

GUARDIANSHIP INSTRUCTION PACKET

Superior Court of California

County of Tulare

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Read all of the packet information thoroughly and complete all forms. Your failure to follow the required procedures may result in the court delaying or denying your request. Read and pay special attention to the "Guidelines for Giving the Necessary Notice in Guardianship Matters." You must complete the guardianship orientation class. Contact the Self-Help Resource Center / Family Law Facilitator's office at (559)737-5500, Ext 7108 to sign up for the orientation.

Guardianship Assistance for Self-Represented Litigants

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

Please contact:

Tulare County Superior Court
SELF-HELP RESOURCE CENTER

(559) 737-5500

3400 West Mineral King, Ste. C
Visalia, CA 93291

We will provide instructions on how to complete the forms and how to properly notice all the necessary parties.

We can answer your procedural questions and explain the Court process.

We will NOT represent you in Court.

Please call for an appointment.

General Guardianship Instructions

Please read and complete all applicable forms thoroughly or the Court **may** not be able to grant your request. If you have questions or concerns regarding a guardianship and/or the direction you should take, you may wish to consult with an attorney, get the assistance of a paralegal or typing service, self-help resource center, or do self-research at the Tulare County Law Library or online at www.courtinfo.ca.gov/selfhelp/family/guardianship prior to beginning your case.

STEP 1

COMPLETE REQUIRED FORMS FOR FILING

Type or neatly hand-print all of the following required forms in black ink:

1. Petition for Appointment of Guardian (GC-210 (P)) & (GC-210 (CA)). This is for Guardianship of the person only. Complete GC-210 if Guardianship of Person and Estate.
2. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (FL 105/GC-120).
3. Consent of Proposed Guardian (GC-211) (signed by each person requesting appointment as guardian).
4. Nomination of Guardian (signed by a natural parent if s/he is nominating the proposed guardian) (GC-211).
5. Duties of Guardian (signed by each person requesting appointment as guardian) (GC-248).
6. Confidential Guardianship Questionnaire: (Must complete all 14 pages of questionnaire before appointment).
7. Confidential Guardian Screening Form. (GC-212) **This form must be completed by each individual petitioning for appointment as Guardian of a minor(s).** It will be placed in a sealed confidential envelope in the Court file to protect your privacy.
8. Notice of Hearing (GC-020). **Note: Notice must be given to the minor if over 12 years old.**

9. Prepare and submit Order Appointing Guardian (GC-240) and Letters of Guardianship (GC-250)

If you are petitioning for temporary guardianship:

In addition to filling out all the previously listed forms, you must also complete the Petition for Appointment of Temporary Guardian (GC-110 (P))

Temporary Guardianship is granted if there is an **immediate need, imminent physical danger to the child, or the estate may be negatively impacted or lost.**

You will also want to prepare the Order Appointing Temporary Guardian (GC-140) & Letters of Temporary Guardianship (GC- 150) and submit with your paperwork in case the judge grants your temporary order prior to the hearing.

STEP 2

FILE COMPLETED FORMS AND PAY FEES

- Return the original and **two** photocopies of all forms to the Clerk of the Court (**Rm 201**).
- Pay filing fee: **\$225.00** if filing for guardianship of the person only, **\$435.00** for guardianship of the person and estate, **\$435.00** guardianship of the estate only. **If your petition is referred to Family Court Services for an investigation you may have to pay a fee of \$550.00.**
- The clerk will file the forms and return your filed copies, except for specific forms which may not be filed at this time or which require a judge's signature.
- One of your copies will be for your use in making additional copies to provide each person to whom you must give notice. (see Guidelines for giving Notice)

- **Deliver one copy of all filed forms to the Court Investigators Office (Rm. 203) on the same day documents are filed with the Clerk of the Superior Court.**

STEP 3

COURT REVIEWS DOCUMENTS

- A judicial officer will review your paperwork and determine whether an investigation is necessary or will be waived, and will also determine who will conduct any investigation.
- **Relative guardianship petitions are investigated by Family Court Services and non –relative petitions are investigated by Child Welfare Services.**
- In most instances the court will wait to make a referral for any investigation until after the first hearing. Requests for temporary guardianship or other temporary orders will also be reviewed and either granted or denied.
- Pick up your paperwork from the Clerk’s Office and proceed to give notice to everyone who must receive it. **(see Guidelines for Giving Notice)**
- If the Judge signed an Order Appointing Temporary Guardian, it needs to be filed, along with Letters of Temporary Guardianship (GC-150), and served on the necessary parties as required.

STEP 4

SIGN UP FOR GUARDIANSHIP ORIENTATION CLASS

- All proposed guardians are required to attend the Guardianship Orientation Class. Contact the Self-Help Resource Center / Family Law Facilitator's office at (559) 737-5500, Ext. 7108 to sign up for orientation.
- Upon completion you will receive a Certificate of Completion, which **must** be filed with the Clerk of the Superior Court (**Rm. 201**) no later than 5 days before the scheduled court hearing. You will also sign the Authorization form and submit **\$46.00** to Livescan fingerprinting for criminal record background check. (See Fingerprint Fact Sheet in packet for additional information.)

NOTE: Letters of Guardianship cannot be issued until the orientation program has been completed, the Certificate properly filed, and fingerprinting completed by the proposed guardian(s) and all other household members over 18.

STEP 5

GIVE NOTICE OF HEARING

- **Notice of Hearing must be served on all relatives (to first and second degree) of the minor at least 15 days before the hearing, on the petition for the appointment of a guardian. If serving by mail **add 5 Days** for a total of 20 days to service requirements.**
- **A copy of the Petition must also be served along with the Notice of Hearing on the minor, if 12 years of age or older, unless minor has signed Nomination of Guardian, Consent and Waiver of Notice (local form).**

See “Guidelines for Giving Necessary Notice in Guardianship Matters” (below) for further instruction on notice requirements.
REMEMBER: the notice must be served in person or by mail, as required, by someone other than yourself who is at least 18 years old.

GUIDELINES FOR GIVING THE NECESSARY NOTICE IN GUARDIANSHIP MATTERS

Giving notice is not easy. If notice is not done correctly, your case can be delayed. Please follow the steps on this sheet or seek legal advice.

Once a petition for guardianship has been filed, you must do all of the following steps regarding notifying all the parties. Even if you have not heard from or had contact with the parent(s) or had contact with the other persons described below, you must account to the Court for how you attempted to get in touch with them. The appointment of guardian cannot by law be made until this happens.

WHAT FORMS MUST BE SERVED?

A copy of each the following filed forms must be served on each person:

1. Notice of Hearing (GC-020)
2. Petition for Appointment of Guardian (GC-210 (P))
3. Petition for Appointment of Temporary Guardian (GC-110 (P)), if requesting temporary guardianship

WHEN DO FORMS NEED TO BE SERVED?

Forms must be served to all the required persons at least **15 calendar days** before the hearing date for long-term Guardianship. If seeking a temporary Guardianship, serve the parents and minor, if 12 years old or over, 5 calendar days before the hearing.

HOW ARE THE REQUIRED FORMS SERVED?

In a guardianship case you are required to give notice to some people by Personal Service and others only require Service by Mail.

Note: If the person/s needing service has filed a Consent and Waiver of Notice (form is in the packet GC-211), you do not have to serve them.

Personal Service

1. Personal Service means you must have an adult, other than yourself, personally give copies of the required forms (as listed in step 1).
2. Personal Service must be given to the following people:
 - a. The child, if over 12 years old
 - b. The person/s having legal guardianship of the child
 - c. The parents of the child
 - d. Any person nominated as guardian of the child

Service By Mail

1. Service by Mail means you must have an adult, other than yourself, mail copies of the required forms (as listed in step 1).
2. Service by Mail must be given to the following people:
 - a. Grandparents of the child
 - b. Brothers and sisters and half-brothers and half-sisters of the child
 - c. You must also notify by mail the Director of Mental Health, Director of Developmental Services, the Director of Social Services and, Director of Regional Center/and or the office of the Veteran's Administration **if** they are involved in this action.

