

**FW-001-GC**

**Request to Waive Court Fees  
(Ward or Conservatee)**

**CONFIDENTIAL**

*Clerk stamps date here when form is filed.*

**This form must be used by a guardian or conservator, or by a petitioner for the appointment of a guardian or conservator, to request a waiver of court fees in the guardianship or conservatorship court proceeding or in any other civil action in which the guardian or conservator represents the interests of the ward or conservatee as a plaintiff or defendant.**

If the ward or conservatee (including a proposed ward or conservatee if a petition for appointment of a guardian or conservator has been filed but has not yet been decided by the court) directly receives public benefits or is supported by public benefits received by another for their support, is a low-income person, or does not have enough income to pay for their household's basic needs and the court fees, you may use this form to ask the court to waive the court fees. The court may order you to answer questions about the finances of the ward or conservatee. If the court waives the fees, the ward or conservatee, their estate, or someone with a duty to support the ward or conservatee, may still have to pay later if:

- You cannot give the court proof of the ward's or conservatee's eligibility,
- The ward's or conservatee's financial situation improves during this case, or
- You settle the civil case on behalf of the ward or conservatee for **\$10,000** or more. The trial court that waives fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge the ward or conservatee, or their estate, any collection costs.

*Fill in court name and street address:*

**Superior Court of California, County of Tulare**  
221 S Mooney Blvd  
County Civic Center  
Visalia, CA 93291

*Fill in case number and name:*

**Case Number:**

**Case Name:**

**1 Your Information** (*guardian or conservator, or person asking the court to appoint a guardian or conservator*):

Name: YOUR NAME Phone: YOUR PHONE #

Street or mailing address: YOUR MAILING ADDRESS

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**2 Your Lawyer** (*if you have one*): Name: IN PRO PER

Firm or Affiliation: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

a. The lawyer has agreed to advance all or a portion of court fees or costs (*check one*): Yes  No

b. (*If yes, your lawyer must sign here.*) Lawyer's signature: \_\_\_\_\_  
*If your lawyer is not providing legal-aid type services based on your or the ward's or conservatee's low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**3 Ward's or Conservatee's Information** (*file a separate Request for each ward in a multiward case*):

Name: WARD'S NAME Age and date of birth (*ward only*):

Street or mailing address: WARD'S MAILING ADDRESS AGE BIRTHDATE

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**4 Ward's or Conservatee's Lawyer**, if any: Name: \_\_\_\_\_

Firm or Affiliation: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5 Ward or Conservatee's Job** (*job title; if not employed, so state*): WARD'S EMPLOYMENT INFO

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_



Name of (Proposed) Ward or Conservatee:

Case Number:

WARD'S NAME

6 What court's fees or costs are you asking to be waived?

- Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

7 Check here if you asked the court to waive court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here):

8 Why are you asking the court to waive the ward's or conservatee's court fees?

a. The ward or one or both of the ward's parents, or the conservatee or the conservatee's spouse or registered domestic partner, receive (check all that apply):

- Supplemental Security Income (SSI) State Supplemental Payment (SSP) SNAP (Food Stamps)
IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF Medi-Cal
County Relief/General Assistance CAPI (Cash Assistance Program for Aged, Blind, and Disabled)
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)
Unemployment Compensation

(Names and relationships to ward or conservatee of persons who receive the public benefits listed above):

b. The gross monthly income of the ward's or conservatee's household (before deductions for taxes) is less than the amount listed below. (If you check 8b, you must fill out items 14, 15, and 16 on page 4 of this form.)\*

Table with 6 columns: Family Size, Family Income, Family Size, Family Income, Family Size, Family Income. Rows for family sizes 1-6 with corresponding income values.

c. The ward's or conservatee's household does not have enough income to pay for its basic needs and the court fees. I ask the court to (check one, and you must fill out items 14, 15, 16, 17, and 18 on page 4):\*

- (1) Waive all court fees and costs. (2) Waive some court fees and costs.
(3) Let the (proposed) guardian or conservator, on behalf of the (proposed) ward or conservatee, make payments over time.

\* (Do not include income of guardian or conservator living in the household in 8b or 8c or count them in family size in 8b, unless they are a parent of the ward or the spouse or registered domestic partner of the conservatee.)

Guardians or petitioners for their appointment must complete items 9 and 10.

