ *Petitioner types or prints name here* ▶ *Petitioner signs here*

Date: \_\_\_\_\_ *Petitioner types or prints name here* ▶ *Petitioner signs here*

I consent to the appointment of the person named in 1 or 4 as guardian of my person and to his or her performance of the duties of a guardian on my behalf.

Date: \_\_\_\_\_ *Proposed ward types or prints name here* ▶ *Proposed ward signs here*

Case Number: \_\_\_\_\_

Guardianship of *(all children's names)*: \_\_\_\_\_

**This child's name:** \_\_\_\_\_

Fill out a separate copy of this form for **each child** for whom your petition asks the court to appoint a guardian.

**This form is attached to the Petition,**  **form GC-210, item 2,** or  **form GC-210(P), item 8.**

The petition asks the court to appoint a guardian of this child's *(specify)*:  person  estate  person and estate.

**1 Tell the court about this child**

a. Child's full legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*First Middle Last mm/dd/yyyy*

b. Child's current address: \_\_\_\_\_  
\_\_\_\_\_

c. Indian child inquiry *(Complete only if your petition asks the court to appoint a guardian of this child's person or person and estate. If your petition asks the court to appoint a guardian of this child's estate only, skip this item and go to item 1d.)*

I have asked whether the child is or may be a member of one or more Indian tribes recognized by the federal government, or eligible for membership in such a tribe and the biological child of a tribal member, and whether the child or parents live or are domiciled on a reservation or rancheria or in an Alaskan Native village. Form ICWA-010(A), *Indian Child Inquiry Attachment*, is attached to this form.

I have not asked about the child's Indian heritage because the parents are unavailable or deceased.

*(For more information about your duties under the federal Indian Child Welfare Act (ICWA) (25 U.S.C. §§ 1901–1963) and California law, including making the inquiry and completing form ICWA-010(A) if the child is or may be an Indian child, see Information Sheet on Indian Child Inquiry Attachment and Notice of Child Custody Proceeding for Indian Child (form ICWA-005-INFO).)*

d. Is this child married?  Yes  No  Never married If you checked "No," was this child married in the past but the marriage was dissolved or ended in divorce?  Yes  No  
*(The court cannot appoint a guardian of the person for a minor child who is married or whose marriage was dissolved or ended in divorce.)*

e. Is this child receiving public benefits?  Yes  No  I don't know *(If you checked "Yes," fill in below.)*

| Type of Aid  | Monthly Benefit | Type of Aid                                       | Monthly Benefit |
|--|-----------------|---|-----------------|
| <input type="checkbox"/> TANF (Temporary Asst. for Needy Families) | \$ _____        | <input type="checkbox"/> Other <i>(explain)</i> : | \$ _____        |
| <input type="checkbox"/> Social Security                           | \$ _____        | <input type="checkbox"/> Other <i>(explain)</i> : | \$ _____        |
| <input type="checkbox"/> Dept. Veterans Affairs Benefits           | \$ _____        |   |                 |

f. Name and address of the person with *legal* custody of this child: \_\_\_\_\_  
\_\_\_\_\_

g.  *(Check this box and fill out below if the person the child lives with is not the person in f. with legal custody.)*  
Name and address of the person this child lives with (who takes care of the child): \_\_\_\_\_  
\_\_\_\_\_



Guardianship of (all children's names): \_\_\_\_\_

Case Number: \_\_\_\_\_

This child's name: \_\_\_\_\_

**1 Tell the court about this child (continued)**

h.  (Check this box if this child has been involved in an adoption, juvenile court, marriage dissolution (divorce), domestic relations, child custody, or other similar court case.) Describe the court case below:

| Type of Case | Court District or County and State or Tribe | Case Number (if known) |
|--------------|---|------------------------|
|              |   |                        |
|              |   |                        |
|              |   |                        |

i.  (Check this box if this child is in or on leave from an institution supervised by the California Department of Developmental Services or the California Department of State Hospitals.) Write the name of the institution here:

**2 List the names and addresses of this child's relatives and all other persons shown below:**

| Relationship                     | Name  | Home Address (Street, City, State, Zip) |
|----------------------------------|-------|---|
| Mother                           | _____ | _____                                   |
| Father                           | _____ | _____                                   |
| Grandmother<br>(Mother's mother) | _____ | _____                                   |
| Grandfather<br>(Mother's father) | _____ | _____                                   |
| Grandmother<br>(Father's mother) | _____ | _____                                   |
| Grandfather<br>(Father's father) | _____ | _____                                   |
| Sibling                          | _____ | _____                                   |
| Sibling                          | _____ | _____                                   |
| Sibling                          | _____ | _____                                   |
| Sibling                          | _____ | _____                                   |
| Sibling                          | _____ | _____                                   |
| Sibling                          | _____ | _____                                   |
| Sibling                          | _____ | _____                                   |

(Check here if this child has additional relatives, including parents, grandparents, siblings, or half-siblings, and list their names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Item 2: Other Relatives" at the top of the paper and attach it to this form.)



Guardianship of (all children's names): \_\_\_\_\_

Case Number: \_\_\_\_\_

This child's name: \_\_\_\_\_

**2 List the names and addresses of this child's relatives and all other persons shown below:**

| Relationship  | Name  | Home Address (Street, City, State, Zip) |
|---|-------|---|
| Spouse<br><i>(Guardianship of the estate only)</i>  | _____ | _____                                   |
| Person nominated<br>as guardian of this child <i>(if someone other than a proposed guardian named in 3)</i> | _____ | _____                                   |
| Indian custodian<br><i>(if any)</i>   | _____ | _____                                   |
| Child's tribe<br><i>(if any and if known)</i>   | _____ | _____                                   |

(Check here if there is more than one tribe that the child may be eligible for membership in, and list the names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of the child, and "Attachment 2: Child's tribes" at the top of the paper and attach it to this form.)

**3 Information about the proposed guardian:**

a. Name (name all proposed guardians if more than one):  
\_\_\_\_\_  
\_\_\_\_\_

b. Relationship(s) to the child named in 1 (check all that apply):  
 Relative (specify relationship(s) to the child of each proposed relative guardian):  
\_\_\_\_\_  
 Not a relative (explain interest in or connection to this child): \_\_\_\_\_  
\_\_\_\_\_

c. Did the child's parent(s) nominate the proposed guardian(s)?  Yes  No  I don't know  
*(If you checked "Yes," attach the written nomination as Attachment 3c.)*

d. Does this child currently live with the proposed guardian(s)?  Yes  No  I don't know  
If "Yes," how long has the child lived with the proposed guardian(s)? (years, months): \_\_\_\_\_

e. If the court approves the guardianship, will this child live with the proposed guardian(s)?  Yes  No

f. Does/do the proposed guardian(s) currently plan to adopt this child?  Yes  No  I don't know

**4 Explain why appointing a guardian for the child named in 1 would be in the child's best interest:**

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

(Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 4: Guardianship—Best Interest of Child" at the top of the paper and attach it to this form.)



Guardianship of (all children's names): \_\_\_\_\_

Case Number: \_\_\_\_\_

This child's name: \_\_\_\_\_

5 Explain why appointing the person named in 3 to be this child's guardian would be in the child's best interest:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 5: Proposed Guardian—Best Interest of Child" at the top of the paper and attach it to this form.)

6 a. Does one or do both of this child's parents agree:

(1) That the court needs to appoint a guardian for the child?  
Parent (name): \_\_\_\_\_  Yes  No  I don't know

Parent (name): \_\_\_\_\_  Yes  No  I don't know

(2) That the person named in 3 should be the child's guardian?  
Parent (name): \_\_\_\_\_  Yes  No  I don't know

Parent (name): \_\_\_\_\_  Yes  No  I don't know

b. If the child is an Indian child and in the care and custody of an Indian custodian, does the Indian custodian agree:

(1) That the court needs to appoint a guardian for the child?  
Custodian (name): \_\_\_\_\_  Yes  No  I don't know

(2) That the person named in 3 should be the child's guardian?  
Custodian (name): \_\_\_\_\_  Yes  No  I don't know

7  Check this box if you (the petitioner) are not the person named in 3, and fill in below.

Your relationship to this child:  
 Relative (specify relationship): \_\_\_\_\_  
\_\_\_\_\_

Not a relative (explain your interest in or connection to this child):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 Except as otherwise stated in this form, the statements made in the petition to which this form is attached fully apply to this child.



|  |   |
|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):<br><br>TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____<br>E-MAIL ADDRESS ( <i>Optional</i> ): _____<br>ATTORNEY FOR ( <i>Name</i> ): _____                              | <b>FOR COURT USE ONLY</b><br><br><br><br><br><br><br><br><br><br>CASE NUMBER: _____ |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:  |   |
| <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE<br>OF ( <i>Name</i> ):<br><br><input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE |   |
| <b>NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP</b>   |   |

**This notice is required by law.  
This notice does not require you to appear in court, but you may attend the hearing if you wish.**

- NOTICE is given that (*name*):  
(*representative capacity, if any*):  
has filed (*specify*):
- You may refer to documents on file in this proceeding for more information. (*Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.*)
- The petition includes an application for the independent exercise of powers by a guardian or conservator under  
 Probate Code section 2108  Probate Code section 2590.  
 Powers requested are  specified below  specified in Attachment 3.
- A HEARING on the matter will be held as follows:

|          |       |        |       |
|----------|-------|--------|-------|
| a. Date: | Time: | Dept.: | Room: |
|----------|-------|--------|-------|

b. Address of court  same as noted above  is (*specify*):

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



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

**NOTE: \***

A copy of this *Notice of Hearing—Guardianship or Conservatorship* ("Notice") must be "served" on—delivered to—each person who has the right under the law to be notified of the date, time, place, and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court.. You may use form GC-020(P) to show personal service of this Notice.