HOW TO COMPLETE PROOF OF SERVICE

1. The person who is serving the notice (whether by Personal Service or Service by Mail) must sign, date, and completely fill out the Proof of Service.
 - **Proof of Service for service by mail-** on page 2 of Notice of Hearing (GC-020)
 - **Proof of Service for personal service-** form (GC-020 (P))

NOTE: EACH ORIGINAL PROOF OF SERVICE MUST BE FILED AT THE CLERK'S OFFICE.

If you are unable to locate any of the people you are required to serve:

1. You **must** fill out and file a **Declaration of Due Diligence** in Support of a **Request for Order Dispensing with Notice** (form is in the packet) for **each person** you are unable to serve. On that Declaration you must show that you have tried at least three different ways to get in touch with them.
2. You must also fill out and lodge (**give to the Court Clerk in Room 201 to hold in the file**) an **Order Dispensing with Notice** (form is in the packet) for each person you were unable to serve. If the judge decides that you do not need to notify that person(s) based on the information in your Declaration/s, the order will be signed.

NOTE: The Notice of Hearing and Proof of Service (on back of Notice) to all parties must be filed with the clerk of the Superior Court (Room 201) at least five (5) days prior to the court hearing.

REMEMBER: IF YOU DO NOT HAVE PROOF THAT ALL THE REQUIRED PEOPLE HAVE BEEN PROPERLY SERVED, YOUR MATTER WILL NOT GO FORWARD. IT WILL BE CONTINUED UNTIL YOU CAN SHOW THE COURT THAT PROPER SERVICE HAS BEEN COMPLETED.

Reference: Probate Code 1511, Code of Civil Procedure 415.10, 415.30

STEP 6

INVESTIGATION

- If your petition is referred to Family Court Services for an Investigation, the Court Investigator will contact you to schedule appointments and gather information. The Investigator will complete a report and recommendation for the Court, which will be filed prior to the hearing. **Guardianship reports may not be distributed to any person except those who have received it from the Court. Probate Code Section 1513 (d)**
- The court may make a determination that you will be assessed fees **(\$550.00)** for the investigation which was completed by the Court Investigator. Those court fees are separate from the “filing fees” which you paid or fee waiver you may have received at the time you filed your petition.

STEP 7

THE COURT HEARING

- Prior to your hearing, the Court Document Examiner will review your file to be sure all the notices have been properly served and that all the necessary paperwork is in the file. On the day of the hearing you must appear as directed. Make sure you take your prepared Order Appointing Guardian and Letters of Guardianship or Order Appointing Temporary Guardian and Letters of Temporary Guardianship with you *or that you have lodged them in advance with the Court Clerk.*
- If the guardianship is granted, the Judge will sign the Order Appointing Guardian or the Order Appointing Temporary Guardian.
- If your hearing is continued and you have an order of temporary guardianship, the Court may reissue your temporary order. Letters of Temporary Guardianship expire in 30 days and may be reissued for an additional 30 days upon application and order of the court.
- Take the Order Appointing Guardian or Order Appointing Temporary Guardian, which was signed by the Judge, and the Letters of Guardianship or Letters of Temporary Guardianship, which **you** have signed, to the Court Clerk's Office (Rm. 201) for filing.
- A filed copy of the applicable Order and Letters of Guardianship must be served and Proof of Service filed for all documents served on the necessary parties.
- Cost of certified Letters of Guardianship is \$25.00 plus \$.50 per page for each set issued.

STEP 8

- If you have a guardianship of the estate, file an Inventory and Appraisal 90 days after the court hearing.
- If you have a guardianship of the estate, file an accounting, which includes income and expenses of the guardianship from the date the first letters of guardianship were issued to the one year anniversary of that date. This document must be filed **no later than 60 days after the anniversary date of the issuance of the Letters of Guardianship.**
- File a Change of Address with the Court **each time you change your address or the address of the minor(s) after any Letters of Guardianship are issued.**
- **A Confidential Guardianship Status Report must be filed each year by the anniversary date the letters of guardianship were issued.**
- A review may be conducted each year after the issuance of the Letters of Guardianship. Assignment of case reviews are made at the discretion of the Court.
- After the Court has appointed you as Guardian, you **CANNOT** give the child back to a parent(s) or any other person without returning to the Court to terminate the guardianship.

NOTE: FAILURE TO COMPLY WITH PROVISIONS OF THE PROBATE CODE REGARDING GUARDIANSHIPS MAY RESULT IN FINES AND/OR REMOVAL OF THE GUARDIAN(S).

GUARDIANSHIP FINGERPRINTING FACT SHEET

- Livescan fingerprinting of prospective guardian(s) **and** all person(s) over the age of 18 who live in the home where the proposed minor is to be placed **must** be completed before the criminal record can be accessed. Livescan Fingerprinting will include a Background Check (**CORI REPORT**). **Disclosure:** This is to notify you that **Criminal Offense Reporting Information (CORI REPORT)** is being obtained for the purpose of evaluating you for your petition for conservatorship or guardianship. **The report may contain information regarding: Criminal records, Civil records, Social Security # verification, Driver's license record/status, and Child Welfare Service.**

- Livescan fingerprinting is done **by appointment** at the Tulare County Sheriff's Office. Petitioner(s) will receive their forms for fingerprinting at the guardianship orientation. All other adults in the household must turn in the Authorization form to the Self-Help Resource Center / Family Law Facilitator's Office in order to pick up a Livescan form. The Self-Help Resource Center/Family Law Facilitator's office address is 3400 West Mineral King, Suite C, Visalia, CA 93291.

- After you have completed the paperwork, call the Sheriff's Office at 636-4724 to make an appointment for the fingerprinting. Please schedule an appointment as soon as possible. The Tulare County Sheriff's Office is located at 2404 W. Burrell Street, Visalia, California, 93291. Hours of operation are as follows: Monday-Friday 8:00 to 11:30 a.m. and 1:00 to 3:30 p.m.

- **Go to the Sheriff's Office** for fingerprinting (located in the building to the west of the Courthouse). **TAKE A CHECK, CASH OR MONEY ORDER FOR THE FEE. YOU MUST KEEP THE THIRD COPY (Pink) AND RETURN THE SECOND COPY (Yellow) OF THE LIVESCAN SERVICE FORM TO FAMILY COURT SERVICES (ROOM 203 AT THE COURTHOUSE) AFTER YOU HAVE BEEN FINGERPRINTED.**

PLEASE NOTE: If you are going to be fingerprinted at some location other than the Tulare County Sheriff's Office in Visalia **you may be charged an additional fee.**

SUPERIOR COURT OF CALIFORNIA- COUNTY OF
TULARE GUARDIANSHIP REFERRAL FOR HEARING

PLEASE FILL OUT THE QUESTIONNAIRE FOR EACH
PROSPECTIVE GUARDIAN AND THE UCCJEA
DECLARATION FORM (FL-105/GC-120)
COMPLETELY.

IN THE GUARDIANSHIP OF: CASE NO: _____

Name/s of minor/s

Attorney's/Petitioner's Name: _____

Attorney's/ Petitioner's address: _____

Attorney's/ Petitioner's Telephone #: () _____

Attorney for/Acting In Pro Per

SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF TULARE

Guardianship of: _____)
_____)
(Minor(s) last name) _____)
_____)
(Case number) _____)

GUARDIANSHIP QUESTIONNAIRE

Because you may be making medical, educational, financial, and other life decisions for the minor(s) (also may be referred to as Ward(s)), the Court, prior to granting Guardianship powers, would like to determine the stability, experience, and decision-making ability of the proposed Guardian(s). If you have questions, feel free to call the Court Investigator's office at (559) 730-5000.