9 Ward's Estate: Person only, no estate. Inventory or petition estimated value:

Source (e.g., gift, inheritance, settlement, judgment, insurance): Est. collection date:

10 Ward's Parents' Information:

a. Name of ward's parent: PARENT #1'S INFO Deceased (date of death):
Street or mailing address:
City: State: Zip:
Phone:

b. Name of ward's parent: PARENT #2'S INFO Deceased (date of death):
Street or mailing address:
City: State: Zip:
Phone:

c. Ward's parents are (check all that apply): married living together separated divorced
Support order for ward? No Yes Payable to (name):
Payor (name):
Court: Case Number:
Date of order (if multiple, date of latest): Monthly amount:



Name of (Proposed) Ward or Conservatee: \_\_\_\_\_

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

WARD'S NAME

**Conservators or petitioners for their appointment must complete items 11–13.**

**11 Conservatee's Estate:**  Person only, no estate.

Inventory or petition estimated value: \_\_\_\_\_ Est. collection date: \_\_\_\_\_

**12 Conservatee's Spouse's or Registered Domestic Partner's Information:**

Name of conservatee's spouse or registered domestic partner: \_\_\_\_\_  Spouse  Partner

Date of marriage or partnership: \_\_\_\_\_  Deceased (*date of death*): \_\_\_\_\_

Street or mailing address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of employer (*if none, so state*): \_\_\_\_\_

Employer's address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The conservatee's spouse or partner  is  is not managing, or following appointment of a conservator is planning to manage, some or all of the couple's community property outside the conservatorship estate.

If you selected "is" above: The income, money, and property shown on page 4  includes  does not include the income and property managed, or expected to be managed, by the spouse/partner outside the estate.

Divorced (*date of final judgment or decree*): \_\_\_\_\_

Court: \_\_\_\_\_

Case Number: \_\_\_\_\_ Support order for conservatee?  No  Yes

Date of support order (*if multiple, date of latest*): \_\_\_\_\_ Monthly amount: \_\_\_\_\_

**13 The Conservatee and Trusts:**

The conservatee:

a.  is  is not a trustor or settlor of a trust.

b.  is  is not a beneficiary of a trust.

If you selected "Is" to complete any of the above statements, identify and provide, in an attachment to this *Request*, the current address and telephone number of the current trustee(s) of each trust, describe the general terms of and value of each trust and the nature and value of the conservatee's interest in each trust, and the amount(s) and frequency of any distributions to or for the benefit of the conservatee prior to your appointment as conservator of which you are aware. (*You may use Judicial Council form MC-025 for this purpose.*)

**All applicants who checked item 8b or item 8c on page 2 must continue to and follow the instructions for completion of items 14–16 or items 14–18 on page 4, before signing below.**

**The information I have provided on this form and all attachments about the (proposed) ward or conservatee is true and correct to the best of my information and belief. The information I have provided on this form and all attachments concerning myself is true and correct. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Date: TODAY'S DATE \_\_\_\_\_

PRINT YOUR NAME \_\_\_\_\_  
*Print your name here*

▶ SIGN YOUR NAME \_\_\_\_\_  
*Sign here*

Name of (Proposed) Ward or Conservatee:

Case Number:

WARD'S NAME

If you checked 8a on page 2, do not fill out below. If you checked 8b, you must answer questions 14-16. If you checked 8c, you must answer questions 14-18. If you need more space, attach form MC-025 or attach a sheet of paper, and write "Financial Information" and the ward's or conservatee's name and case number at the top.

14 Check here if the ward's or conservatee's income changes a lot from month to month. If it does, complete the form based on their average income for the past 12 months.

15 Ward's or Conservatee's Gross Monthly Income
a. List the source and amount of any income the ward or conservatee gets each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
(1) WAGES \$
(2) \$
(3) \$
(4) \$
(5) \$
b. Total monthly income: \$

16 Ward's or Conservatee's Household's Income
a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on them for support, or on whom they depend in whole or in part for support.
Name Age Relationship Gross Monthly Income
(1) ADDITIONAL \$
(2) HOUSEHOLD \$
(3) MEMBERS \$
(4) \$
(5) \$
(6) \$
(7) \$
(8) \$
(9) \$
(10) \$
b. Total monthly income of persons above: \$

Total monthly income and household income (15b plus 16b): \$

To list any other facts you want the court to know, such as the (proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top.

Check here if you attach another page.

Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC.

Do not include income of guardian or conservator living in the household in item 16, their money and property in item 17, or their deductions and expenses in item 18 unless they are a parent of the ward or the spouse or registered domestic partner of the conservatee.