\* (This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing—Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*):
  
3. I served the foregoing *Notice of Hearing—Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
  - a.  **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
  
4. a. Date mailed: \_\_\_\_\_ b. Place mailed (*city, state*): \_\_\_\_\_
  
5.  I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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 OF PERSON COMPLETING THIS FORM)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

|    | <u>Name of person served</u> | <u>Address (number, street, city, state, and zip code)</u> |
|----|------------------------------|--|
| 1. |                              |  |
| 2. |                              |  |
| 3. |                              |  |
| 4. |                              |  |

Continued on an attachment. (*You may use form DE-120(MA)/GC-020(MA) to show additional persons served.*)

|  |              |
|--|--------------|
| <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP    OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE<br>OF (Name):<br><br><input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE | CASE NUMBER: |
|--|--------------|

**PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP**

*(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)*

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3.  I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4.  I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (*specify*):

Continued on Attachment 4.

5. I am (*check all that apply*):
  - a.  not a registered California process server.
  - b.  a California sheriff or marshal.
  - c.  a registered California process server.
  - d.  an employee or independent contractor of a registered California process server.
  - e.  exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

**NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE**

|    | <u>Name</u> | <u>Address where served (number, street, city, and state)</u> | <u>Date and time service made</u> |
|----|-------------|---|-----------------------------------|
| 1. |             |   | Date: _____<br>Time: _____        |
| 2. |             |   | Date: _____<br>Time: _____        |
| 3. |             |   | Date: _____<br>Time: _____        |
| 4. |             |   | Date: _____<br>Time: _____        |

List of names and addresses of persons personally served by the undersigned continued on an attachment. (*You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.*)

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

**(For California sheriff or marshal use only)**  
**I certify** that the foregoing is true and correct

Date:

Date:

\_\_\_\_\_

\_\_\_\_\_

(SIGNATURE)

(SIGNATURE)

|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |                           |
| PETITIONER: _____ (This section applies only to family law cases.)<br>RESPONDENT:<br>OTHER PARTY:   |                           |
| GUARDIANSHIP OF (Name): _____ (This section applies only to guardianship cases.)  | CASE NUMBER: _____        |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>  |                           |

1. I am a party to this proceeding to determine custody of a child.
2.  My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): \_\_\_\_\_ minor children who are subject to this proceeding, as follows:  
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

|  |                                       |   |              |
|--|---------------------------------------|---|--------------|
| a. Child's name  | Place of birth                        | Date of birth   | Sex          |
| Period of residence  | Address                               | Person child lived with (name and complete current address) | Relationship |
| to present   | <input type="checkbox"/> Confidential | <input type="checkbox"/> Confidential                       |              |
| to   | Child's residence (City, State)       | Person child lived with (name and complete current address) |              |
| to   | Child's residence (City, State)       | Person child lived with (name and complete current address) |              |
| to   | Child's residence (City, State)       | Person child lived with (name and complete current address) |              |
| b. Child's name  | Place of birth                        | Date of birth   | Sex          |
| <input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.) |                                       |   |              |
| Period of residence  | Address                               | Person child lived with (name and complete current address) | Relationship |
| to present   | <input type="checkbox"/> Confidential | <input type="checkbox"/> Confidential                       |              |
| to   | Child's residence (City, State)       | Person child lived with (name and complete current address) |              |
| to   | Child's residence (City, State)       | Person child lived with (name and complete current address) |              |
| to   | Child's residence (City, State)       | Person child lived with (name and complete current address) |              |

- c.  Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d.  Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)



|                    |                      |
|--------------------|----------------------|
| CASE NAME:<br><br> | CASE NUMBER:<br><br> |
|--------------------|----------------------|

**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

|   |  |  |               |              |
|---|--|--|---------------|--------------|
| <input type="checkbox"/> Child's name<br><input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.) |  | Place of birth   | Date of birth | Sex          |
| Period of residence<br><br>to present   | Present address<br><br><input type="checkbox"/> Confidential | Person child lived with (name and complete current address)<br><br><input type="checkbox"/> Confidential |               | Relationship |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |
| <input type="checkbox"/> Child's name<br><input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.) |  | Place of birth   | Date of birth | Sex          |
| Period of residence<br><br>to present   | Address<br><br><input type="checkbox"/> Confidential         | Person child lived with (name and complete current address)<br><br><input type="checkbox"/> Confidential |               | Relationship |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |
| <input type="checkbox"/> Child's name<br><input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.) |  | Place of birth   | Date of birth | Sex          |
| Period of residence<br><br>to present   | Address<br><br><input type="checkbox"/> Confidential         | Person child lived with (name and complete current address)<br><br><input type="checkbox"/> Confidential |               | Relationship |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |
| to  | Child's residence (City, State)                              | Person child lived with (name and complete current address)  |               |              |

|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):<br><br>TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____<br>E-MAIL ADDRESS ( <i>Optional</i> ): _____<br>ATTORNEY FOR ( <i>Name</i> ): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |                           |
| GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE<br><br>OF ( <i>Name</i> ): _____ MINOR  |                           |
| <b>DUTIES OF GUARDIAN<br/>and Acknowledgment of Receipt</b>   | CASE NUMBER: _____        |

## DUTIES OF GUARDIAN

When you are appointed by the court as a guardian of a minor, you become an officer of the court and assume certain duties and obligations. An attorney is best qualified to advise you about these matters. You should clearly understand the information on this form. You will find additional information in the *Guardianship Pamphlet (for Guardianships of Children in the Probate Court)* (Form GC-205), which is available from the court.

### 1. GUARDIANSHIP OF THE PERSON

If the probate court appoints you as a *guardian of the person* for a child, you will be required to assume important duties and obligations.

- a. **Fundamental responsibilities** - The guardian of the person of a child has the care, custody, and control of the child. As guardian, you are responsible for providing for food, clothing, shelter, education, and all the medical and dental needs of the child. You must provide for the safety, protection, and physical and emotional growth of the child.
- b. **Custody** - As guardian of the person of the child, you have full legal and physical custody of the child and are responsible for **all** decisions relating to the child. The child's parents can no longer make decisions for the child while there is a guardianship. The parents' rights are suspended—not terminated—as long as a guardian is appointed for a minor.
- c. **Education** - As guardian of the person of the child, you are responsible for the child's education. You determine where the child should attend school. As the child's advocate within the school system, you should attend conferences and play an active role in the child's education. For younger children, you may want to consider enrolling the child in Head Start or other similar programs. For older children, you should consider their future educational needs such as college or a specialized school. You must assist the child in obtaining services if the child has special educational needs. You should help the child in setting and attaining his or her educational goals.
- d. **Residence** - As guardian, you have the right to determine where the child lives. The child will normally live with you, but when it is necessary, you are allowed to make other arrangements if it is in the best interest of the child. You should obtain court approval before placing the child back with his or her parents.

As guardian, you **do not** have the right to change the child's residence to a place outside of California unless you first receive the court's permission. If the court grants permission, California law requires that you establish legal guardianship in the state where the child will be living. Individual states have different rules regarding guardianships. You should seek additional information about guardianships in the state where you want the child to live.

(Continued on reverse)

|                     |              |
|---------------------|--------------|
| GUARDIAN OF (Name): | CASE NUMBER: |
| MINOR               |              |

- e. **Medical treatment** - As guardian, you are responsible for meeting the medical needs of the child. In most cases, you have the authority to consent to the child's medical treatment. However, if the child is 14 years or older, surgery may not be performed on the child unless either (1) both the child and the guardian consent or (2) a court order is obtained that specifically authorizes the surgery. This holds true except in emergencies. A guardian may not place a child involuntarily in a mental health treatment facility under a probate guardianship. A mental health conservatorship proceeding is required for such an involuntary commitment. However, the guardian may secure counseling and other necessary mental health services for the child. The law also allows older and more mature children to consent to their own treatment in certain situations such as outpatient mental health treatment, medical care related to pregnancy or sexually transmitted diseases, and drug and alcohol treatment.
- f. **Community resources** - There are agencies in each county that may be helpful in meeting the specific needs of children who come from conflicted, troubled, or deprived environments. If the child has special needs, you must strive to meet those needs or secure appropriate services.
- g. **Financial support** - Even when the child has a guardian, the parents are still obligated to financially support the child. The guardian may take action to obtain child support. The child may also be eligible for Temporary Aid for Needy Families, TANF (formerly known as AFDC), social security benefits, Veterans Administration benefits, Indian child welfare benefits, and other public or private funds.
- h. **Visitation** - The court may require that you allow visitation or contact between the child and his or her parents. The child's needs often require that the parent-child relationship be maintained, within reason. However, the court may place restrictions on the visits, such as the requirement of supervision. The court may also impose other conditions in the child's best interest.
- i. **Driver's license** - As guardian of the person, you have the authority to consent to the minor's application for a driver's license. If you consent, you will become liable for any civil damages that may result if the minor causes an accident. The law requires that anyone signing the DMV application obtain insurance to cover the minor.
- j. **Enlistment in the armed services** - The guardian may consent to a minor's enlistment in the armed services. If the minor enters into active duty with the armed forces, the minor becomes emancipated under California law.
- k. **Marriage** - For the minor to marry, the guardian **and the court** must give permission. If the minor enters a valid marriage, the minor becomes emancipated under California law.
- l. **Change of address** - A guardian must notify the court in writing of any change in the address of either the child or the guardian. This includes any changes that result from the child's leaving the guardian's home or returning to the parent's home. You **must** always obtain **court permission** before you move the child to another state or country.
- m. **Court visitors and status reports** - Some counties have a program in which "court visitors" track and review guardianships. If your county has such a program, you will be expected to cooperate with all requests of the court visitor. As guardian, you may also be required to fill out and file status reports. In all counties, you must cooperate with the court and court investigators.
- n. **Misconduct of the child** - A guardian, like a parent, is liable for the harm and damages caused by the willful misconduct of a child. There are special rules concerning harm caused by the use of a firearm. If you are concerned about your possible liability, you should consult an attorney.
- o. **Additional responsibilities** - The court may place other conditions on the guardianship or additional duties upon you, as guardian. For example, the court may require the guardian to complete counseling or parenting classes, to obtain specific services for the child, or to follow a scheduled visitation plan between the child and the child's parents or relatives. As guardian, you must follow all court orders.