NAME(S) OF MINORS:	DOB:	S.S. #	AGE:	CURRENT ADDRESS:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide the names of all proposed Minors who have Native American Ancestry:

NAME(S) OF PROPOSED GUARDIAN(S): (Mandatory for each proposed Guardian)

Name: _____
Address: _____

Name: _____
Address: _____

Home phone: _____ Work: _____

Home phone: _____ Work: _____

Relationship to Minor: _____

Relationship to Minor: _____

DOB: _____ Age: _____

DOB: _____ Age: _____

SS#: _____ CaDL#: _____

SS#: _____ CaDL#: _____

Expiration: _____

Expiration: _____

Sex: M F Height: _____ Weight: _____

Sex: M F Height: _____ Weight: _____

Eye color: _____ Hair color: _____

Eye color: _____ Hair color: _____

Other names used: _____

Other names used: _____

MINOR #1: _____ How long at current placement? _____

Current School: _____ Grade: _____ Teacher: _____
(Name) (Name)

Days/Hours in school: _____

Method of transportation: rides bus ___ walks ___ rides bike ___ other _____

After school programs/activities: _____

After school child care provider's name, address, telephone number:

Days/Hours attending after school program: _____

Name of the doctor(s) who provide medical care for the minor: _____
(Include specialists)

Date of last doctor visit: _____

List all prescription and over-the-counter medications: _____

Name of the dentist who provides dental care for the minor: _____

Name of the optometrist/ophthalmologist who provides eye care for the minor: _____

Name of the psychiatrist/psychologist/counselor: _____

NOTE: Please provide the current and prior year school attendance records and grade reports. (Example: 2008-2009 and 2009-2010).

If there are more than three minors, please copy this page and complete the information for each additional minor.

MINOR #2: _____ How long at current placement? _____

Current School: _____ Grade: _____ Teacher: _____
(Name) (Name)

Days/Hours in school: _____

Method of transportation: rides bus ___ walks ___ rides bike ___ other _____

After school programs/activities: _____

After school child care provider's name, address, telephone number:

Days/Hours attending after school program: _____

Name of the doctor(s) who provide medical care for the minor: _____
(Include specialists)

List all prescription and over-the-counter medications: _____

Name of the dentist who provides dental care for the minor: _____

Name of the optometrist/ophthalmologist who provides eye care for the minor:

Name of the psychiatrist/psychologist/counselor: _____

NOTE: Please provide the current and prior year school attendance records and grade reports. (Example: 2008-2009 and 2009-2010).

If there are more than three Minors, please copy this page and complete the information for each additional Minor.

MINOR #3: _____ How long at current placement? _____

Current School: _____ Grade: _____ Teacher: _____
(Name) (Name)

Days/Hours in school: _____

Method of transportation: rides bus ___ walks ___ rides bike ___ other _____

After school programs/activities: _____

After school child care provider's name, address, telephone number:

Days/Hours attending after school program: _____

Name of the doctor(s) who provide medical care for the minor: _____
(Include specialists)

List all prescription and over-the-counter medications: _____

Name of the dentist who provides dental care for the minor: _____

Name of the optometrist/ophthalmologist who provides eye care for the minor:

Name of the psychiatrist/psychologist/counselor: _____

NOTE: Please provide the current and prior year school attendance records and grade reports. (Example: 2008-2009 and 2009-2010).

If there are more than three Minors, please copy this page and complete the information for each additional Minor.

CHILD'S MOTHER: _____

Address: _____

Home phone: _____

Work phone: _____

Relationship to proposed Guardian: _____

DOB: _____ SS#: _____ CaDL: _____

Other names used: _____

CHILD'S FATHER: _____

Address: _____

Home phone: _____

Work phone: _____

Relationship to proposed Guardian: _____

DOB: _____ SS#: _____ CaDL: _____

Other names used: _____

HOUSEHOLD COMPOSITION OF PROPOSED GUARDIAN(S):

(List all adults and children, related or unrelated, temporary or permanent)

1. Name: _____ Other names used: _____

DOB: _____ Age: _____ Sex: _____ Place of birth: _____ SS#: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____ CaDL: _____

Name of school/place of employment: _____

Address: _____

Phone number: _____

2. Name: _____ Other names used: _____

DOB: _____ Age: _____ Sex: _____ Place of birth: _____ SS#: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____ CaDL: _____

Name of school/place of employment: _____

Address: _____

Phone number: _____

3. Name: _____ Other names used: _____

DOB: _____ Age: _____ Sex: _____ Place of birth: _____ SS#: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____ CaDL: _____

Name of school/place of employment: _____

Address: _____

Phone number: _____

4. Name: _____ Other names used: _____

DOB: _____ Age: _____ Sex: _____ Place of birth: _____ SS#: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____ CaDL: _____

Name of school/place of employment: _____

Address: _____ Phone number: _____

PROPOSED GUARDIANS:

(For each person petitioning the Court for guardianship and are not married or living together as domestic partners and not living in the same household, please copy pages 7 through 11 and provide the requested information.)

Current marital status of the proposed Guardian:

Married Divorced Remarried Widowed Domestic partners Single
 Separated Currently living apart from spouse (please explain)

List all previous marriages of Guardian(s)

Name	Date Married	Date Separated	Date Divorced

List legal names of all children of proposed Guardian:

Name	DOB	Age	Place of Residence	School

Residence:

Do you Rent Lease Own your residence? Years lived at this address _____

List residences for the three previous years _____

Is your residence provided by your employer? Value of donated housing per month _____

Is your residence a Mobile Home ? Apartment? House? Other?

If other, please explain _____

Is your residence in a rural setting? Residential neighborhood? _____

Mobile home park? Apartment complex? Other?

If other, please explain _____

Number of bedrooms _____

How much is your rent/mortgage payment per month? _____

What are your monthly utility bills?

Gas _____ Telephone (Home) _____

Electricity _____ (Cell/Pager) _____

Sewer/Water _____ (Other) _____

Garbage _____

Have you ever been served with a Three Day Notice to Pay Rent or Quit Possession of Real Property pursuant to an oral or written agreement for the rental of residential real property?

Yes ___ No ___. If so, provide the date, name, address, and telephone numbers of the lessor or landlord. _____

Income:

Monthly income from employment _____

Monthly income from other sources:

Sources of income	Amount
_____	_____

Monthly income from public assistance

(To whom each is paid)

Social Security _____

Disability payments _____

Veteran's benefits _____

Debts:

Describe all long term debt other than mortgage listed above (include second, third, and fourth mortgages, vehicles, business property, rental property, etc.)

List all short term debt including each credit card debt, debt to private parties or family members, etc. (do not include bankruptcy debt)

Have you have ever filed for bankruptcy? Yes ___ No ___

Please provide the following information for each time

Type of petition _____

Date filed _____

Court in which filed _____

Outcome _____

Date debts discharged _____

Employment:

Current employer _____ Employer's telephone number _____
Employer's address _____ Job description _____
_____ Length of employment _____

(List your previous employers for the last 5 years)

1. Name _____ Telephone _____
Address _____ Job description _____
_____ Date began _____ Date left _____

Reason for leaving _____

2. Name _____ Telephone _____
Address _____ Job Description _____
_____ Date began _____ Date left _____

Reason for leaving _____

3. Name _____ Telephone _____
Address _____ Job description _____
_____ Date began _____ Date left _____

Reason for leaving _____

Education:

Highest level completed _____ Age left school _____
Reason for leaving _____
Last school attended _____ Last year attended _____
Degree(s) achieved _____

Health:

Do you have health insurance? Yes _____ No _____
Name of company and type of coverage _____
Dental _____ Vision _____
Health Status: Good _____ Fair _____ Poor _____
Fair or poor, please explain _____
Are you taking any medication, prescription or over-the-counter? Yes _____ No _____
If yes, list types and for what reasons _____
List any special health problems _____

Have you ever had a problem with any of the following:
Drugs: Prescription or Illegal _____ Alcohol _____
Mental/Emotional problems _____
Please explain _____

Vehicles:

For each vehicle you own provide the make, model, year, and license number, as well as the name(s) on the registration.

	Make	Model	Year	License Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

For each vehicle you own, list the whether or not insured and the amount of public liability coverage.

	Make/Year	Insured or not	Type/Amount of coverage
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Criminal History:

Have you ever been arrested or had charges filed against you for any crime other than a traffic infraction? (This question must be answered even if you were only arrested and not convicted, or if convicted, the charges were thereafter dismissed and the record ordered sealed.) Yes ___ No ___ Please indicate the reason for arrests, charges, years, county, and state.