17 Ward's or Conservatee's Household's Money and Property
a. Cash \$
b. All financial accounts (list bank name and amount):
(1) BANK INFO \$
(2) \$
(3) \$
c. Cars, boats, and other vehicles
Make / Year Fair Market Value How Much You Still Owe
(1) VEHICLE INFO \$ \$
(2) \$ \$
(3) \$ \$
d. Real estate
Address Fair Market Value How Much You Still Owe
(1) HOME INFO \$ \$
(2) \$ \$
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
Describe Fair Market Value How Much You Still Owe
(1) \$ \$
(2) \$ \$

18 Ward's or Conservatee's Household's Monthly Deductions and Expenses
a. List any payroll deductions and the monthly amount below:
(1) FEDERAL TAX \$
(2) STATE TAX \$
(3) SDI \$
(4) MEDICARE/SOC SEC \$
b. Rent or house payment and maintenance \$
c. Food and household supplies \$
d. Utilities and telephone \$
e. Clothing \$
f. Laundry and cleaning \$
g. Medical and dental expenses \$
h. Insurance (life, health, accident, etc.) \$
i. School, child care \$
j. Child, spousal support (another marriage) \$
k. Transportation, gas, auto repair and insurance \$
l. Installment payments (list each below):
Paid to:
(1) CAR PYMT \$
(2) CREDIT CARDS \$
(3) COURT FINES \$
m. Wages/earnings withheld by court order \$
n. Any other monthly expenses (list each below):
Paid to: How Much?
(1) \$
(2) \$
(3) \$
Total monthly expenses (add 18a -18n above): \$

**FW-003-GC** **Order on Court Fee Waiver**  
**(Superior Court) (Ward or Conservatee)**

Clerk stamps date here when form is filed.

**1 (Proposed) guardian or conservator who asked the court to waive court fees for (proposed) ward or conservatee:**  
 Name: YOUR NAME  
 Street or mailing address: YOUR MAILING ADDRESS  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: YOUR PHONE #

**2 Lawyer, if person in 1 has one:**  
 Name: IN PRO PER State Bar No: \_\_\_\_\_  
 Firm or Affiliation: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**3 (Proposed) ward or conservatee:**  
 Name: WARD'S NAME  
 Street or mailing address: WARD'S MAILING ADDRESS  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: WARD'S PHONE #

**4 Lawyer for (proposed) ward or conservatee, if any:**  
 Name: IN PRO PER State Bar No: \_\_\_\_\_  
 Firm or Affiliation: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**5** A request to waive court fees was filed on (date): \_\_\_\_\_  
 The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Fill in court name and street address:  
**Superior Court of California, County of Tulare**  
 221 S Mooney Blvd  
 County Civic Center  
 Visalia, CA 93291

Fill in case number and name:  
**Case Number:**  
 \_\_\_\_\_  
**Case Name:**  
 \_\_\_\_\_

**Read this form carefully. All checked boxes  are court orders.**

**Notice:** The court may order you to answer questions about the ward's or conservatee's finances after granting a waiver and may later order payment of the waived fees from his or her estate. If this happens and the fees are not paid, the court can also charge collection fees. The court may also direct you to make efforts to collect money to pay back waived fees from persons who owe a duty to support the ward or conservatee. If there is a change in the ward's or conservatee's financial circumstances during this case that increases his or her ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010-GC.)

If this case is an action against another party and you win the case on behalf of the ward or conservatee, the trial court may order the other side to pay some or all of the waived fees. If you settle the matter for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

The court may also have a lien against the ward's or conservatee's estate that must be paid before the estate is distributed, the guardianship or conservatorship proceeding is concluded, and you are discharged as guardian or conservator.

**6** After reviewing your:  **Request to Waive Court Fees**  **Request to Waive Additional Court Fees**

- the court makes the following orders:**
- a.  The court **grants** your request concerning the ward's or conservatee's court fees and costs, as follows:
- (1)  **Fee Waiver.** The court grants your request and waives the fees and costs listed below.  
 (Cal. Rules of Court, rules 3.55 and 8.818.) You do not have to pay the court fees for the following:
- Filing papers in superior court
  - Making copies and certifying copies
  - Sheriff's fee to give notice
  - Court fee for phone hearing
  - Giving notice and certificates
  - Sending papers to another court department
- (List continued on next page.)

Name of (Proposed) Ward or Conservatee:

Case Number:

WARD'S NAME

- 6 a. (1)
  - Reporter's fee for attendance at hearing or trial, if you request that the court provide an official reporter
  - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal
  - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
  - Making a transcript or copy of an official electronic recording under rule 8.835

(2)  **Additional Fee Waiver.** The court grants your request and waives the additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- |   |   |
|---|---|
| <input type="checkbox"/> Jury fees and expenses           | <input type="checkbox"/> Fees for a peace officer to testify in court   |
| <input type="checkbox"/> Fees for court-appointed experts | <input type="checkbox"/> Court-appointed interpreter fees for a witness |
| <input type="checkbox"/> Other ( <i>specify</i> ): _____  |   |

b.  The court **denies** your fee waiver request, as follows:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1)  The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:

- Pay the ward's or conservatee's fees and costs, or
- File a new revised request that includes the items listed:  Below  On Attachment 6b(1)

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

(2)  The court **denies** your request because the information you provided on the request shows that the ward or conservatee is not eligible for the fee waiver for the reasons specified:

- Below  On Attachment 6b(2)

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

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Ward or Conservatee)(Superior Court)* (form FW-006-GC). You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:

- Pay the fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006-GC to request hearing.*)

c. (1)  The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about questions regarding your eligibility specified:

- Below  On Attachment 6c(1)

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

(2)  Bring the items of proof to support your request, if reasonably available, that are listed:

- Below  On Attachment 6c(2)

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



Name of (Proposed) Ward or Conservatee:

WARD'S NAME

Case Number:

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay the ward's or conservatee's fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

**NOTE TO GUARDIAN or CONSERVATOR:** If there are unpaid court fees after a denial of a request for a fee waiver, your case—including the guardianship or conservatorship proceeding if the waiver is requested in that matter—might not go forward. After a denial, you may choose to advance the court costs yourself to ensure that the case proceeds. If you or another person is appointed as guardian or conservator, you would have an opportunity to be reimbursed for such advances from the assets of the guardianship or conservatorship estate, if any, as allowable expenses of administration. You might also have the right to reimbursement for advanced court costs from persons with an obligation to support the ward or conservatee from assets not part of his or her estate, such as a parent of the ward, the spouse or registered domestic partner of the conservatee who is managing the couple's community property outside the conservatorship estate, or the trustee of a trust of which the conservatee is a beneficiary.

<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> <b>Hearing Date</b> </div>	Date: _____ Time: _____	Name and address of court if different from above: _____ _____ _____ _____
	Dept.: _____ Room: _____	

Date: \_\_\_\_\_ Signature of (check one):  Judicial Officer  Clerk, Deputy



**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- I handed a copy of this Order to the party and attorney, if any, listed in (1) and (2), at the court, on the date below.
- This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in (1) and (2), from (city): \_\_\_\_\_, California on the date below.
- A certificate of mailing is attached.

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

Clerk, by \_\_\_\_\_, Deputy  
Name: \_\_\_\_\_

**This is a Court Order.**

# GC-210(P)

## Petition for Appointment of Guardian of the Person

Clerk stamps date here when form is filed.

Guardianship of the person of (all children's names):

WARD'S NAME \_\_\_\_\_

You may use this form or the Petition for Appointment of Guardian of Minor (form GC-210) to petition, or ask, the court to appoint a guardian of the person. (You must use form GC-210 to ask the court to appoint a guardian of the estate or of both the person and the estate.)

1 Your name (include the names of all persons who are requesting the court to appoint them or the person named in 4 as guardian for the child\* or children\* named above and in 8. All must sign this form.):

- a. YOUR NAME \_\_\_\_\_
- b. ADDITIONAL GUARDIAN'S NAME \_\_\_\_\_
- c. \_\_\_\_\_

2 Your address and telephone number:

Street: YOUR MAILING ADDRESS \_\_\_\_\_ Apt.: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: YOUR PHONE # \_\_\_\_\_

3  Your Lawyer (if you have one):

Name: IN PRO PER \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Firm name, if any: \_\_\_\_\_  
 Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4  I/We want to be guardian of the child or children named in 8 (Go to 5.)

I/We want the person or persons named here to be the guardian of the child or children named in 8. Tell the court about the proposed guardian(s) below.

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am the child or one of the children named in 8 and a person named in 1. I am at least 12 years old. I want the person or persons named here to be my guardian.

My date of birth is (month/day/year): \_\_\_\_\_ Tell the court about the proposed guardian(s) below.

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Under section 1510.1(d) of the Probate Code, the terms child, minor, and ward include a youth 18 to 20 years of age.



Fill in court name and street address:

Superior Court of California, County of  
 Tulare  
 221 S Mooney Blvd  
 County Civic Center  
 Visalia, CA 93291

Clerk fills in information below when form is filed.

Case Number:	
Hearing Date and Time:	Dept.:



Guardianship of the person of ( <i>all children's names</i> ): WARD 'S NAME	Case Number:

**9 The guardianship is necessary or convenient for the reasons given below.**

(*Explain why each child listed in 8 needs a guardian.*)

- WHY DOES THE CHILD NEED A GUARDIAN? WHAT IS THE CURRENT SITUATION THAT CAUSES THE NEED FOR YOU TO APPLY?

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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.*):

- YOU WILL LIST ANYONE HERE WHO YOU BELIEVE YOU WILL BE UNABLE TO SERVE PRIOR TO THE HEARING.