(Continued on page three)



|                                  |              |
|----------------------------------|--------------|
| GUARDIAN OF (Name):<br><br>MINOR | CASE NUMBER: |
|----------------------------------|--------------|

- p. **Termination of guardianship of the person** - A guardianship of the person automatically ends when the child reaches the age of 18, is adopted, marries, is emancipated by court order, enters into active military duty, or dies. If none of these events has occurred, the child, a parent, or the guardian may petition the court for termination of guardianship. But it must be shown that the guardianship is no longer necessary or that termination of the guardianship is in the child's best interest.

## 2. GUARDIANSHIP OF THE ESTATE

If the court appoints you as *guardian of the child's estate*, you will have additional duties and obligations. The money and other assets of the child are called the child's "estate." Appointment as guardian of a child's estate is taken very seriously by the court. The guardian of the estate is required to manage the child's funds, collect and make an inventory of the assets, keep accurate financial records, and regularly file financial accountings with the court.

### MANAGING THE ESTATE

- a. **Prudent investments** - As guardian of the estate, you must manage the child's assets with the care of a prudent person dealing with someone else's property. This means that you must be cautious and may not make speculative or risky investments.
- b. **Keeping estate assets separate** - As guardian of the estate, you must keep the money and property of the child's estate separate from everyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is a *guardianship* account and not your personal account. You should use the child's social security number when opening estate accounts. You should never deposit estate funds in your personal account or otherwise mix them with your own funds or anyone else's funds, even for brief periods. Securities in the estate must be held in a name that shows that they are estate property and not your personal property.
- c. **Interest-bearing accounts and other investments** - Except for checking accounts intended for ordinary expenses, you should place estate funds in interest-bearing accounts. You may deposit estate funds in insured accounts in federally insured financial institutions, but you should not put more than \$100,000 in any single institution. You should consult with an attorney before making other kinds of investments.
- d. **Blocked accounts** - A *blocked account* is an account with a financial institution in which money is placed. No person may withdraw funds from a blocked account without the court's permission. Depending on the amount and character of the child's property, the guardian may elect **or the court may require** that estate assets be placed in a blocked account. As guardian of the estate, you must follow the directions of the court and the procedures required to deposit funds in this type of account. The use of a blocked account is a safeguard and may save the estate the cost of a bond.
- e. **Other restrictions** - As guardian of the estate, you will have many other restrictions on your authority to deal with estate assets. Without prior court order, you **may not** pay fees to yourself or your attorney. You may not make a gift of estate assets to anyone. You may not borrow money from the estate. As guardian, you may not use estate funds to purchase real property without a prior court order. If you do not obtain the court's permission to spend estate funds, you may be compelled to reimburse the estate from your own personal funds and may be removed as guardian. You should consult with an attorney concerning the legal requirements relating to sales, leases, mortgages, and investment of estate property. If the child of whose estate you are the guardian has a living parent or if that child receives assets or is entitled to support from another source, you must obtain court approval before using guardianship assets for the child's support, maintenance, or education. You must file a petition or include a request for approval in the original petition, and set forth which exceptional circumstances justify any use of guardianship assets for the child's support. The court will ordinarily grant such a petition for only a limited period of time, usually not to exceed one year, and only for specific and limited purposes.

### INVENTORY OF ESTATE PROPERTY

- f. **Locate the estate's property** - As guardian of the estate, you must locate, take possession of, and protect the child's income and assets that will be administered in the estate. You must change the ownership of all assets into the guardianship estate's name. For real estate, you should record a copy of your *Letters of Guardianship* with the county recorder in each county where the child owns real property.

(Continued on reverse)

|                                  |              |
|----------------------------------|--------------|
| GUARDIAN OF (Name):<br><br>MINOR | CASE NUMBER: |
|----------------------------------|--------------|

- g. Determine the value of the property** - As guardian of the estate, you must arrange to have a court-appointed referee determine the value of the estate property unless the appointment is waived by the court. You—not the referee—must determine the value of certain "cash items." An attorney can advise you about how to do this.
- h. File an inventory and appraisal** - As guardian of the estate, you must file an inventory and appraisal within 90 days after your appointment. You may be required to return to court 90 days after your appointment as guardian of the estate to ensure that you have properly filed the inventory and appraisal.

### INSURANCE

- i. Insurance coverage** - As guardian of the estate, you should make sure that there is appropriate and sufficient insurance covering the assets and risks of the estate. You should maintain the insurance in force throughout the entire period of the guardianship or until the insured asset is sold.

### RECORD KEEPING AND ACCOUNTING

- j. Records** - As guardian of the estate, you must keep complete, accurate records of each financial transaction affecting the estate. The checkbook for the guardianship checking account is essential for keeping records of income and expenditures. You should also keep receipts for all purchases. Record keeping is critical because you will have to prepare an accounting of all money and property that you have received, what you have spent, the date of each transaction, and its purpose. You will also have to be able to describe in detail what is left after you have paid the estate's expenses.
- k. Accountings** - As guardian of the estate, you must file a petition requesting that the court review and approve your accounting one year after your appointment and at least every two years after that. The court may ask that you justify some or all expenditures. You should have receipts and other documents available for the court's review, if requested. If you do not file your accounting as required, the court will order you to do so. You may be removed as guardian for failure to file an accounting.
- l. Format** - As guardian of the estate, you must comply with all state and local rules when filing your accounting. A particular format is specified in the Probate Code, which you must follow when you present your account to the court. You should check local rules for any special local requirements.
- m. Legal advice** - An attorney can advise you and help you prepare your inventories, accountings, and petitions to the court. If you have questions, you should consult with an attorney.

### 3. OTHER GENERAL INFORMATION

- a. Removal of a guardian** - A guardian may be removed for specific reasons or when it is in the child's best interest. A guardian may be removed either on the court's own motion or by a petition filed by the child, a relative of the child, or any other interested person. If necessary, the court may appoint a successor guardian, or the court may return the child to a parent if that is found to be in the child's best interest.
- b. Legal documents** - For your appointment as guardian to be valid, the *Order Appointing Guardian of Minor* must be signed. Once the court signs the order, the guardian **must** go to the clerk's office, where *Letters of Guardianship* will be issued. *Letters of Guardianship* is a legal document that provides proof that you have been appointed and are serving as the guardian of a minor. You should obtain several certified copies of the *Letters* from the clerk. These legal documents will be of assistance to you in the performance of your duties, such as enrolling the child in school, obtaining medical care, and taking care of estate business.
- c. Attorneys and legal resources** - If you have an attorney, the attorney will advise you on your duties and responsibilities, the limits of your authority, the rights of the child, and your dealings with the court. **If you have legal questions, you should consult with your attorney.** Please remember that the court staff cannot give you legal advice.

(Continued on page five)

|                     |       |              |
|---------------------|-------|--------------|
| GUARDIAN OF (Name): | MINOR | CASE NUMBER: |
|---------------------|-------|--------------|

If you are not represented by an attorney, you may obtain answers to your questions by contacting community resources, private publications, or your local law library.

**NOTICE: This statement of duties is a summary and is not a complete statement of the law. Your conduct as a probate guardian is governed by the law itself and not by this summary.**

**ACKNOWLEDGMENT OF RECEIPT**

1. I have petitioned the court to be appointed as a guardian.
2. I acknowledge that I have received a copy of this statement of the duties of the position of guardian.

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)



\_\_\_\_\_

(SIGNATURE OF PETITIONER)

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)



\_\_\_\_\_

(SIGNATURE OF PETITIONER)

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)



\_\_\_\_\_

(SIGNATURE OF PETITIONER)

|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):<br><br>TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____<br>E-MAIL ADDRESS ( <i>Optional</i> ): _____<br>ATTORNEY FOR ( <i>Name</i> ): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |                           |
| GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF ( <i>Name</i> ):   |                           |
| <input type="checkbox"/> <b>CONSENT OF PROPOSED GUARDIAN</b><br><input type="checkbox"/> <b>NOMINATION OF GUARDIAN</b><br><input type="checkbox"/> <b>CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE</b>                     | CASE NUMBER:              |

**CONSENT OF PROPOSED GUARDIAN**

1. I consent to serve as guardian of the  person  estate of the minor.

Date:

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF PROPOSED GUARDIAN)

**NOMINATION OF GUARDIAN**

2. I am  a parent of the minor  a donor of a gift to the minor. I nominate (*name and address*):

as guardian of the  person  estate of the minor.

3. I am  a parent of the minor  a donor of a gift to the minor. I nominate (*name and address*):

as guardian of the  person  estate of the minor.

Date:

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)

**NOTICE: The guardian of the person of a minor child has full legal and physical custody until the child becomes an adult or is adopted, the court changes guardians, or the court terminates the guardianship. Parents or other interested persons must petition the court to terminate the guardianship. The court will not do so unless the judge decides that termination would be in the child's best interest.**

**CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE**

4. I consent to appointment of the guardian as requested in the *Petition for Appointment of Guardian of Minor*, filed on (date): [\_\_\_\_\_] . I am entitled to notice in this proceeding, but I waive notice of hearing of the petition, including notice of any request for independent powers contained in it. I waive timely receipt of a copy of the petition.

|      |                      |  |             |                       |
|------|----------------------|--|-------------|-----------------------|
| DATE | (TYPE OR PRINT NAME) |  | (SIGNATURE) | RELATIONSHIP TO MINOR |
| DATE | (TYPE OR PRINT NAME) |  | (SIGNATURE) | RELATIONSHIP TO MINOR |
| DATE | (TYPE OR PRINT NAME) |  | (SIGNATURE) | RELATIONSHIP TO MINOR |

Continued on Attachment 4.