Have you ever been arrested for driving under the influence of alcohol or a controlled substance? Yes ___ No ___ If so, please indicate date(s), year, county, and state _____

Have you ever been tried for any crime in any court? Please indicate the crime, year, county, and state. Yes ___ No ___ If so, please explain _____

Have you ever been convicted, pled guilty or pled no contest to charges other than a traffic infraction? Indicate the type of conviction, year, county, and state. Yes ___ No ___ If so, please explain _____

What was the sentence? _____

Was the sentence completed? Yes ___ No ___ Release date _____

What harm is currently occurring to the minor(s) which makes the guardianship necessary?

What advantages can you give the minor(s) that s/he is not presently receiving?

What disadvantages will occur for the minor(s) if you are granted guardianship?

What special needs does the minor(s) have? Please describe.

How will provide for housing, schooling, child care, supervision, socialization, spiritual needs, and financial support for the minor(s)?

How will you provide guidance and what type of discipline will you use with the minor(s)?

Please provide any information you can about the mother or father's involvement in past or pending criminal cases in any county or state. Provide case numbers and dates if possible.

Child Welfare Services Involvement:

Have you or anyone in your current household ever been the recipient of social services from the Department of Health and Human Services, other than financial aide? Yes ___ No ___.

If yes, please explain: _____

Have you or anyone in your current household ever been reported to Child Welfare Services for child abuse or neglect? Yes ___ No ___ If yes, please explain: _____

Name of county report was made: _____

Year(s) in which services were provided: _____

Describe the services provided? _____

THIS QUESTIONNAIRE IS CONFIDENTIAL. IT WILL BE PLACED IN A SEALED ENVELOPE IN THE COURT FILE TO PROTECT YOUR PRIVACY.

AFFIDAVIT OF PROPOSED GUARDIANS

I, _____, (first proposed guardian)
and _____ (second proposed guardian)
of the minor(s) in question, as _____ (please state your relationship to

the referenced minor(s), hereby state under penalty of perjury under the laws of the State of California, that the aforementioned facts are true and correct to the best of my/our knowledge.

I/We additionally request, upon the Court's discretion and review of this information, waiver of the Pre-guardianship Report as it pertains to my/our Petition for Appointment as Guardian(s) of:

Name of minor: _____

Name of minor: _____

Name of minor: _____

CHECK ONE, DATE, AND SIGN

_____ To my knowledge, there is no one who objects to the establishment of this Guardianship or my appointment as Guardian.

_____ To my knowledge, the following person(s) object to this Guardianship or my appointment as Guardian:

(Name) (Relationship to the child)

(Name) (Relationship to the child)

Date Type or print Proposed Guardian Signature of Proposed Guardian

Date Type or print Proposed Guardian Signature of Proposed Guardian

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): _____

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 of a minor child. (You must use form GC-210 to ask the court to appoint a guardian of a minor child's estate or person and 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. _____
 b. _____
 c. _____

2 Your address and telephone number:

Street: _____ Apt.: _____

City: _____

State: _____ Zip: _____ Phone: _____

3 Your lawyer (if you have one):

Name: _____ Bar No.: _____

Firm Name, if any: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax (optional): _____ e-mail (optional): _____

4 I/We want to be 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: _____

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): _____

Fill in court name and street address:

Superior Court of California,
 County of _____

Clerk fills in information below when form is filed.

Case Number: _____

Hearing Date and Time: _____

Dept.: _____



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

Case Number: _____

5 The proposed guardian named in **1** or **4** is (check all that apply):

- a. related to the child or children named in **8**, as shown in item 3 of the child's or children's attached *Guardianship Petition—Child Information Attachment* (form(s) GC-210(CA)).
- b. not related to the child or children named in **8**.
- c. a nominee of a parent of one or more of the children named in **8**, as shown in item 5 of the child's or children's attached *Guardianship Petition—Child Information Attachment* (form(s) GC-210(CA)).

6 Check this box if you checked the box in item 5b (guardian unrelated to child or children). Answer the question in item a and check the box in item b or c. If you check the box in c, provide the signed statement of the proposed guardian on a separate sheet of paper. Write "Form GC-210(P)—Attachment 6: Statement of Unrelated Guardian" at the top of the paper and attach it to this form.

- a. Does the proposed guardian run a licensed foster family home? Yes No
- b. I am the proposed guardian. I will promptly furnish any information requested by an agency investigating an adoption or a local agency designated by the county to provide public social services.
- c. I am not the proposed guardian. The signed statement of the proposed guardian agreeing to promptly furnish any information requested by an agency investigating an adoption or a local agency designated by the county to provide public social services is attached to this form as Attachment 6.

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

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

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

a. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

b. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

c. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

d. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

e. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

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



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

Case Number:

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

(Explain why the child or children need a guardian.) _____

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 you have taken to find each person, if any): _____

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 (all children's names): _____

Case Number: _____

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

Check here if you need more space. Continue your request for additional orders on a separate sheet of paper. Write "Form GC-210(P)—Attachment 10 c: 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)
- Other (specify): _____

12 All attachments are made part of this form as though placed here. There are _____ pages attached to this form.

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 stated above is true and correct.

Date: _____
Petitioner types or prints name here *Petitioner signs here*

Date: _____
Petitioner types or prints name here *Petitioner signs here*

Date: _____
Petitioner types or prints name here *Petitioner signs here*

Guardianship of (all children's names): _____

This child's name: _____

Fill out a separate copy of this form for each child for whom you want the court to appoint a guardian.

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

The Petition asks for the appointment of a guardian of this child's (specify): person estate person and estate

1 Tell the court about this child

a. Child's full legal name: _____ Date of birth: _____
First Middle Last Month/Day/Year

b. Child's current address: _____

c. (If the Petition to which this form is attached asks for the appointment of a guardian of this child's estate only, skip this item 1c, select item 8 a on page 5, and answer the rest of the items in this form. If the Petition asks for the appointment of a guardian of this child's person or this child's person and estate, complete the steps described here. Ask the child, if he or she is old enough, and the child's parents or any other legal guardian, and any Indian custodian, whether the child is or may be an Indian (Native American) child. You may not rely merely on your own knowledge and belief about the child. If possible, ask these persons before you file your petition, including this form, so you can use the information you receive to answer questions (1) and (2) below. Answer those questions, item 8 on page 5, and the rest of the items in this form.)
(For more information about your duties concerning a child who is or may be an Indian child involved in a guardianship of the person under the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901 et seq.) and California law, including making the inquiry described above and completing this form, see the Information Sheet on Indian Child Inquiry Attachments and Notice of Child Custody Proceeding For Indian Child (form ICWA-005-INFO).)

(1) Is this child a member of, or eligible for membership in, one or more Indian tribes recognized by the federal government? No Not sure Yes (specify tribe or tribes): _____

(If you checked "Yes" to item (1), this guardianship case is subject to ICWA. If you checked "Not sure" or "No" to item (1), answer item (2).)

(2) Do you know or have reason to know (within the meaning of Prob. Code, §§ 1460.2(a), Welf. & Inst. Code, § 224.3(b), and Cal. Rules of Court, rule 7.1015), whether this child is or may be an Indian child? No Yes (If you checked "Yes" to either item (1) or (2), you must file and serve a Notice of Child Custody Proceeding for Indian Child (form ICWA-030), in addition to service of any other notices required in this case. For information about what is "reason to know whether the child is or may be an Indian child" and the notice requirement, including who must be served, how to serve them, and how to prove to the court that you have done so, and how to fill out and file the Notice, see the Information Sheet on Indian Child Inquiry Attachments 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 formerly married 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.)



Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

1 Tell the court about this child (continued)

e. Is this child receiving public assistance? Yes No Unknown (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: _____

g. (Check this box and fill out below if the person the child lives with is not the person with legal custody.)
Name and address of the person this child lives with (has the care of the child): _____

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

Type of Case	Court District or County and State	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 Mental Health.) Write the name of the institution here: _____

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

Relationship	Name	Home Address (Street, City, State, Zip)
Father	_____	_____
Mother	_____	_____
Grandfather (Father's father)	_____	_____
Grandmother (Father's mother)	_____	_____
Grandfather (Mother's father)	_____	_____
Grandmother (Mother's mother)	_____	_____



Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

2 Names and addresses of this child's relatives and other persons (continued):

Relationship	Name	Home Address (Street, City, State, Zip)
Brother/Sister	_____	_____

(Check here if this child has additional brothers or sisters, including half-brothers and half-sisters, 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 Siblings" at the top of the paper and attach it to this form.)