- EXPLAIN THE THINGS YOU HAVE DONE TO TRY AND LOCATE THAT 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> : <b>WARD'S NAME</b>	<b>Case Number:</b>

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

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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)*:

**UCCJEA, QUESTIONNAIRE, COMPARISON OF GUARDIANS**

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**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: **TODAY'S DATE** \_\_\_\_\_ **PRINT YOUR NAME** \_\_\_\_\_ ▶ **SIGN YOUR NAME** \_\_\_\_\_  
*Petitioner types or prints name here* *Petitioner signs here*

Date: \_\_\_\_\_ **OTHER GUARDIAN'S NAME** \_\_\_\_\_ ▶ **OTHER GUARDIAN'S SIGNATURE** \_\_\_\_\_  
*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. **\*\* THE WARD SIGNS HERE IF OVER 12 AND AGREES \*\***

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

**GC-210(CA)**

**Child Information Attachment to Probate Guardianship Petition**

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

Guardianship of (all children's names): NAMES OF ALL WARDS

This child's name: WARD'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: WARD'S NAME Date of birth: WARD'S BIRTHDATE  
First Middle Last mm/dd/yyyy

b. Child's current address: WARD'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 out below.)

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

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

**\*\* IS THERE A COURT ORDER AWARDING LEGAL CUSTODY TO ANYONE? \*\***

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): \_\_\_\_\_

**\*\* NAME AND ADDRESS OF WHO THE CHILD LIVES WITH \*\***



Guardianship of (all children's names): NAMES OF ALL WARDS

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

This child's name: WARD'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	_____	<b>** LIST THE NAME AND ADDRESS OF ALL REQUIRED RELATIVES **</b>
Father	_____	_____
Grandmother (Mother's mother)	_____	_____
Grandfather (Mother's father)	_____	_____
Grandmother (Father's mother)	_____	_____
Grandfather (Father's father)	_____	_____
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): NAMES OF ALL WARDS

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

This child's name: WARD'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 (Guardianship of the estate only)	_____	_____
Person nominated as guardian of this child (if someone other than a proposed guardian listed in 3)	_____	_____
Indian custodian (if any)	_____	_____
Child's tribe (if any and if known)	_____	_____

(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): YOUR NAME  
ADDITIONAL GUARDIAN'S NAME
- 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:**

- WHY DOES THIS CHILD NEED A GUARDIAN? WHAT IS THE CURRENT SITUATION THAT CAUSES THE NEED FOR YOU TO APPLY?

(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): NAMES OF ALL WARDS

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

This child's name: WARD'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: WHY WOULD YOU BE THE BEST GUARDIAN FIOR THIS CHILD? EXPLAIN THE NATURE OF YOUR RELATIONSHIP TO THE CHILD.

(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): PARENT #1 Yes No I don't know

Parent (name): PARENT #2 Yes No I don't know

(2) That the person named in 3 should be the child's guardian?

Parent (name): PARENT #1 Yes No I don't know

Parent (name): PARENT #2 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.

CHILD'S NAME: WARD'S NAME	CASE NUMBER:
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1. Name of child: WARD'S NAME

2. (Check one)

I have not yet been able to complete the inquiry about the child's Indian status because:

I understand that I have an affirmative and continuing duty to complete this inquiry. I will do it as soon as possible and advise the court of my efforts.

I have asked or  I am advised by PARTY'S NAME and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. Each of these persons was asked whether they had any information that the child is or may be an Indian child; whether the parents or child are or were domiciled or lived on a reservation, rancheria, Alaska Native village, or other tribal trust land, or had ancestors who were members of an Indian tribe. The person(s) questioned are:

Name:	THE INFO ON WHO	Name:
Address:	YOU ASKED ABOUT	Address:
City, state, zip:	THE CHILD'S	City, state, zip:
Telephone:	POSSIBLE INDIAN	Telephone:
Date questioned:	ANCESTRY	Date questioned:
Relationship to child:		Relationship to child:

Additional persons questioned and their information is attached. (Form MC-020 may be used for this purpose.)

3. This inquiry (check one):

gave me reason to believe the child is or may be an Indian child. (If checked, continue to 4.)

gave me no reason to believe the child is or may be an Indian child. (If checked, continue to signature page at end of form.)

4.  I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or citizen or eligible for membership or citizenship in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.

5. Based on inquiry and tribal contacts (check all that apply):

a.  the child is or may be a member or citizen of or eligible for membership or citizenship in a tribe.

Name of tribe(s):

Location of tribe(s):

b.  the child's parents, grandparents, or great-grandparents are or were members or citizens of a tribe.

Name of tribe(s):

Location of tribe(s):

c.  the residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village or other tribal trust land.

d.  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 or Tribal Temporary Assistance to Needy Families (TANF).

e.  the child is or has been a ward of a tribal court.