**CONFIDENTIAL (DO NOT ATTACH TO PETITION)**

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|   |  |                              |              |
|---|--|------------------------------|--------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):       |  | <b>FOR COURT USE ONLY</b>    |              |
| TELEPHONE NO.: _____ FAX NO. (Optional): _____                                  |  |                              |              |
| E-MAIL ADDRESS (Optional): _____  |  |                              |              |
| ATTORNEY FOR (Name): _____  |  |                              |              |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>                                  |  |                              |              |
| STREET ADDRESS: _____   |  |                              |              |
| MAILING ADDRESS: _____  |  |                              |              |
| CITY AND ZIP CODE: _____  |  |                              |              |
| BRANCH NAME: _____  |  |                              |              |
| GUARDIANSHIP OF _____ (Name):   |  | CASE NUMBER: _____           |              |
| MINOR   |  |                              |              |
| <b>CONFIDENTIAL GUARDIAN SCREENING FORM</b>                                     |  | HEARING DATE AND TIME: _____ | DEPT.: _____ |
| Guardianship of <input type="checkbox"/> Person <input type="checkbox"/> Estate |  |                              |              |

**The proposed guardian must complete and sign this form. The person requesting appointment of a guardian must submit the completed and signed form to the court with the guardianship petition. This form must remain confidential.**

**How This Form Will Be Used**

This form is **confidential** and will not be a part of the public file in this case. Each proposed guardian must complete and sign a separate copy of this form under rule 7.1001 of the California Rules of Court. The information provided will be used by the court and by persons and agencies designated by the court to assist the court in determining whether to appoint the proposed guardian as guardian. The proposed guardian **must** respond to each item.

1. a. **Proposed guardian (name):**  
 b. Date of birth: \_\_\_\_\_  
 c. Social security number: \_\_\_\_\_ d. Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_  
 e. Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_
2.  I am  I am not required to register as a sex offender under California Penal Code section 290. (If you checked "I am," explain in Attachment 2.)
3.  I have  I have not been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor. (If you checked "I have," explain in Attachment 3.)  
 (Check here if you have been arrested for drug or alcohol-related offenses.)
4.  I have  I have not had a restraining order or protective order filed against me in the last 10 years. (If you checked "I have," explain in Attachment 4.)
5.  I am  I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue. (If you checked "I am," explain in Attachment 5.)
6. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?  
 Yes  No (If you checked "Yes," explain in Attachment 6 and provide the name and address of each social worker, parole officer, or probation officer.)
7. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of any form of child abuse, neglect, or molestation?  Yes  No (If you checked "Yes," explain in Attachment 7.)
8.  I am  I am not aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding me or any other person living in my home. (If you checked "I am," explain in Attachment 8 and provide the name and address of each agency.)
9. Have you, or has any other person living in your home, habitually used any illegal substances or abused alcohol?  
 Yes  No (If you checked "Yes," explain in Attachment 9.)

**CONFIDENTIAL**

**GC-212**

|                                 |              |
|---------------------------------|--------------|
| GUARDIANSHIP OF <i>(Name)</i> : | CASE NUMBER: |
| MINOR                           |              |

- 10. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?  
 Yes     No    *(If you checked "Yes," explain in Attachment 10.)*
- 11. Do you or does any other person living in your home suffer from mental illness?  
 Yes     No    *(If you checked "Yes," explain in Attachment 11.)*
- 12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?  
 Yes     No    *(If you checked "Yes," explain in Attachment 12.)*
- 13.  I have or may have     I do not have    an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of guardian.  
*(If you checked "I have or may have," explain in Attachment 13.)*
- 14.  I have     I have not    previously been appointed guardian, conservator, executor, or fiduciary in another proceeding.  
*(If you checked "I have," explain in Attachment 14.)*
- 15.  I have     I have not    been removed as guardian, conservator, executor, or fiduciary in any other proceeding.  
*(If you checked "I have," explain in Attachment 15.)*
- 16.  I am     I am not    a private professional fiduciary, as defined in Business and Professions Code section 6501(f).  
*(If you checked "I am," respond to item 17. If you checked "I am not," go to item 18.)*
- 17.  I am     I am not    currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as guardian in this matter. *(Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 4d of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
- 18.  I am     I am not    a responsible corporate officer authorized to act for *(name of corporation)*:

a California nonprofit charitable corporation that meets the requirements for appointment as guardian of the proposed ward under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as guardian. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed ward in Attachment 18.)*

- 19.  I have     I have not    filed for bankruptcy protection within the last 10 years.  
*(If you checked "I have," explain in Attachment 19.)*

| <b>MINORS' CONTACT INFORMATION</b>                                     |                        |                  |
|--|------------------------|------------------|
| 20. Minor's name:  | School <i>(name)</i> : |                  |
| Home telephone:  | School telephone:      | Other telephone: |
| 21. Minor's name:  | School <i>(name)</i> : |                  |
| Home telephone:  | School telephone:      | Other telephone: |
| 22. Minor's name:  | School <i>(name)</i> : |                  |
| Home telephone:  | School telephone:      | Other telephone: |
| <input type="checkbox"/> Information on additional minors is attached. |                        |                  |

**DECLARATION**

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 OF PROPOSED GUARDIAN) | ▶ | (SIGNATURE OF PROPOSED GUARDIAN)* |
|---|---|-----------------------------------|

\* Each proposed guardian must fill out and file a separate screening form.

|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |                           |
| GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF<br>(name):   |                           |
| <b>ORDER APPOINTING GUARDIAN<br/>OR EXTENDING GUARDIANSHIP OF THE PERSON</b>  | CASE NUMBER:              |
| <b>WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.</b>  |                           |

1. The petition for appointment of a guardian or extension of a guardianship of the person came on for hearing as follows (check boxes c, d, and e to indicate personal presence):

- a. Judge (name):
- b. Hearing date: \_\_\_\_\_ Time: \_\_\_\_\_  Dept.: \_\_\_\_\_  Room: \_\_\_\_\_
- c.  Petitioner (name):
- d.  Attorney for Petitioner (name):
- e.  Attorney for (proposed) ward (name, address, e-mail, and telephone):

**THE COURT FINDS**

- 2. a.  All notices required by law have been given.
- b.  Notice of hearing to the following persons  has been  should be dispensed with (names):
- 3.  Appointment of a guardian of the  person  estate of the proposed ward is necessary or convenient. (NOTE: The Probate Code does not authorize the appointment of a guardian of the estate for a proposed ward 18 years of age or older.)
- 4.  Extension of the guardianship of the person past the ward's 18th birthday is necessary or convenient.
- 5.  Granting the guardian powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and is in the best interest of the guardianship estate.
- 6.  Attorney (name): \_\_\_\_\_ has been appointed by the court as legal counsel to represent the (proposed) ward in these proceedings. The cost for representation is: \$ \_\_\_\_\_
- 7.  The appointed court investigator, probation officer, or domestic relations investigator is (name, title, address, and telephone): \_\_\_\_\_

Do NOT use this form for a temporary guardianship.

|   |              |
|---|--------------|
| GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF<br>(name): | CASE NUMBER: |
|---|--------------|

**THE COURT ORDERS**

8. a.  (name):  
(address): (telephone):

is appointed guardian of the PERSON of (name):  
and Letters shall issue upon qualification.

b. (Not applicable to a proposed ward 18 years of age or older.)

(name):  
(address): (telephone):

is appointed guardian of the ESTATE of (name):  
and Letters shall issue upon qualification.

c.  The appointment of

(name):  
(address): (telephone):

as guardian of the PERSON of (name):  
is extended past the ward's 18th birthday and new Letters shall issue forthwith.

9.  Notice of hearing to the persons named in item 2b is dispensed with.

10. a.  Bond is not required.

b.  Bond is fixed at: \$ to be furnished by an authorized surety company or as otherwise provided by law.

c.  Deposits of: \$ are ordered to be placed in a blocked account at (specify institution and location):

and receipts shall be filed. No withdrawals shall be made without a court order.

Additional orders in Attachment 10c.

d.  The guardian is not authorized to take possession of money or any other property without a specific court order.

11.  For legal services rendered on behalf of the (proposed) ward,  the parents of the (proposed) ward

the (proposed) ward's estate shall pay to (name):

the sum of: \$

forthwith  as follows (specify terms, including any combination of payers):

12.  The guardian of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 12  subject to the conditions provided.

13.  Orders are granted relating to the powers and duties of the guardian of the person under Probate Code sections 2351–2358 as specified in Attachment 13.



|  |              |
|--|--------------|
| GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF<br><i>(name):</i> | CASE NUMBER: |
|--|--------------|

14.  Orders are granted relating to the conditions imposed under Probate Code section 2402 upon the guardian of the estate as specified in Attachment 14.
15.  Other orders as specified in Attachment 15 are granted.
16.  The probate referee appointed is *(name and address)*:

17. Number of boxes checked in items 9–16: \_\_\_\_\_

18. Number of pages attached: \_\_\_\_\_

Date:

\_\_\_\_\_  
 JUDGE OF THE SUPERIOR COURT

SIGNATURE FOLLOWS LAST ATTACHMENT

**ORDER APPOINTING GUARDIAN  
 OR EXTENDING GUARDIANSHIP OF THE PERSON  
 (Probate—Guardianships and Conservatorships)**

For your protection and privacy, please press the Clear  
 This Form button after you have printed the form.

Print this form

Save this form

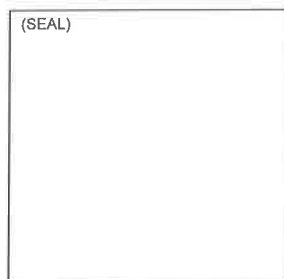
Clear this form

|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |                           |
| GUARDIANSHIP OF<br>(name):  |                           |
| <b>LETTERS OF GUARDIANSHIP</b><br><input type="checkbox"/> Person <input type="checkbox"/> Estate   | CASE NUMBER:              |

**LETTERS**

1.  (Name): \_\_\_\_\_ is appointed guardian of the  person  estate  
 of (name): \_\_\_\_\_
  
2.  The appointment of (name): \_\_\_\_\_ as guardian of the person of  
 (name): \_\_\_\_\_  
 is extended past the ward's 18th birthday as of (date): \_\_\_\_\_
  
3.  Other powers have been granted and conditions have been imposed as follows:
  - a.  Powers to be exercised independently under Probate Code section 2590 are specified in attachment 3a (specify powers, restrictions, conditions, and limitations).
  - b.  Conditions relating to the care and custody of the property under Probate Code section 2402 are specified in attachment 3b.
  - c.  Conditions relating to the care, treatment, education, and welfare of the ward under Probate Code section 2358 are specified in attachment 3c.
  - d.  Other powers granted or conditions imposed are  specified on attachment 3d  specified below.
  