Spouse
(Guardianship of the estate only) _____

Person nominated as guardian of this child
(Other than a proposed guardian listed in 3) _____

3 Information about the proposed guardian:

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

b. Relationship(s) to the child named in 1 (check all that apply):

Relative (specify relationships of all proposed guardians to the child): _____

Not a relative (explain interest in or connection to this child): _____



Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

4 Explain why appointing the person in 3 guardian would be best for this 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 4:—Best Interest of Child" at the top of the paper and attach it to this form.)

5 Do one or both of this child's parents agree that the person in 3 can be the child's guardian?
a. Father: Yes No Not known at this time.
b. Mother: Yes No Not known at this time.
(You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4) signed by the child's parent or parents (or any adult relative listed in 2) who agree. The court may excuse you from having to give notice of the court hearing on your request for appointment of a guardian to a parent or other relative who signs that form.)

6 Suitability for guardianship of this child
a. Does this child live with the person in 3 now? Yes No
b. If the court approves the guardianship, will this child live with the person in 3? Yes No
c. Does the person in 3 plan to adopt this child now? Yes No

7 Check this box if you (the petitioner) are not the person in 3, and fill in below.
Your relationship to this child:
 Relative (specify): _____
 Not a relative (explain your interest in or connection to this child): _____

Case Number: _____

Guardianship of (all children's names): _____

This child's name: _____

8 An Indian child inquiry concerning the child named above:

- a. is not required; this is a guardianship of the estate only. (If you check this box, skip the rest of item 8.)
- b. has not been made or completed for the following reasons (check all that apply):
 - (1) Petitioner knows the child is an Indian child and has identified the child's tribe or tribes in item 1.
 - (2) Petitioner (or the proposed guardian if he or she is not the petitioner) is the child's Indian custodian.
 - (3) Petitioner has been unable to communicate with the child's parents, other legal guardian, or Indian custodian for the following reasons and despite the following efforts to do so (describe):

(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 8b(3):—Indian Child Inquiry" at the top of the paper and attach it to this form.)

- c. has been made and the following information was obtained (check all that apply):
 - (1) The names, relationships to the child named above, addresses, and telephone numbers, of the persons interviewed by Petitioner to collect or confirm the information given below, and the date or dates the interviews took place, are provided on one or more separate sheets of paper attached to this form. (Write "Form GC-210(CA)," the name of this child, and "Attachment 8c(1):—Indian Child Inquiry" at the top of each page of paper you attach to this form to complete this item.)
 - (2) The child is or may be a member of or eligible for membership in a tribe.
 - Tribe or tribes: _____
 - Band (if applicable): _____
 - (3) The child's parents, grandparents, or great-grandparents are or were members of a tribe or tribes.
 - Tribe or tribes: _____
 - Band (if applicable): _____
 - (4) The residence or domicile of the child, the child's parents, or the child's Indian custodian is in a predominantly Indian community.
 - (5) 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).
 - (6) The child may have Indian ancestry.
 - (7) Other reason or reasons to know the child is or may be an Indian child: _____
 - _____
 - _____
 - _____
 - (8) The child has no known Indian ancestry.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: - BRANCH NAME:	
GUARDIANSHIP OF (Name): _____ <div style="text-align: right;">MINOR</div>	CASE NUMBER: _____
PETITION FOR APPOINTMENT OF GUARDIAN OF <input type="checkbox"/> MINOR <input type="checkbox"/> MINORS <input type="checkbox"/> Person* <input type="checkbox"/> Estate*	HEARING DATE AND TIME: _____ DEPT.: _____

1. Petitioner (name each):

requests that

a. (Name): _____
 (Address and telephone): _____

be appointed guardian of the PERSON of the minor or minors named in item 2 and Letters issue upon qualification.

b. (Name): _____
 (Address and telephone): _____

be appointed guardian of the ESTATE of the minor or minors named in item 2 and Letters issue upon qualification.

- c. (1) bond not be required because the petition is for guardian of the person only because the proposed guardian is a corporate fiduciary or an exempt government agency for the reasons stated in Attachment 1c.
- (2) \$ _____ bond be fixed. It will be furnished by an authorized surety company or as otherwise provided by law. (Specify reasons in Attachment 1c if the amount is different from the minimum required by Prob. Code, § 8482.)
- (3) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location): _____

- d. authorization be granted under Probate Code section 2590 to exercise the powers specified in Attachment 9.
- e. orders relating to the powers and duties of the proposed guardian of the person under Probate Code sections 2351–2358 be granted (specify orders, facts, and reasons in Attachment 1e).
- f. an order dispensing with notice to the persons named in Attachment 10 be granted.
- g. other orders be granted (specify in Attachment 1g).

2. Attached is a copy of Guardianship Petition—Child Information Attachment (form GC-210(CA)) for each minor for whom this petition requests the appointment of a guardian. The full legal name and date of birth of each minor is :

- a. Name: _____ Date of Birth (month/day/year): _____
- b. Name: _____ Date of Birth (month/day/year): _____
- c. Name: _____ Date of Birth (month/day/year): _____
- d. Name: _____ Date of Birth (month/day/year): _____

The names and dates of birth of additional minors are specified on Attachment 2 to this petition.

* You MAY use this form or form GC-210(P) for a guardianship of the person. You MUST use this form for a guardianship of the estate or the person and estate. Do NOT use this form for a temporary guardianship.

GUARDIANSHIP OF (Name): <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER:
--	----------------------

11. (Complete this item if this petition is filed by a person who is not related to a minor named in item 2 and is not a petition for appointment of a guardian of the estate only.)
- a. Petitioner is the proposed guardian and will promptly furnish all information requested by any agency referred to in Probate Code section 1543.
- b. Petitioner is not the proposed guardian. A statement by the proposed guardian that he or she will promptly furnish all information requested by any agency referred to in Probate Code section 1543 is affixed as Attachment 11b.
- c. The proposed guardian's home is is not a licensed foster family home.
- d. The proposed guardian has never filed a petition for adoption of the minor except as specified in Attachment 11d.
12. Attached to this petition is a *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105/GC-120) concerning all children listed in item 2. (*Guardianship of the person or the person and estate.*)
13. 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 (form GC-110)
 - Petition for Appointment of Temporary Guardian of the Person (form GC-110(P))
 - Confidential Guardianship Screening Form (form GC-212)
- Other (specify):

14. All attachments to this form are incorporated by this reference as though placed here in this form. There are _____ pages attached to this form.

Date: _____
▶ _____
 (SIGNATURE OF ATTORNEY*)

* (All petitioners must also sign (Prob. Code, § 1020).)

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

Date: _____

_____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF PETITIONER)
_____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF PETITIONER)
_____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF PETITIONER)

GC-110(P)

Petition for Appointment of Temporary Guardian of the Person

Clerk stamps date here when form is filed.

Temporary guardianship of (all children's names): _____

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 _____

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

a. _____
b. _____

Clerk fills in case number when form is filed.

Case Number: _____

2 Your address and telephone number:

Street: _____ Apt.: _____
City: _____
State: _____ Zip: _____ Phone: _____

3 Your lawyer (if you have one):

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

4 I/We want to be the temporary guardian of the child or children named in 6. (Go to 5.)

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

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

I am the child or one of the children named in 6 and one of the persons named in 1. I am at least 12 years old. I want the person named here to be my temporary guardian.