Name of tribe(s):

Location of tribe(s):

f.  either parent or the child possesses an Indian Identification card indicating membership or citizenship in an Indian tribe.

Name of tribe(s):

Location of tribe(s):

CHILD'S NAME: WARD ' S NAME	CASE NUMBER:
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6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602,  
 the child is in foster care.  
 it is probable the child will be entering foster care.

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

Date: TODAY ' S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN YOUR NAME

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <b>YOUR NAME</b> <b>YOUR ADDRESS</b>  TELEPHONE NO.: <b>YOUR PHONE #</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare</b> STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <b>WARD ' S NAME</b>  <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
<b>NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP</b>	CASE NUMBER:

**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): **NAME OF GUARDIAN(S)**  
 (representative capacity, if any):  
 has filed (specify):  
 - **PETITION FOR TEMPORARY GUARDIAN (TO BE SERVED ON PARENTS ONLY)**  
 - **PETITION FOR APPOINTMENT OF GUARDIAN (TO BE SERVED ON ALL REQUIRED RELATIVES, INCLUDING PARENTS)**
- 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:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
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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 checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <b>WARD'S NAME</b>	CASE NUMBER:
<input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

**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)*:  
**SERVER'S INFORMATION**

**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: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ 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.

Date: **SERVER TO DATE**

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

Date:

▶ **SERVER TO SIGN** \_\_\_\_\_  
(SIGNATURE)

▶ \_\_\_\_\_  
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR ADDRESS CITY: TELEPHONE NO.: YOUR PHONE #      STATE:      ZIP CODE: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME <i>(Juvenile cases only)</i> :	
<i>(This section applies only to probate guardianship cases.)</i>	
GUARDIANSHIP OF (name): WARD'S NAME <span style="float: right;">Minor</span>	CASE NUMBER:
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am (check one):  a party to this proceeding to determine custody of a child  the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): \_\_\_\_\_ minor children who are subject to this proceeding, as follows (list oldest child first):

Full name	Date of birth	Place of birth (city and state)
a. OLDEST WARD'S INFO		
b. ADDITIONAL WARD'S INFO		
c.		
d.		

Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a.  Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City/State)	Person child lived with and complete current address	Relationship
**EXAMPLE ONLY**				
From: JANUARY 2025	To present	VISALIA, CA <input type="checkbox"/> Confidential (list state only)	YOUR NAME <input type="checkbox"/> Confidential (list state only)	RELATIONSHIP TO WARD
From: MAY 2024	To: JANUARY 2025	TULARE	PARENT'S INFO	PARENT
From: JULY 2020	To: MAY 2024	PORTERVILLE, CA	BOTH PARENT'S INFO	PARENTS
From:	To:			
From:	To:			

Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

b.  Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes  No *(If yes, attach a copy of the orders if you have one and provide the following information):*

Proceeding	Case number	Court <i>(name, state, or tribe, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family	<b>** ARE THERE ANY OTHER COURT CASES REGARDING THE WARD IN THIS CASE? **</b>		<b>**</b>			
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

5.  One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State or Tribe	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation rights with any child in this case?  Yes  No *(If yes, provide the following information):*

a. Name and address of person:

**DOES ANYONE ELSE HAVE PHYSICAL CUSTODY OF THE WARD?**

- Has physical custody
- Claims custody rights
- Claims visitation rights

Name of each child:

b. Name and address of person:

- Has physical custody
- Claims custody rights
- Claims visitation rights

Name of each child:

c. Name and address of person:

- Has physical custody
- Claims custody rights
- Claims visitation rights

Name of each child:

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

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

Date: **TODAY'S DATE**

**PRINT YOUR NAME (S)** \_\_\_\_\_

(NAME OF DECLARANT)

▶ **SIGN YOUR NAME (S)** \_\_\_\_\_

(SIGNATURE OF DECLARANT)

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**



GUARDIAN OF (Name):

WARD ' S NAME

MINOR

CASE NUMBER:

- 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)

**DUTIES OF GUARDIAN  
(Probate)**

GUARDIAN OF (Name):

WARD'S NAME

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):

WARD ' S NAME

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 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. Attorney 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): WARD ' S NAME	CASE NUMBER:  
MINOR	

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: TODAY ' S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF PETITIONER)

Date:

ADDITIONAL GUARDIAN'S INFO

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <b>YOUR NAME</b> <b>YOUR ADDRESS</b>  TELEPHONE NO.: <b>YOUR PHONE #</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>  <b>** EACH GUARDIAN          MUST COMPLETE          THEIR OWN FORM **</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): WARD'S NAME	
<input checked="" type="checkbox"/> <b>CONSENT OF PROPOSED GUARDIAN</b> <input type="checkbox"/> <b>NOMINATION OF GUARDIAN</b> <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: **TODAY'S DATE**