4.  The guardian is not authorized to take possession of money or any other property without a specific court order.
5. The guardianship of the person terminates by operation of law on (date): \_\_\_\_\_
6. Number of pages attached: \_\_\_\_\_

WITNESS, clerk of the court, with seal of the court affixed.



Date: \_\_\_\_\_  
 Clerk, by \_\_\_\_\_, Deputy

|                            |              |
|----------------------------|--------------|
| GUARDIANSHIP OF<br>(name): | CASE NUMBER: |
|----------------------------|--------------|

**NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS**  
(Probate Code sections 2890–2893)

When these *Letters of Guardianship* (Letters) are delivered to you as an employee or other representative of an *institution or financial institution* (described below) in order for the guardian of the estate (1) to take possession or control of an asset of the minor named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public website free of charge. The Internet address (URL) is [www.courts.ca.gov/forms.htm](http://www.courts.ca.gov/forms.htm). Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form) or may be filled out online and printed out ready for signature and filing (fillable form).

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

**LETTERS OF GUARDIANSHIP**  
**AFFIRMATION**

I solemnly affirm that I will perform according to law the duties of guardian.

Executed on (date): \_\_\_\_\_, at (place): \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF APPOINTEE)

**CERTIFICATION**

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

|        |   |
|--------|---|
| (SEAL) | <p>Date: _____</p> <p>Clerk, by _____, Deputy</p> |
|--------|---|

**LETTERS OF GUARDIANSHIP**  
(Probate—Guardianships and Conservatorships)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

**Print this form**

**Save this form**

**Clear this form**

**GC-110(P)****Petition for Appointment of  
Temporary Guardian of the Person**

Temporary guardianship of (all children's names): \_\_\_\_\_

Clerk stamps date here when form is filed.

You may use this form or Petition for Appointment of Temporary Guardian or Conservator (form GC-110) to ask the court to appoint a temporary guardian of the person for a minor child. (You must use form GC-110 to ask for appointment of a temporary guardian of a minor child's estate or person and estate.) You may use this form to request appointment of a temporary guardian for one or more than one child. A petition for appointment of a (general) guardian concerning this child or these children (form GC-210 or form GC-210(P)) must have already been filed in this case or filed with this petition.

**1** Your name (include the names of all persons who are requesting the court to appoint them or the person named in **4** as temporary guardian of the child or children named above and in **6**. All must sign this form.):

- a. \_\_\_\_\_  
b. \_\_\_\_\_

**2** Your address and telephone number:

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**3**  Your lawyer (if you have one):

Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
Firm name, if any: \_\_\_\_\_  
Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax (optional): \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

**4**  I/We want to be the temporary guardian of the child or children named in **6**. (Go to **5**.)  
 I/We want the person or persons named here to be the temporary guardian of the child or children named above. Tell the court about the proposed guardian(s) below.

Name(s): \_\_\_\_\_  
Street: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

I am the child or one of the children named in **6** and one of the persons named in **1**. I am at least 12 years old. I want the person named here to be my temporary guardian.  
My date of birth is (month/day/year): \_\_\_\_\_

Superior Court of California,  
County of \_\_\_\_\_

Fill in court name and street address:

Clerk fills in case number when form is filed.

Case Number: \_\_\_\_\_



Temporary guardianship of (all children's names): \_\_\_\_\_

|              |
|--------------|
| Case Number: |
|--------------|

**5 The relationship of the proposed temporary guardian named in ① or ④ to the child or children named in ⑥ is (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Grandmother (father's mother)                                     | <input type="checkbox"/> Aunt            |
| <input type="checkbox"/> Grandfather (father's father)                                     | <input type="checkbox"/> Uncle           |
| <input type="checkbox"/> Grandmother (mother's mother)                                     | <input type="checkbox"/> Brother (adult) |
| <input type="checkbox"/> Grandfather (mother's father)                                     | <input type="checkbox"/> Sister (adult)  |
| <input type="checkbox"/> Other Relative (explain relationship to child or children): _____ |  |

Not related to the child or children (explain proposed guardian's interest in or connection to the child):

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

**6 The child or children who need a temporary guardian are:**

a. Child's full legal name: \_\_\_\_\_

Child's current address: \_\_\_\_\_  
\_\_\_\_\_

Child's current phone number: \_\_\_\_\_

b. Child's full legal name: \_\_\_\_\_

Child's current address: \_\_\_\_\_  
\_\_\_\_\_

Child's current phone number: \_\_\_\_\_

Check here if you want a temporary guardian for additional children. Give the information asked above for each additional child on a separate sheet of paper. Write "Form GC-110(P)—Attachment 6: Additional Children" at the top of the paper and attach it to this form.

**7 Why do the child or children in ⑥ need a temporary guardian right now?**

The child or children need temporary care, maintenance, and support right now because (explain):

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

Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "GC-110(P)—Item 7: Reasons for Appointment of Temporary Guardian" at the top of the paper and attach it to this form.



Temporary guardianship of (all children's names): \_\_\_\_\_

Case Number: \_\_\_\_\_

8 Do I/we believe the child or children in 6 will go to the court hearing?  Yes  No

9 I/We ask the court to:

a. Appoint the person named in 1 or 4 temporary guardian of the person of the child or children named in 6 and issue Letters of Temporary Guardianship of the Person.

b.  Order that I am/we are excused from having to give notice of the hearing on this petition for appointment of temporary guardian to (review the information given on the next page and check all items that apply below):

- (1)  The child or children in 6.
- (2)  The child's father (name): \_\_\_\_\_
- (3)  The child's mother (name): \_\_\_\_\_
- (4)  A person other than a parent who has a court order for visitation with the child (name): \_\_\_\_\_

Good cause exists for this request for the following reasons (explain, and include in your explanation efforts to find a person who could not be found): \_\_\_\_\_

Multiple horizontal lines for writing an explanation.

Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-110(P)—Attachment 9: Request for a Good Cause Exception to Giving Notice" at the top of the paper and attach it to this form.

Temporary guardianship of (all children's names): \_\_\_\_\_

Case Number: \_\_\_\_\_

**INFORMATION ABOUT GIVING NOTICE OF THE HEARING ON YOUR PETITION AND REQUESTING A GOOD CAUSE EXCEPTION TO GIVING NOTICE**

You must give at least five days advance written notice of the court hearing on your petition for appointment of a temporary guardian. The written notice must be personally delivered to (1) the child if he or she is at least 12 years old, (2) the child's parents, and (3) any person who has a valid and effective visitation order with the child. Written notice is given by delivering a filled-in copy of this petition and a filled-in copy of a *Notice of Hearing—Guardianship or Conservatorship* (form GC-020), showing the date, time, and place of the hearing and the title of this petition. See *What Is "Proof of Service" in a Guardianship?* (form GC-510) for more information on how to give notice in a guardianship and how to prove that you have given notice. The instructions in that form for personal service apply here, but the time limits for giving notice mentioned in that form do not apply to a temporary guardianship. There is much less time to complete this task when a petition for appointment of a temporary guardian is involved.

The court may waive (excuse) or change the requirement of giving notice if you can show the court good cause why an exception should be made to the requirement of giving notice. This showing may be made by completing item 9b on page 3 of this form.

If you want the court to waive notice to someone because he or she cannot be found, you must show the court that you have made reasonable efforts to find that person. See rules 7.52 and 7.1012 of the California Rules of Court for information on making reasonable efforts to find a person and on the good cause exception to notice of the hearing on a petition for appointment of a temporary guardian.

10 All attachments are made part of this form as though placed here.  
There are \_\_\_\_\_ pages attached to this form. (If none, write "0.")

**All persons named in 1 (petitioners) and their attorney (if they have one) must read and sign below.**

Date: \_\_\_\_\_  
*Petitioner's Attorney types or prints name here* *Petitioner's Attorney signs here*

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

Date: \_\_\_\_\_  
*Petitioner types or prints name here* *Petitioner signs here*

Date: \_\_\_\_\_  
*Petitioner types or prints name here* *Petitioner signs here*

|   |   |
|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____ | <b>FOR COURT USE ONLY</b><br><br><br><br><br><br><br><br><br><br><br>CASE NUMBER: _____ |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |   |
| TEMPORARY GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF<br>(Name): _____ MINOR   |   |
| <b>ORDER APPOINTING TEMPORARY GUARDIAN</b>  | CASE NUMBER: _____  |
| <b>WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.</b>  |   |

1. The petition for appointment of a temporary guardian came on for hearing as follows (check boxes c–l to indicate personal presence):

- a. Judicial officer (name): \_\_\_\_\_
- b. Hearing date: \_\_\_\_\_ Time: \_\_\_\_\_  Dept.: \_\_\_\_\_  Room: \_\_\_\_\_
- c.  Petitioner (name): \_\_\_\_\_
- d.  Attorney for petitioner (name): \_\_\_\_\_
- e.  Minor (name): \_\_\_\_\_
- f.  Attorney for minor (name): \_\_\_\_\_
- g.  Minor's parents (names): \_\_\_\_\_
- h.  Attorney for minor's parents (names): \_\_\_\_\_
- i.  Person with valid visitation order (name): \_\_\_\_\_
- j.  Attorney for person with valid visitation order (name): \_\_\_\_\_
- k.  Public Guardian (name): \_\_\_\_\_
- l.  Attorney for Public Guardian (name): \_\_\_\_\_

#### THE COURT FINDS

2. a.  Notice of the time and place of hearing has been given as required by law.
- b.  Notice of the time and place of hearing  has been  should be dispensed with for (names): \_\_\_\_\_
3. It is necessary that a temporary guardian be appointed to  provide for temporary care, maintenance, and support  
 protect property from loss or injury  pending the hearing on the petition for appointment of a general guardian.  
 pending an appeal under Probate Code section 1301.  during the suspension of powers of the guardian.