My date of birth is (month/day/year): _____



Temporary guardianship of *(all children's names)*: _____

Case Number:

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

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

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

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

a. Child's full legal name: _____

Child's current address: _____

Child's current phone number: _____

b. Child's full legal name: _____

Child's current address: _____

Child's current phone number: _____

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

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

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

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



Temporary guardianship of (all children's names): _____

Case Number: _____

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

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

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

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

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

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

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

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

Date: _____
Petitioner types or prints name here *Petitioner signs here*

Date: _____
Petitioner types or prints name here *Petitioner signs here*

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

1. **Petitioner (name each):**

requests that

- a. (Name):
(Address and telephone number):
be appointed temporary guardian of the PERSON of the minor and Letters issue upon qualification.
- b. (Name):
(Address and telephone number):
be appointed temporary guardian of the ESTATE of the minor and Letters issue upon qualification.
- c. (1) bond not be required because petition is for a temporary guardianship of the person only.
 (2) bond not be required for the reasons stated in attachment 1c.
 (3) \$ _____ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.
 (Specify reasons in Attachment 1c if the amount is different from maximum required by Probate Code section 2320 and Cal. Rules of Court, rule 7.207(c).)
 (4) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed.
 (Specify institution and location):
- d. a request for an exception to notice of the hearing on this petition for good cause is filed with this petition.
- e. the powers specified in attachment 1e be granted in addition to the powers provided by law.
- f. other orders be granted (specify in attachment 1f).

2. **The minor is (name):**

Current address:

Current telephone no.:

3. **The minor requires a temporary guardian to** provide for temporary care, maintenance, and support
 protect property from loss or injury because (facts are specified in attachment 3 as follows):

***You MAY use this form or form GC-110(P) for a temporary guardianship of the person. You MUST use this form for a temporary guardianship of the estate or the person and estate.**

Page 1 of 2

TEMPORARY GUARDIANSHIP OF (Name): _____ MINOR	CASE NUMBER: _____
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3. (Facts supporting appointment of a temporary guardian (continued)):

4. Temporary guardianship is required

- a. pending the hearing on the petition for appointment of a general guardian.
- b. pending the appeal under Probate Code section 1301.
- c. during the suspension of powers of the guardian.

5. Character and estimated value of the property of the estate (complete if a temporary guardianship of the estate or person and estate is requested):

- a. Personal property: \$ _____
- b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: \$ _____
- c. Additional amount for cost of recovery on the bond, calculated as required under Cal. Rules of Court, rule 7.207(c): \$ _____
- d. Total: \$ _____

6. Petitioner believes the minor will will not attend the hearing.

7. All attachments to this form are incorporated by this reference as though placed here in this form. There are _____ pages attached to this form.

Date:

 _____
 (SIGNATURE OF ATTORNEY*)

* (Signature of all petitioners also required (Prob. Code, § 1020).)

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

Date:

 (TYPE OR PRINT NAME)

 _____
 (SIGNATURE OF PETITIONER)

 (TYPE OR PRINT NAME)

 _____
 (SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

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

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

SHORT TITLE: _____	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 (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
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	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have 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 <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
---	---	---

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

Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

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.

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

CONSENT OF PROPOSED GUARDIAN

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

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF PROPOSED GUARDIAN)

NOMINATION OF GUARDIAN

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

as guardian of the person estate of the minor.

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

as guardian of the person estate of the minor.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE)

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

CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE

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

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

Continued on Attachment 4.

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

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

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

How This Form Will Be Used

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

1. a. **Proposed guardian (name):**
 b. Date of birth: _____ State: _____
 c. Social security number: _____ d. Driver's license number: _____
 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.)

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

DUTIES OF GUARDIAN

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

1. GUARDIANSHIP OF THE PERSON

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

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

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

(Continued on reverse)

GUARDIAN OF (Name):	CASE NUMBER:
MINOR	

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

(Continued on page three)

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

INSURANCE

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

RECORD KEEPING AND ACCOUNTING

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

3. OTHER GENERAL INFORMATION

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

(Continued on page five)

GUARDIAN OF (Name): MINOR	CASE NUMBER:
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If you are not represented by an attorney, you may obtain answers to your questions by contacting community resources, private publications, or your local law library.

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

ACKNOWLEDGMENT OF RECEIPT

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

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

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

1. NOTICE is given that (name):
 (representative capacity, if any):
 has filed (specify):

2. 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.)*

3. 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.

4. A HEARING on the matter will be held as follows:

a. Date: _____ Time: _____ Dept.: _____ Room: _____

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

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



<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	CASE NUMBER:
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PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

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

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

 Continued on Attachment 4.
5. I am (check all that apply):
 - a. not a registered California process server.
 - b. a California sheriff or marshal.
 - c. a registered California process server.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (specify):

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

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ 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: _____

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

Date: _____

▶ _____
(SIGNATURE)

▶ _____
(SIGNATURE)

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

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

I, the undersigned, declare:

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

Name	Relationship to Minor/Conservator/Decedent

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

3. The last known address of the person named in paragraph 1 is:

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

Name	Date of Contact	Relationship to Missing Person	Result

(Complete at least three of items 5 through 9.)

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

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

DECLARATION OF DUE DILIGENCE

Insert Case Name:	CASE NUMBER:
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7. I searched the internet to locate the person and this was the result:

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

Last known employer	Date of contact	Result

Last known landlord	Date of contact	Result

9. I searched the following public records in _____ County with the following result:

Tax Assessor's Name Index	
Voter Registration Records	
Other	

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

11. (If requesting notice by publication) The newspaper most likely to give notice is _____
because _____

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

Executed on (date) _____, at (city) _____, California.

Type or print name _____ Signature _____

DECLARATION OF DUE DILIGENCE

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name):</i> SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF <i>(Name):</i> <div style="text-align: right;"> <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE </div>	
ORDER DISPENSING WITH NOTICE	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 (Name, state bar number, and address): TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="text-align: right;">MINOR</div>	
ORDER APPOINTING GUARDIAN OF <input type="checkbox"/> MINOR <input type="checkbox"/> MINORS	CASE NUMBER:
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

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

- a. Judge (name): _____ Time: _____ Dept.: _____ Room: _____
- b. Hearing date: _____
- c. Petitioner (name): _____
- d. Attorney for Petitioner (name): _____
- e. Attorney for minor (name, address, and telephone): _____

THE COURT FINDS

- 2. a. All notices required by law have been given.
- b. Notice of hearing to the following persons has been should be dispensed with (names): _____
- 3. Appointment of a guardian of the person estate of the minor is necessary and convenient.
- 4. 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.
- 5. Attorney (name): _____ has been appointed by the court as legal counsel to represent the minor in these proceedings. The cost for representation is: \$ _____
- 6. The appointed court investigator, probation officer, or domestic relations investigator is (name, title, address, and telephone): _____

THE COURT ORDERS

- 7. a. (Name): _____ (Telephone): _____
 (Address): _____

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

GUARDIANSHIP OF <i>(Name)</i> : <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER:
--	--------------

7. b. *(Name)*: _____ *(Telephone)*: _____
(Address): _____

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

8. Notice of hearing to the persons named in item 2b is dispensed with.
9. 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 9c.
 d. The guardian is not authorized to take possession of money or any other property without a specific court order.
10. For legal services rendered on behalf of the minor, parents of the minor minor's estate shall pay to *(name)*: _____ the sum of: \$ _____
 forthwith as follows *(specify terms, including any combination of payors)*: _____

11. The guardian of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 11 subject to the conditions provided.
12. 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 12.
13. Orders are granted relating to the conditions imposed under Probate Code section 2402 upon the guardian of the estate as specified in Attachment 13.
14. Other orders as specified in Attachment 14 are granted.
15. The probate referee appointed is *(name and address)*: _____

16. Number of boxes checked in items 8-15: _____

17. Number of pages attached: _____

Date: _____

 JUDGE OF THE SUPERIOR COURT
 SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF <i>(Name):</i> _____	MINOR
LETTERS OF GUARDIANSHIP <input type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER: _____

LETTERS

1. *(Name):* _____ is appointed guardian of the person estate
 of *(name):* _____

2. 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 2a *(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 2b.
 - c. Conditions relating to the care, treatment, education, and welfare of the minor under Probate Code section 2358 are specified in attachment 2c.
 - d. Other powers granted or conditions imposed are specified on attachment 2d. specified below.

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

4. Number of pages attached: _____

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

(SEAL)

Date: _____
 Clerk, by _____, Deputy

GUARDIANSHIP OF _____ (Name):	CASE NUMBER: _____
MINOR	

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

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

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

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The internet address (URL) is www.courtinfo.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 (nonfillable form) or may be filled out online and printed out ready for signature and filing (fillable form).