<b>PRINT YOUR NAME</b> <small>(TYPE OR PRINT NAME)</small>	▶	<b>SIGN YOUR NAME</b> <small>(SIGNATURE OF PROPOSED GUARDIAN)</small>
---	---	--

**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:

<small>(TYPE OR PRINT NAME)</small>	▶	<small>(SIGNATURE)</small>
-------------------------------------	---	----------------------------

**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
<b>** USE THIS SECTION FOR ANYONE WHO WILL SIGN AND CONSENT TO THE GUARDIANSHIP **</b>				
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)

GC-212

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<b>FOR COURT USE ONLY</b>	
YOUR NAME YOUR ADDRESS		- ANSWER EACH QUESTION IN A TRUTHFUL MANNER.	
TELEPHONE NO.: YOUR PHONE #	FAX NO. (Optional):	** ATTACHMENTS ARE REQUIRED FOR ANY QUESTION YOU STATE "I AM" TO. **	
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name): IN PRO PER			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare			
STREET ADDRESS: 221 S Mooney Blvd			
MAILING ADDRESS: County Civic Center			
CITY AND ZIP CODE: Visalia, CA 93291			
BRANCH NAME:			
GUARDIANSHIP OF (Name) : WARD'S NAME		CASE NUMBER:	
MINOR			
<b>CONFIDENTIAL GUARDIAN SCREENING FORM</b>		HEARING DATE AND TIME:	DEPT.:
Guardianship of <input checked="" 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):** GUARDIAN'S NAME AND INFORMATION
- 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 (Name): <b>WARD ' S NAME</b>	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.)

## MINORS' CONTACT INFORMATION

20. Minor's name: **WARD ' S NAME** School (name): **WARD ' S SCHOOL INFO**  
Home telephone: School telephone: Other telephone:  
**WARD ' S PHONE #**
21. Minor's name: School (name):  
Home telephone: School telephone: Other telephone:
22. Minor's name: School (name):  
Home telephone: School telephone: Other telephone:

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: **TODAY ' S DATE**

**PRINT YOUR NAME**

(TYPE OR PRINT NAME OF PROPOSED GUARDIAN)



**SIGN YOUR NAME**

(SIGNATURE OF PROPOSED GUARDIAN)\*

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

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR ADDRESS CITY: TELEPHONE NO.: YOUR PHONE #      STATE:      ZIP CODE: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): WARD'S NAME	
<b>ORDER APPOINTING GUARDIAN 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):
- Judge (name):
  - Hearing date:      Time:       Dept.:       Room:
  - Petitioner (name): GUARDIAN'S NAME (S)
  - Attorney for Petitioner (name):
  - Attorney for (proposed) ward (name, address, e-mail, and telephone):

#### THE COURT FINDS

- All notices required by law have been given.
  - Notice of hearing to the following persons  has been  should be      dispensed with  
(names):
- 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.)
- Extension of the guardianship of the person past the ward's 18th birthday is necessary or convenient.
- 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.
- Attorney (name):      has been appointed by the court as legal counsel to represent the (proposed) ward in these proceedings. The cost for representation is: \$
- The appointed court investigator, probation officer, or domestic relations investigator is (name, title, address, and telephone):  
 FAMILY COURT SERVICES  
 221 S MOONEY BLVD, ROOM 204  
 VISALIA, CA 93291

Do NOT use this form for a temporary guardianship.

GUARDIANSHIP OF THE  PERSON  ESTATE OF  
 (name): WARD'S NAME

CASE NUMBER:

**THE COURT ORDERS**

8. a.  (name): GUARDIAN'S NAME (S)  
 (address): GUARDIAN'S ADDRESS (telephone): YOUR PHONE #

is appointed guardian of the PERSON of (name): WARD'S NAME (S) HERE  
 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): (telephone):  
 (address):

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 payors):

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 checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <b>WARD'S NAME</b>	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

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.: NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
GUARDIANSHIP OF (name): WARD'S NAME	
<b>LETTERS OF GUARDIANSHIP</b> <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER:

**LETTERS**

1.  (Name): GUARDIAN'S NAME (S) is appointed guardian of the  person  estate  
 of (name): WARD'S NAME (S)
  
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.

(SEAL)

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

Clerk, by \_\_\_\_\_, Deputy



# GC-110(P)

## Petition for Appointment of Temporary Guardian of the Person

Temporary guardianship of (all children's names): WARD'S NAME

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.

Fill in court name and street address:

Superior Court of California,  
County of Tulare  
  
221 S Mooney Blvd  
County Civic Center  
Visalia, CA 93291

Clerk fills in case number when form is filed.