#### THE COURT ORDERS

4. a.  (Name): \_\_\_\_\_  
 (Address): \_\_\_\_\_ (Telephone): \_\_\_\_\_  
 is appointed temporary guardian of the PERSON of (name): \_\_\_\_\_  
 and Letters shall issue upon qualification.
- b.  (Name): \_\_\_\_\_  
 (Address): \_\_\_\_\_ (Telephone): \_\_\_\_\_  
 is appointed temporary guardian of the ESTATE of (name): \_\_\_\_\_  
 and Letters shall issue upon qualification.



|                                      |              |
|--------------------------------------|--------------|
| TEMPORARY GUARDIANSHIP OF<br>(Name): | CASE NUMBER: |
| MINOR                                |              |

5.  Notice of hearing to the persons named in item 2b is dispensed with.
6. a.  Bond is not required.
- b.  Bond is fixed at: \$ \_\_\_\_\_ to be furnished by an authorized surety company or as otherwise provided by law.
- c.  Deposits of: \$ \_\_\_\_\_ are ordered to be placed in a blocked account at (*specify institution and location*): \_\_\_\_\_
- and receipts shall be filed. No withdrawals shall be made without a court order.  Additional orders in attachment 6c.
- d.  The temporary guardian is not authorized to take possession of money or any other property without a specific court order.
7.  In addition to the powers granted by law, the temporary guardian is granted other powers. These powers are specified  in attachment 7.  below (*specify*): \_\_\_\_\_

8.  Other orders as specified in attachment 8 are granted.
9.  Unless modified by further order of the court, this order expires on (*date*): \_\_\_\_\_
10. Number of boxes checked in items 4–9: \_\_\_\_\_
11. Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, address, and State Bar number):  
After recording, return to:  
  
TEL NO.: FAX NO. (optional):  
E-MAIL ADDRESS (optional):  
ATTORNEY FOR (name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF  
STREET ADDRESS:  
MAILING ADDRESS:  
CITY AND ZIP CODE:  
BRANCH NAME:

FOR RECORDER'S USE ONLY

TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP  
OF (name):  
 MINOR  CONSERVATEE

CASE NUMBER:

LETTERS OF TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP  
 Person  Estate

FOR COURT USE ONLY

LETTERS

1. (Name):  
is appointed temporary  guardian  conservator of the  person  
 estate of (name):

2.  Other powers that have been granted or restrictions imposed on the temporary  
 guardian  conservator are  specified in Attachment 2,  
 specified below:

3. These Letters shall expire  
a.  on (date): or upon earlier issuance of Letters to a general guardian or conservator.  
b.  on other date (specify):

4.  The temporary  guardian  conservator is not authorized to take possession of money or any other property  
without a specific court order.

5. Number of pages attached:

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)

Date:  
Clerk, by \_\_\_\_\_, Deputy

This form may be recorded as notice of the establishment of a temporary conservatorship of the estate as provided in Probate Code section 1875.

|   |                    |
|---|--------------------|
| TEMPORARY <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP<br>OF (name): _____<br><br><div style="text-align: center;"> <input type="checkbox"/> MINOR    <input type="checkbox"/> CONSERVATEE                 </div> | CASE NUMBER: _____ |
|---|--------------------|

**NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS**  
(Probate Code sections 2890–2893)

When these *Letters of Temporary Guardianship* or *Letters of Temporary Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the temporary guardian or temporary conservator of the estate (1) to take possession or control of an asset of the minor or conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship or conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The temporary guardian or temporary conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is [www.courts.ca.gov/forms/](http://www.courts.ca.gov/forms/). Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter, or may be filled out online and printed out ready for signature and filing.

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

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**LETTERS OF TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP**  
**AFFIRMATION**

I solemnly affirm that I will perform according to law the duties of temporary  guardian.  conservator.

Executed on (date): \_\_\_\_\_, at (place): \_\_\_\_\_

|                               |  |                                   |
|-------------------------------|--|-----------------------------------|
| _____<br>(TYPE OR PRINT NAME) |  | _____<br>(SIGNATURE OF APPOINTEE) |
|-------------------------------|--|-----------------------------------|

**CERTIFICATION**

I certify that this document, including any attachments, is a correct copy of the original on file in my office and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside and are still in full force and effect.

|        |  |
|--------|--|
| (SEAL) | Date: _____<br><br>Clerk, by _____, Deputy |
|--------|--|

### What is "service"?

- When you are involved in a court case, you are responsible for delivery ("service") of copies of important papers you file with the court to other people involved in the case. Depending on the circumstances, these papers must be served by personal delivery (called "**personal service**"), or may be served by mail (called "**service by mail**").
- If you file a petition for appointment of a guardian for a child, you are a **petitioner**. At the beginning of the case the petitioner must arrange for personal service of copies of the petition and other papers on certain people, must see that these papers are served on certain other people either by mail or by personal service (at the petitioner's choice), and then must show the court that this has been done (called "**proving service**," or "**proof of service**").
- This form explains what papers must be served at the beginning of a guardianship, who must be served with these papers, how and when service must be made, and how and when you, as a guardianship petitioner, must prove to the court that service has been made. You can find out more about the papers that you must file in another form available from the court, **Form GC-505, Forms You Need to Ask the Court to Appoint a Guardian of the Person**.

### What papers must be served at the beginning of a guardianship case?

- A **filled-in copy of the petition for appointment of a guardian (the "Petition")**.  
In a guardianship of the person, this may be either **Form GC-210(P), Petition for Appointment of a Guardian of the Person** or **Form GC-210, Petition for Appointment of Guardian of Minor**. Copies of all papers attached to the *Petition* must also be served with it.
- A **filled-in copy of Form GC-020, Notice of Hearing—Guardianship or Conservatorship**, (the "**Notice of Hearing**") showing the date, time, and place of the hearing on the *Petition*, including (unsigned) copies of all attachments showing proof of service.

### Who must be personally served?

(You may use this form as a checklist. Check all that apply to your case.)



Don't serve these by mail!

- The child who needs a guardian, but only if he or she is at least 12 years old.
- The child's parents.
- Any person who has legal custody of the child or is serving as court-appointed guardian of the child's property (the child's "**estate**").
- Any person nominated as guardian of the child by one or both of the child's parents (if your petition does not ask the court to appoint that person as guardian).
- Any person nominated as guardian of the estate of the child for property received by the child from the person making the nomination.

### How do I arrange for personal service?

Someone—not you or anyone else who signed the *Petition*—must personally serve (hand-deliver) copies of the *Notice of Hearing* and the *Petition* to the persons named above. Service lets these persons know:

- That you are asking the court to appoint a guardian for the child named in the *Petition*.
- The person you want the court to appoint as guardian (either yourself or someone else).
- The date and time when, and the place where, the court will hear your request.

### Who can serve?

Ask someone you know, a registered process server, or a representative of the county sheriff's civil division, to personally serve copies of the forms to the persons named above. The forms **cannot** be sent to those persons by mail.

- The server must be at least 18 years of age.
- A registered process server is a business you pay to deliver court forms. Look in a telephone directory under "Process Serving."
- The sheriff's civil division often has an office at the courthouse. You will also have to pay for its services.

**How does the server personally serve the *Notice of Hearing* and the *Petition*?**

Ask the server to:

- Walk up to each person to be served and make sure he or she is the right person.
- Hand each person copies of the filled-out *Notice of Hearing* and the *Petition*.
- Fill out and sign **Form GC-020(P)**, *Proof of Personal Service of Notice of Hearing*. If the server delivers papers to more people than can be listed on this form, ask the server to add the names of the additional people served on one or more copies of **Form DE-120(PA)/GC-20(PA)**, *Attachment to Notice of Hearing Proof of Personal Service*.
- Give the filled-out and signed **Form GC-020(P)** and any attachment pages back to you.

**What if the person served won't take the papers or tears them up?**

The server must attempt to make personal delivery (**but peacefully!**) even if the person served won't take the papers. It doesn't matter if the person tears them up or throws them down after they are handed to him or her. **(A registered process server or sheriff's deputy will know how to complete a good service. If you think someone who must be personally served will try to avoid service, it is a good idea to use one of these professionals to serve that person.)**

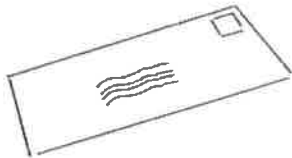
**Who signs the Proof of Personal Service?**

- Only the person who serves the *Notice of Hearing* and the *Petition* can sign **Form GC-020(P)**. **Neither you, any other petitioner, nor the person served may sign this form.**
- If more than one person personally serves papers, each server must fill out and sign his or her own separate **Form GC-020(P)** showing the names of the persons he or she serves.

**Who may be served by mail?**

**(You may use this form as a checklist. Check all that apply to your case.)**

- The child's relatives listed in the child's **Form GC-210(CA)**, *Guardianship Petition—Child Information Attachment*, attached to the *Petition*:



- Grandfather (father's father)
- Grandmother (father's mother)
- Grandfather (mother's father)
- Grandmother (mother's mother)
- Brother(s) (including half-brothers) (if 12 years of age or older)
- Sister(s) (including half-sisters) (if 12 years of age or older)

*These may be served by mail!*

- If the child has a brother or sister under the age of 12, copies of the *Notice of Hearing* and the *Petition* must be mailed to one of the following persons for him or her instead of mailing directly to the young brother or sister:**
- The brother's or sister's parent;
  - A court-appointed guardian of the brother or sister; or
  - A person having legal custody of the brother or sister who lives with that brother or sister.
- (If a parent, guardian, or legal custodian of a brother or sister of the child involved in the case is a petitioner, service of notice to that person on behalf of the brother or sister is not necessary.)*
- Any person having the physical care of the child who does not have legal custody of the child.
- If your petition requests appointment of a guardian of the person who is not related to the child**, the Director of the Department of Social Services, Children's Services Operations and Evaluation Branch, 744 P Street MS 3-34, Sacramento, CA 95814.
- Your court may require you to serve other persons or organizations by mail.** Check your court's local rules and practices to find out if this applies to you.