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

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

**LETTERS OF GUARDIANSHIP
AFFIRMATION**

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

Executed on (date): _____, at (place): _____

_____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF APPOINTEE)
-------------------------------	--

CERTIFICATION

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

(SEAL)

Date: _____

Clerk, by _____, Deputy

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

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

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

THE COURT FINDS

- 2. a. Notice of the time and place of hearing has been given as required by law.
- b. Notice of the time and place of hearing has been should be dispensed with for *(names):* _____

- 3. It is necessary that a temporary guardian be appointed to provide for temporary care, maintenance, and support
 protect property from loss or injury pending the hearing on the petition for appointment of a general guardian.
 pending an appeal under Probate Code section 1301. during the suspension of powers of the guardian.

THE COURT ORDERS

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

TEMPORARY GUARDIANSHIP OF (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, State Bar number, and address):

After recording return to:

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

FOR RECORDER'S USE ONLY

TEMPORARY GUARDIANSHIP CONSERVATORSHIP
OF (Name):

MINOR CONSERVATEE

CASE NUMBER:

LETTERS OF TEMPORARY GUARDIANSHIP CONSERVATORSHIP
 Person Estate

FOR COURT USE ONLY

LETTERS

1. (Name):

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

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

3. These Letters shall expire

a. on (date):

or upon earlier issuance of Letters to a general guardian or conservator.

b. on other date (specify):

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

5. Number of pages attached: _____

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

(SEAL)

Date:

Clerk, by _____, Deputy

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

TEMPORARY <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF _____ (Name): <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE </div>	CASE NUMBER:
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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.courtinfo.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 (nonfillable form), or may be filled out online and printed out ready for signature and filing (fillable form).

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

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

LETTERS OF 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): _____

_____ (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
--------	--

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="text-align: right;">MINOR</div>	CASE NUMBER:
CONFIDENTIAL GUARDIANSHIP STATUS REPORT	

NOTICE TO GUARDIAN

You must complete, sign, and return to the court on or before (date): _____, a separate copy of this form for each child for whom you are guardian of the person or estate under the above case number. If you are the guardian of the child's estate only, you must complete at least items 1-2, 6d, and 7-8. All other guardians must complete the entire form.

Failure to complete, sign, and return this form will result in further court action, possibly including your removal as guardian. A guardian who willfully submits any material information required by this form that he or she knows to be false is guilty of a misdemeanor.

An "Attachment" is one or more separate sheets of paper attached to this form. You may use any letter-sized paper for this purpose, including copies of Judicial Council form MC-025, Attachment, available from the court. Label each attachment with the item or question number you are answering.

1. Guardian* (Continue on Attachment 1 if necessary. If there is more than one guardian, each must provide the information requested in items 1a-f, and each must sign this form.):
 - a. (Name):
 - b. Present address (street address, including apartment number, city, state, and zip code, of each guardian):

 Years at this address: _____ Telephone (work): _____
 - c. Telephone (home): _____ Telephone (work): _____
 - d. Do you have any significant health problems that would interfere with your ability to continue as guardian in the next year?
 No Yes (If your answer is "Yes," please explain in Attachment 1d.)
 - e. Since your appointment or your last report, have you, or has any adult living in the home where the child is living, been arrested for, charged with, or convicted of (1) any felony or misdemeanor; or (2) any other offense involving alcohol, illegal drugs, or sexual misconduct? No Yes
 (If your answer is "Yes," please explain in Attachment 1e. You need not report minor traffic offenses that do not involve alcohol or illegal drugs.)
 - f. Are you a court-appointed guardian or conservator for any other child or adult under a different case number or court?
 No Yes (If your answer is "Yes," please identify in Attachment 1f each other child or adult, by name, court, and case number.)

* If you are the guardian of a child's estate, you must file regular accountings with the court in addition to this report.
2. Personal Information on Child Under Guardianship (continue on Attachment 2 if necessary):
 - a. (Name):
 - b. (Birthdate):
 - c. The child is is not now living in my home.
 - d. (If the child lived in your home but has left, state when and why the child left. If the child has never lived in your home, please explain. Complete on Attachment 2d if necessary.):
 - e. (If the child is not now living in your home, state the complete name, relationship to child, address, and telephone number of the person the child is living with. Complete on Attachment 2e if necessary.):

GUARDIANSHIP OF THE PERSON ESTATE OF (Name):

CASE NUMBER:

MINOR

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

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

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

- a. Is the child having any current medical or dental problems? No Yes
(If your answer is "Yes," please explain. Continue on Attachment 4a if necessary.):
- b. The child is is not current on immunizations.
(If the child is not current, please explain. Continue on Attachment 4b if necessary.):
- c. (Name, address, and telephone number of each physician, dentist, or other health care provider now seeing or treating the child. Please explain if the child has not been seen by a health care provider for any problem identified in item 4a above. Complete on Attachment 4c if necessary.):
- d. Is the child having any emotional or behavioral problems that cause you concern? No Yes
(If your answer is "Yes," please explain. Continue on Attachment 4d if necessary.):
- e. Has the child experienced any traumatic event, major disruption, or significant change during the past year, such as the death of a parent, abuse, or a major illness? No Yes (If your answer is "Yes," please explain. Continue on Attachment 4e if necessary.):
- f. (Name, address, and telephone number of any therapist the child has been seeing for any of the problems described in items 4d and 4e above. If the child has not been seeing a therapist for these problems, please explain. Continue on Attachment 4f if necessary.):
- g. (Describe the child's social activities/services, including recreational, educational, church, social, occupational, or cultural activities. Continue on Attachment 4g if necessary.):
- h. (Describe your goals for the child for the next year. Continue on Attachment 4h if necessary.):

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

- a. (Name, age, and relationship to the child and to you of each person now living in the child's home. Complete on Attachment 5a if necessary.):
- b. (Name of each person identified in item 5a who moved into the child's home after the guardianship was established. Continue on Attachment 5b if necessary.):

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="text-align: right; padding-right: 20px;">MINOR</div>	CASE NUMBER:
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6. Child's Natural Parents (complete on Attachment 6 if necessary):

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

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

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

(1) Visits are are not supervised.

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

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

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

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

(1) Visits are are not supervised.

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

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

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

d. Financial contribution of either or both natural parents:

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

7. Need for Guardianship

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

8. Continuation as Guardian

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

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

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

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF GUARDIAN)

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF GUARDIAN)

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR </div>	CASE NUMBER: _____
---	--------------------

PROOF OF MAILING

1. I am over the age of 18. I am the appointed conservator or guardian of the above-named conservatee or ward, the conservator's or guardian's attorney, or an employee of the attorney. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify): _____
3. I mailed the foregoing *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward* to each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope on the date and at the place shown in item 4 with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: _____ b. Place mailed (city, state): _____

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

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)	(SIGNATURE OF PERSON COMPLETING THIS FORM)
---	--

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name and relationship to conservatee or ward</u>	<u>Address (number, street, city, state, and zip code)</u>
1.	Conservatee or ward at least 12 years of age	
2.	Attorney for conservatee or ward	
3.	Spouse or domestic partner of conservatee	
4.	Parent of ward	
5.	Parent of ward	

Continued on an attachment. (You may use form GC-079 (MA) to show additional addressees.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
ESTATE OF (Name): _____ <input type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	
INVENTORY AND APPRAISAL <input type="checkbox"/> Partial No.: <input type="checkbox"/> Corrected <input type="checkbox"/> Final <input type="checkbox"/> Reappraisal for Sale <input type="checkbox"/> Supplemental <input type="checkbox"/> Property Tax Certificate	CASE NUMBER: _____ Date of Death of Decedent or of Appointment of Guardian or Conservator: _____

APPRAISALS

- | | |
|--|-----------|
| 1. Total appraisal by representative, guardian, or conservator (Attachment 1): | \$ |
| 2. Total appraisal by referee (Attachment 2): | \$ |
| TOTAL: | \$ |

DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR SMALL ESTATE CLAIMANT

3. Attachments 1 and 2 together with all prior inventories filed contain a true statement of
 all a portion of the estate that has come to my knowledge or possession, including particularly all money and all just claims the estate has against me. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 1.
4. No probate referee is required by order of the court dated (specify): _____
5. **Property tax certificate.** I certify that the requirements of Revenue and Taxation Code section 480
- a. are not applicable because the decedent owned no real property in California at the time of death.
- b. have been satisfied by the filing of a change of ownership statement with the county recorder or assessor of each county in California in which the decedent owned property at the time of death.

