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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>ATTORNEY OR PARTY WITHOUT ATTORNEY:</b><br>Name: _____<br>Address: _____<br>Telephone No.: _____<br>Attorney Bar #: _____<br>Attorney For: _____                                                                                                                                                         | <b>FOR COURT USE ONLY</b>    |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE</b><br>Court Branch Address (Select One):<br><input type="checkbox"/> Visalia: 221 S. Mooney Blvd., County Civic Center, Visalia, CA 93291<br><input type="checkbox"/> Porterville: 300 E. Olive Ave., South County Justice Center, Porterville, CA 93257 |                              |
| <b>GUARDIANSHIP OF THE:</b><br><input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF:                                                                                                                                                                                                          | <b>CASE NUMBER:</b><br>_____ |
| <b>Proposed Minor (Name):</b><br>_____                                                                                                                                                                                                                                                                      |                              |

### DECLARATION OF COMPLETION OF VIDEO ORIENTATION FOR GUARDIANS

I, \_\_\_\_\_, declare as follows:

1. I am the Proposed Guardian in this matter.
2. I have completed the Guardianship Orientation Program on (date): \_\_\_\_\_.
3. I have provided the necessary fingerprinting and records check information.
4. By my signature below, I attest that I have read and am familiar with the responsibilities imposed by appointment as a guardian, as listed in the Guardianship Forms Packet Instructions and the Guardianship Orientation materials.

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

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

\_\_\_\_\_  
**Proposed Guardian's Signature**

\_\_\_\_\_  
**Guardian's Name (Type or Print)**