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

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. YOUR NAME
- b. ADDITIONAL GUARDIAN'S NAME

2 Your address and telephone number:

Street: YOUR ADDRESS Apt.: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: YOUR PHONE #

3  Your lawyer (if you have one):

Name: IN PRO PER 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): \_\_\_\_\_



Temporary guardianship of (all children's names) WARD'S NAME

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):**

- Grandmother (father's mother)
- Grandfather (father's father)
- Grandmother (mother's mother)
- Grandfather (mother's father)
- Other Relative (explain relationship to child or children): \_\_\_\_\_

- Aunt
- Uncle
- Brother (adult)
- Sister (adult)

**\*\* STATE WHAT YOUR RELATIONSHIP IS TO THE WARD(S) IN THIS CASE \*\***

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: WARD'S NAME

Child's current address: WARD'S ADDRESS

Child's current phone number: WARD'S PHONE #

b. Child's full legal name: ADDITIONAL WARD'S INFORMATION

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):

- WHY IS THERE A NEED FOR A TEMPORARY GUARDIANSHIP? EXPLAIN IN DETAIL THE NEED FOR AN IMMEDIATE ORDER.

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

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.



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): FATHER'S NAME (IF HE CAN'T BE SERVED)
  - (3)  The child's mother (name): MOTHER'S NAME (IF SHE CAN'T BE SERVED)
  - (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): \_\_\_\_\_

- THIS SECTION MUST BE COMPLETED IF YOU WILL NOT BE ABLE TO SERVE THE PARENTS PRIOR TO THE HEARING FOR TEMPORARY GUARDIANSHIP.

- EXPLAIN THE THINGS YOU HAVE DONE TO TRY AND LOCATE THE PARENT.

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) WARD'S NAME

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: TODAY'S DATE PRINT YOUR NAME SIGN YOUR NAME  
*Petitioner types or prints name here* *Petitioner signs here*

Date: \_\_\_\_\_ ADDITIONAL GUARDIAN'S INFO \_\_\_\_\_  
*Petitioner types or prints name here* *Petitioner signs here*



TEMPORARY GUARDIANSHIP OF

(Name): **WARD'S 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:

YOUR NAME  
YOUR ADDRESS

TEL NO.: YOUR PHONE # FAX NO. (optional):

E-MAIL ADDRESS (optional):

ATTORNEY FOR (name): IN PRO PER

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare  
STREET ADDRESS: 221 S Mooney Blvd  
MAILING ADDRESS: County Civic Center  
CITY AND ZIP CODE: Visalia, CA 93291  
BRANCH NAME:

FOR RECORDER'S USE ONLY

TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP  
OF (name): WARD'S NAME

CASE NUMBER:

MINOR  CONSERVATEE

LETTERS OF TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP  
 Person  Estate

FOR COURT USE ONLY

LETTERS

1. (Name): GUARDIAN'S NAME (S)  
is appointed temporary  guardian  conservator of the  person  
 estate of (name): WARD'S NAME (S)

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

TEMPORARY <input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (name): <b>WARD 'S NAME</b>	CASE NUMBER:
<input checked="" type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE	

**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.

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 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): \_\_\_\_\_

**PRINT YOUR NAME (S)** \_\_\_\_\_ \_\_\_\_\_  
 (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)	Date: _____  Clerk, by _____, Deputy
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): YOUR NAME YOUR ADDRESS ATTORNEY FOR (Name): IN PRO PER	TELEPHONE AND FAX NOS.: YOUR PHONE #	<b>FOR COURT USE ONLY</b>  ** YOU MUST COMPLETE ONE FORM FOR EACH PERSON YOU ARE UNABLE TO SERVE **
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare</b> STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:		
<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP   OF (Name): WARD'S NAME <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE		
<b>ORDER DISPENSING WITH NOTICE</b>		CASE NUMBER:

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: NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>CHILD'S NAME:</b>	
<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 other 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: PARENT ' S NAME
2. Relationship to child:  Parent  Indian custodian  Guardian  Other:

**Indian Status**

3. a.  I am or may be a member or citizen of, or eligible for membership or citizenship 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 or citizen of, or eligible for membership or citizenship in, a federally recognized Indian tribe because (state why you think the child is or may be a member or citizen or eligible for membership or citizenship in the tribe):  
 Name of tribe(s) (name each):  
  
 Location of tribe(s):
- c.  One or more of the child's parents, grandparents, or other lineal ancestors is or was a member or citizen 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, live, or have lived on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e.  The child is a resident of or is domiciled, lives, or has lived on a reservation, rancheria, Alaska Native village, or other tribal trust land.