**Who may be served by mail ? (Continued)**

- If the child is a patient in, or on leave from,** a state hospital run by the State Departments of Mental Health or Developmental Disabilities, to the Director of that department. The address for the Director of Mental Health is 1600 Ninth Street, Room 151, Sacramento, CA 95814. The address for the Director of Developmental Disabilities is 1600 Ninth Street, Room 240, Sacramento, CA 95814, Attn.: Office of Legal Affairs.
- If the child has developmental disabilities** and the person you want the court to appoint as guardian is: (1) not the child's natural parent; (2) a provider of services to persons with developmental disabilities or the spouse or an employee of a provider; and (3) not a public agency, to the Director of the Regional Center for the Developmentally Disabled in the child's county. (But see **When must the Notice of Hearing and the Petition be served?** on page 4 of this form for a special requirement for mailing papers to a Regional Center Director.)
- If the child is or may be a Native American, or has Native American ancestors,** there are additional mailing and other requirements that may apply to your case. These requirements are not discussed in this form. If you can get on the Internet, you can go to the California Courts Self-Help Center Web site to get more information about the special requirements for a guardianship involving a Native American child. The Web site's address is [www.courtinfo.ca.gov/selfhelp/family/guardianship](http://www.courtinfo.ca.gov/selfhelp/family/guardianship) (English) or [www.courtinfo.ca.gov/selfhelp/espanol/familia/tutela](http://www.courtinfo.ca.gov/selfhelp/espanol/familia/tutela) (Spanish).

**Who need not be served (unless the court orders otherwise)?**

Unless the courts orders that they be served, you do not need to arrange for service on the parents or other relatives of a child who has been relinquished to a licensed adoption agency, or the parents of a child a court has declared to be free from the parents' custody and control.

**How do I arrange for service by mail?**

**Someone—not you or anyone else who signed the Petition**—must do the mailing to the persons and organizations named above that are involved in your case. "Doing the mailing" means actually placing the papers in the envelopes and delivering the sealed envelopes into the possession of the U.S. Postal Service . Someone else can address the envelopes and add the postage, but the person who signs the proof of service (see below) must be able to say that he or she enclosed the papers in the envelopes and delivered the sealed envelopes to the U.S. Postal Service on a certain date at a specific place (city and state), and that the addresses on the envelopes were as they are shown in the proof of service.

**Who can serve by mail?**

- The person doing the mailing must be at least 18 years of age.
- He or she must not be a petitioner or a proposed guardian in your case.
- He or she must live or be employed in the county where the mailing (deposit with the U.S. Postal Service) takes place.

**How does the server serve the Notice of Hearing and the Petition by mail?**

Ask the server to:

- Deposit with the US. Postal Service, with first-class postage prepaid, sealed envelopes (9" x 12" or 10" x 13" Manila envelopes are recommended) addressed to the persons or organizations listed above that apply to your case. The envelopes should contain filled-in copies of **Form GC-020, Notice of Hearing—Guardianship or Conservatorship**, and the *Petition*, including all attached pages mentioned in it.
- Make sure the addresses shown on the envelopes for the relatives of each child match the addresses shown for these relatives in each child's **Form GC-210(CA), Guardianship Petition—Child Information Attachment**.

**How does the server serve the *Notice of Hearing* and the *Petition* by mail? (Continued)**

Ask the server to *(continued)*:

- Fill out, date, and sign the *Proof of Service* on the second page of the original **Form GC-020**.  
**Don't sign that form yourself.**
- If there are more than four persons being served by mail, continue the list of persons served by mail on one or more copies of **Form DE-120(MA)/GC-020(MA)**, *Attachment to Notice of Hearing Proof of Service by Mail*.
- Give the filled-out and signed original *Proof of Service* and all filled-out attached pages back to you.

**When must the *Notice of Hearing* and the *Petition* be served?**

- When you file your *Petition*, the court clerk will give you a date and time when, and a courtroom or department where, the judge will hear your request for appointment of a guardian.
- Once you have the date, time, and place of the hearing, that information must be filled in on **Form GC-020**, *Notice of Hearing—Guardianship or Conservatorship*, and that form and the *Petition*, with all pages attached to it, must then be personally served or served by mail on the persons and organizations mentioned above that apply to your case.
- With the exception noted below, **personal service and service by mail must be completed at least 15 days before the date of the hearing.**
- If service must be made on the Director of the Regional Center for the Developmentally Disabled for the child's county, **service must be completed at least 30 days before the hearing.** If the child in your case is developmentally disabled and you think you may have to serve a Regional Center director, when you file your *Petition* you can ask the clerk for a later hearing date because you will need more time than usual to serve the *Notice of Hearing* and the *Petition*.

**What happens if the papers aren't served in time?**

If the *Notice of Hearing* and *Petition* aren't served in time, the court will have to continue (postpone) the hearing date on your petition. This will delay appointment of a guardian for the child or children involved in your case.

**What do I do with the completed *Notice of Hearing* and the attached proofs of personal service and service by mail?**

- File with the court at least 5 days before your hearing date the original **Form GC-020**, *Notice of Hearing—Guardianship or Conservatorship*, with the filled-out and signed *Proof of Service* on the second page, the filled-out, signed, and attached **Form GC-020(P)**, *Proof of Personal Service of Notice of Hearing—Guardianship or Conservatorship*, and all attached pages showing additional persons served. File these papers with the court as soon as you can. The 5-day period mentioned above is a minimum time period.
- When you file **Form GC-020**, take an extra copy with you for the court to stamp, showing that the original form was filed on that day.
- Bring that copy with you to the hearing.

|  |           |                    |
|--|-----------|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS)<br>NO.:  | TELEPHONE | FOR COURT USE ONLY |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: |           |                    |
| <input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship <input type="checkbox"/> Estate of  |           |                    |
| <b>DECLARATION OF DUE DILIGENCE</b>  |           | CASE NUMBER:       |

**Note: Please use one form for each person you are unable to serve/locate.**

I, the undersigned, declare:

1. I made a reasonable search and cannot locate and serve the following person:

| Name | Relationship to Minor/Conservator/Decedent |
|------|--|
|      |  |

2. I do not know the name of the person I am to serve and I am unable to find out that information because:

3. The last known address of the person named in item 1 is: \_\_\_\_\_

4. I spoke with the following relatives and friends of the person named in item 1, or others having knowledge of the person's whereabouts: (MANDATORY)

| Name | Date of Contact | Relationship to Person in item1 | Result |
|------|-----------------|---------------------------------|--------|
|      |                 |                                 |        |
|      |                 |                                 |        |
|      |                 |                                 |        |

(Complete at least three of items 5 through 9)

5. I searched the telephone directory for \_\_\_\_\_ County (where the person was last known to live) and this was the result: \_\_\_\_\_

6. I contacted the California Prisoner Locator System at (916) 445-6713 and this was the result [complete only if there is reason to believe the person is incarcerated in California]: \_\_\_\_\_



|                          |        |
|--------------------------|--------|
| <i>Insert Case Name:</i> | Case # |
|--------------------------|--------|

7. I searched the internet to locate the person and this was the result: \_\_\_\_\_

8. I checked with the following persons who may have knowledge concerning the whereabouts of the person named in item 1:

| Last known employer: | Date of contact: | Result: |
|----------------------|------------------|---------|
|                      |                  |         |

| Last known landlord: | Date of contact: | Result: |
|----------------------|------------------|---------|
|                      |                  |         |

9. I have checked public records in \_\_\_\_\_ County with the following results:

|                                    |  |
|------------------------------------|--|
| <b>Tax Assessor's Name:</b>        |  |
| <b>Voter Registration Records:</b> |  |
| <b>Other:</b>                      |  |

10. The last contact I had with the person named in item 1 was or the last information concerning his/her whereabouts is as follows: (MANDATORY) \_\_\_\_\_  
 \_\_\_\_\_

11. If requesting Notice by Publication, the newspaper most likely to give notice is: \_\_\_\_\_ because \_\_\_\_\_  
 \_\_\_\_\_.

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

Executed on (date) \_\_\_\_\_, at (city) \_\_\_\_\_, California.

Type or print name \_\_\_\_\_ Signature \_\_\_\_\_

|   |                                      |                           |
|---|--------------------------------------|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):<br><br>_____<br><br>ATTORNEY FOR ( <i>Name</i> ):<br><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME: | TELEPHONE AND FAX NOS.:<br><br>_____ | <b>FOR COURT USE ONLY</b> |
| <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP    OF ( <i>Name</i> ):<br><br><div style="text-align: right;"> <input type="checkbox"/> MINOR    <input type="checkbox"/> CONSERVATEE                 </div>                             |                                      | CASE NUMBER:              |
| <b>ORDER DISPENSING WITH NOTICE</b>   |                                      |                           |

1. **THE COURT FINDS** that a petition for (*specify*):  
has been filed and
  - a.  (*for guardianship only*) the following persons cannot with reasonable diligence be given notice (*names*):
  
  - b.  (*for guardianship only*) the giving of notice to the following persons is contrary to the interest of justice (*names*):
  
  - c.  good cause exists for dispensing with notice to the following persons referred to in Probate Code section 1460(b) (*names*):
  
  - d.  other (*specify*):
  
2. **THE COURT ORDERS** that notice of hearing on the petition for (*specify*):
  - a.  is not required except to persons requesting special notice under Probate Code section 2700.
  - b.  is dispensed with to the following persons (*names*):

Date:

\_\_\_\_\_

JUDGE OF THE SUPERIOR COURT

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>EMAIL ADDRESS:<br>ATTORNEY FOR (name): | <b>FOR COURT USE ONLY</b> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF<br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |                           |
| CHILD'S NAME:  |                           |
| <b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>  | CASE NUMBER:              |

**To the parent, Indian custodian, or guardian of the above named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.**

1. Name: \_\_\_\_\_
2. Relationship to child:  Parent  Indian custodian  Guardian  Other: \_\_\_\_\_

**Indian Status**

3. a.  I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- b.  The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_
- c.  One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Location of tribe(s): \_\_\_\_\_  
 Name and relationship of ancestor(s): \_\_\_\_\_
- d.  I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e.  The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- f.  The child is or has been a ward of a tribal court.
- g.  Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.  
 Name of tribe(s) (name each): \_\_\_\_\_  
 Membership or citizenship number (if any): \_\_\_\_\_
- h.  None of the above apply.
4. A previous form ICWA-020  has  has not been filed with the court.

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)

**Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.**

For your protection and privacy, please press the Clear This Form button after you have printed the form.

## INFORMATION SHEET ON INDIAN CHILD INQUIRY ATTACHMENTS AND NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD

This is an information sheet to help you fill out form ICWA-010(A), *Indian Child Inquiry Attachment* or, in a probate guardianship, page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment*; and form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

### **ICWA-010(A), *Indian Child Inquiry Attachment* or page 5 of form GC-210(CA), *Guardianship Petition—Child Information Attachment***

You are responsible for helping to find out if the child is or may be an Indian child and filling out the information requested on ICWA-010(A), *Indian Child Inquiry Attachment* or on page 5 of GC-210(CA), *Guardianship Petition—Child Information Attachment*. This is important because if the child is an Indian child, specific steps must be taken to prevent the breakup of the child's Indian family and to obtain for the child resources and services that are culturally specific to the child's family. The court will check to make sure that the child receives these resources and services.

Tips on how to fill out ICWA-010(A), *Indian Child Inquiry Attachment* or  
page 5 of GC-210(CA), *Guardianship Petition—Child Information Attachment*

1. Try to find contact information for the child's parents or other legal guardian, the child's Indian custodian (if the child is living with an Indian person other than a parent), and the child's grandparents and great-grandparents.
2. Contact the child's parents or other legal guardian, and the child's Indian custodian, and ask them (and the child, if he or she is old enough) these questions:
  - a. Is the child a member of a tribe, and if they think he or she might be, then which tribe or tribes?
  - b. Are they members of a tribe, and if they think they might be, which tribes?
  - c. Does the child or the child's parents live in Indian country?
  - d. Does the child or any of the child's relatives receive services or benefits from a tribe, and if yes, which tribe?
  - e. Does the child or any of the child's relatives receive services or benefits available to Indians from the federal government?
3. If you are in touch with any of the child's relatives, ask them the same questions.

The court clerk's office cannot file your petition unless you have filled out and attached to the petition form ICWA-010(A), *Indian Child Inquiry Attachment*. This does not apply to a petition for appointment of a guardian in a probate guardianship or a petition filed in the juvenile court under Welfare and Institutions Code sections 601 or 602.

### **ICWA-030, *Notice of Child Custody Proceeding for Indian Child***

After taking the steps listed above to find out whether the child is an Indian child, if you know or have reason to know that the child is an Indian child, you must notify the tribe or tribes that may have a connection with the child about your court case. Tribes that learn of the case can investigate and advise you and the court whether the child is a tribal member or eligible to become a tribal member, and can then decide whether to get involved in the case or assume tribal jurisdiction. You give notice to the child's tribe or tribes and the other persons and the organization listed at the top of the second page of this form by sending them filled-out copies of ICWA-030, *Notice of Child Custody Proceeding for Indian Child* (the "Notice"), together with the other documents listed at the bottom of that page.

Some tips to help you figure out if you have a reason to know the child is an Indian child

1. If the child, an Indian tribe, an Indian organization, an attorney, a public or private agency, or a member of the child's extended family says or provides information to anyone involved in the case that the child is an Indian child;
2. If the child, the child's parents, or an Indian custodian live in a predominately Indian community; or
3. If the child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service.

These are just a few of the facts that would give you reason to know that a child is an Indian child. There also may be other information that would give you reason to know that the child is an Indian child.

**Who do you need to notify?**

If you know or have reason to know that the child is an Indian child, you must send the Notice to the following:

1. Child's parents or other legal guardian, including adoptive parents;
2. Child's Indian custodian (if the child is living with an Indian person who has legal custody of the child under tribal law or custom, under state law, or if the parent asked that person to take care of the child);
3. Child's tribe or tribes; and
4. Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, California 95825 (if the parents, Indian custodian, or tribe cannot be determined or located).

Tip on how to find the address for the child's tribe or tribes

The Secretary of the Interior periodically updates and publishes in the Federal Register (see 25 C.F.R. 23.12), a list of tribe names and addresses. The Bureau of Indian Affairs also keeps a list. You can link to the Federal Register list, another list of tribes maintained by the California Department of Social Services, and other resources related to ICWA, on the California Department of Social Services website at <http://www.childsworld.ca.gov/PG2070.htm>. The list of tribes maintained by the Department of Social Services is very helpful but it is not official, nor is there any authority to use the addresses in that list over different agents for service listed in the Federal Register. If the official list and the state's list differ on a tribal address, it is a good idea to send copies of the Notice and the other documents to both addresses.

**Copy to the Secretary of the Interior and the Area Director of the Bureau of Indian Affairs**

If you know the identity and location of the parent, Indian custodian, and the tribe or tribes, when you send the Notice to the parent, Indian custodian, and the tribe or tribes, you must also send a copy to the Secretary of the Interior at 1849 C Street, N.W., Washington, D.C. 20240 and a copy to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825.

**Copy to the Area Director of the Bureau of Indian Affairs**

If you do not know the identity and location of the child's parents, Indian custodian, and tribe or tribes, you must send copies of the Notice and the other documents to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825. In order to help establish the child's tribal identity, provide as much information as possible, including the child's name, birthdate, and birth place; the name of the tribe or tribes; the names of all of the child's known relatives with addresses and other identifying information; and a copy of the petition in the case.

**How do you send the Notice and prove to the court that you have done so?**

If you have an attorney, he or she will complete the steps described below. If you are representing yourself without an attorney in a probate guardianship case, the court clerk will help you with steps 1 and 2 below, including doing the mailing and signing the certificate of mailing on page 9 of the Notice, but you must deliver copies of the Notice and other documents listed in step 1 below to the court in addressed envelopes ready for mailing and then do step 3.

1. Mail to the persons and organizations listed at the top of this page, by registered or certified mail, with return receipt requested, copies of the following filled-out and signed forms:
  - a. Your petition;
  - b. Form ICWA-010(A), *Indian Child Inquiry Attachment* or, in a probate guardianship case, form GC-210(CA), *Guardianship Petition—Child Information Attachment*; and
  - c. Form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
2. The person who does the mailing must fill out the information requested on page 10 of form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, and then date and sign the original form on page 9.
3. Go to the court and file with the clerk of the court proof that you have given notice to everyone listed above and on page 10 of ICWA-030, *Notice of Child Custody Proceeding for Indian Child*. Your proof must consist of the following:
  - a. The original signed Notice (form ICWA-030) and copies of the documents you sent with it (the petition and form ICWA-010(A) or form GC-210(CA));
  - b. All return receipts given to you by the post office and returned from the mailing; and
  - c. All responses you receive from the child's parents, the child's Indian custodian, the child's tribe or tribes, and the Bureau of Indian Affairs.

**Please note that you are subject to court sanctions if you knowingly and willfully falsify or conceal a material fact concerning whether the child is an Indian child or counsel a party to do so. (Welf. & Inst. Code, § 224.2(e).)**



# Superior Court of the State of California

Stephanie Cameron  
 Court Executive Officer/  
 Jury Commissioner

**COUNTY OF TULARE**  
**FAMILY COURT SERVICES**  
 221 S. Mooney Blvd., Room 203  
 Visalia, California 93291  
 Telephone: (559) 730-5000  
 Facsimile: (559) 737-6973

Nocona Soboleski  
 Assistant Court Executive Officer

## ADDRESSES OF STATE AND LOCAL AGENCIES FOR NOTICE PURPOSES FOR PROBATE GUARDIANSHIP AND CONSERVATORSHIP

|  |   |
|--|---|
| <p>Tulare County Health and Human Services<br/>         Attention: Child Welfare Services<br/>         3500 W. Mineral King, Suite A<br/>         Visalia, CA. 93291<br/>         (Pursuant to Probate Code section 1542)</p>                                    | <p>Director of Department of Social Services<br/>         744 P Street<br/>         Sacramento, CA 95814<br/>         (Probate code 1542 for Unrelated Guardians)</p>                       |
| <p>Director of California Department of Developmental Services<br/>         1600 9<sup>th</sup> Street, Ste. #240<br/>         Sacramento, CA 95814<br/>         Attn: Office of Legal Affairs<br/>         (Pursuant to Probate Code section 1461 and 1542)</p> | <p>Director of Central Valley Regional Center<br/>         4615 N. Marty Ave.<br/>         Fresno, CA 93722<br/>         (Pursuant to Probate Code section 1461.4)</p>                      |
| <p>California Department of Veteran's Affairs<br/>         P.O. Box 942895<br/>         Sacramento, CA 94295<br/>         (Probate Code section 1461.5)</p>  | <p>Veteran's Administration (Federal)<br/>         Salt Lake City Regional Office<br/>         550 Foothill Drive<br/>         Salt Lake City, UT 84158</p>                                 |
| <p>Bureau of Indian Affairs<br/>         Director of Pacific Regional Office<br/>         2800 Cottage Way<br/>         Sacramento, CA 95825<br/>         {Pursuant to Probate Code section 1460.2(b)(4)}</p>  | <p>Bureau of Indian Affairs<br/>         Department of the Interior<br/>         1849 C Street, N.W.<br/>         MS-4606-MIB<br/>         Washington, D.C. 20240</p>                       |
| <p>Superior Court of California, County of Tulare<br/>         Attn: Family Court Services<br/>         221 S. Mooney Blvd., Room 203<br/>         Visalia, CA 93291</p>   | <p>Public Guardian of Tulare County<br/>         3500 W Mineral King Blvd, Suite C<br/>         Visalia, CA 93291<br/>         (Pursuant to Probate Code section 1822)</p>                  |
| <p>California Department of Social Services<br/>         Fresno District Office<br/>         1310 E. Shaw<br/>         Fresno, CA 93710-7708<br/>         Attn.: Holly Simpson, Field Office Supervisor</p>  | <p>Director of California Department of State Hospitals<br/>         1600 9<sup>th</sup> Street Room 151<br/>         Sacramento, CA. 95814<br/>         (Probate Code 1461 &amp; 1542)</p> |
|  | <p>Mr. Timothy J. Simon<br/>         Tulare County Probate Referee<br/>         1306 N. Irwin St.<br/>         Hanford, CA 93230</p>  |