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

Date: _____

 (TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER)

 (SIGNATURE)

STATEMENT ABOUT THE BOND

(Complete in all cases. Must be signed by attorney for fiduciary, or by fiduciary without an attorney.)

6. Bond is waived, or the sole fiduciary is a corporate fiduciary or an exempt government agency.
7. Bond filed in the amount of: \$ _____ Sufficient Insufficient
8. Receipts for: \$ _____ have been filed with the court for deposits in a blocked account at (specify institution and location): _____

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

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

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

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

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

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

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

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

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

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

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

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

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

Who do you need to notify?

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

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

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

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

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

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

Copy to the Area Director of the Bureau of Indian Affairs

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: TELEPHONE NO.:			
CASE NAME:			
NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD (check all that apply): <input type="checkbox"/> JUVENILE <input type="checkbox"/> Dependency <input type="checkbox"/> Delinquency <input type="checkbox"/> ADOPTION <input type="checkbox"/> CONSERVATORSHIP* <input type="checkbox"/> CUSTODY (Fam. Code, § 3041) <input type="checkbox"/> DECLARATION OF FREEDOM FROM CONTROL OF PARENT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TERMINATION OF PARENTAL RIGHTS <input type="checkbox"/> VOLUNTARY RELINQUISHMENT OF CHILD BY PARENT	CASE NUMBER: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 2px;">HEARING DATE:</td> <td style="padding: 2px;">DEPT.:</td> </tr> </table>	HEARING DATE:	DEPT.:
HEARING DATE:	DEPT.:		

NOTICE TO (check all that apply):

- Parents or Legal Guardians Tribes Indian Custodians Sacramento Area Director, BIA
 Secretary of the Interior

1. NOTICE is given that based on the petition, a copy of which is attached to this notice, a child custody proceeding under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.) has been initiated for the following child (a separate notice must be filed for each child):

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
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2. HEARING INFORMATION

a. Date:	Time:	<input type="checkbox"/> Dept:	<input type="checkbox"/> Room:
<input type="checkbox"/> Type of hearing:			

b. Address and telephone number of court same as noted above is (specify):

3. The child is or may be eligible for membership in the following Indian tribes (list each):

*Use this form in a conservatorship only if the proposed conservatee is a formerly married minor.

CASE NAME:	CASE NUMBER:
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4. **Under the Indian Child Welfare Act (ICWA) and California law:**
- a. The child's parents, Indian custodian, and the child's tribe have the right to be present at all hearings.
 - b. The child's Indian custodian and the child's tribe have the right to intervene in the proceedings when ICWA applies.
 - c. The child's parent, Indian custodian, or tribe may petition the court to transfer the case to the tribal court of the Indian child's tribe. The child's parent or tribe also have the right to refuse to have the case transferred to the tribal court.
 - d. With the limited exceptions of the detention hearing in juvenile cases and the jurisdiction and disposition hearings in delinquency cases as identified in rule 5.482, the court will give up to 20 days from the time of the scheduled hearing if the child's parent, Indian custodian, or tribe request such time to prepare for the hearing.
 - e. The proceedings could lead to the removal of the child from the custody of the parent or Indian custodian and possible adoption of the child.
 - f. If the child's parents or Indian custodian have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
 - g. The information contained in this notice and all attachments is confidential. Any tribal representative or agent or any other person or entity receiving this information must maintain the confidentiality of this information and not reveal it to anyone who does not need the information in order to exercise the tribe's rights under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.).
 - h. An Indian custodian is any person who has legal custody of the child under tribal law or custom or state law, or to whom temporary physical custody, care, and control of the child has been transferred by a parent.

5. **INFORMATION ON THE CHILD NAMED IN 1**

- a. The child's birth certificate is attached unavailable
- b. A copy of the tribal registration card of the child the parent is attached.
- c. Biological relative information is listed below. *(Indicate if any of the information requested below is unknown or does not apply. Do not use the abbreviation "N/A".) (Required by Fam. Code, § 180; Prob. Code, § 1460.2; and Welf. & Inst. Code, § 224.2.)*

Biological Mother	Biological Father
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME:	CASE NUMBER:
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5. c. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Mother (Child's Maternal Grandmother)	Father's Biological Mother (Child's Paternal Grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Father (Child's Maternal Grandfather)	Father's Biological Father (Child's Paternal Grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. d. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Grandmother (Child's Maternal Great-grandmother)	Mother's Biological Grandmother (Child's Maternal Great-grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Grandfather (Child's Maternal Great-grandfather)	Mother's Biological Grandfather (Child's Maternal Great-grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. e. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Father's Biological Grandmother (Child's Paternal Great-grandmother)	Father's Biological Grandmother (Child's Paternal Great-grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Father's Biological Grandfather (Child's Paternal Great-grandfather)	Father's Biological Grandfather (Child's Paternal Great-grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. f. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Indian Custodian Information	Indian Custodian Information
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current former address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:

6. ADDITIONAL INFORMATION ON CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown.)

- a. Biological birth father is named on birth certificate. Unknown
- b. Biological birth father has acknowledged parentage. Unknown
- c. There has been a judicial declaration of parentage. Unknown
- d. Other alleged father *(name each):*

Unknown

The following optional questions may be helpful in tracing the ancestry of the child in 1.

7. Has the child in 1 or any members of his or her family ever *(if "yes," provide the information requested below):*

- a. Attended an Indian school? Yes No Unknown

Name/relationship to child	Type of school	Dates attended	Name and location of school

CASE NAME:	CASE NUMBER:
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9. Additional party information (list the name, mailing address, and telephone number of all parties notified) :

<u>Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
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DECLARATION

(To be completed, dated, and signed in all cases by each petitioner named in companion petition.)

I am the petitioner or we are all of the petitioners in this proceeding. In response to items 5–9 of this form, I/we have given all information I/we have about the relatives and, if applicable, the Indian custodian, of the child named in item 1 of this form.

I/We declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:	▶	
(TYPE OR PRINT NAME)		(SIGNATURE)

Date:	▶	
(TYPE OR PRINT NAME)		(SIGNATURE)

Date:	▶	
(TYPE OR PRINT NAME)		(SIGNATURE)

CASE NAME:	CASE NUMBER:
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**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS,
TRIBES, OR AGENCIES TO WHOM NOTICE WAS MAILED**

<p>1. <input type="checkbox"/> Parent (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>2. <input type="checkbox"/> Parent (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>
<p>3. <input type="checkbox"/> Guardian (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>4. <input type="checkbox"/> Guardian (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>
<p>5. <input type="checkbox"/> Indian Custodian (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>6. <input type="checkbox"/> Indian Custodian (Name): Street address: Mailing address: City, state and zip code: Telephone number:</p>
<p>7. <input type="checkbox"/> Sacramento Area Director Bureau of Indian Affairs Street address: 2800 Cottage Way City and zip code: Sacramento, CA 95825 Telephone number:</p>	<p>8. <input type="checkbox"/> Secretary of the Interior U.S. Department of the Interior Street address: 1849 C Street, N.W. City, state and zip code: Washington D.C. 20240 Telephone number:</p>
<p>9. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>10. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state and zip code: Telephone number:</p>
<p>11. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state and zip code: Telephone number:</p>	<p>12. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state and zip code: Telephone number:</p>

Note: Notice to the tribe must be sent to the tribe chairman or designated authorized agent for service.

Additional tribes served listed on attached form ICWA-030(A)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
CHILD'S NAME:	
PARENTAL NOTIFICATION OF INDIAN STATUS	CASE NUMBER:

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

1. Name: _____
2. Relationship to child: Parent Indian custodian Guardian Other _____
3. a. I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe(s) (name each): _____
 Name of band (if applicable): _____
- b. I may have Indian ancestry. _____
 Name of tribe(s): _____
 Name of band (if applicable): _____
- c. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe (name each): _____
 Name of band (if applicable): _____
- d. I have no Indian ancestry as far as I know.
- e. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe (name each): _____
 Name of band (if applicable): _____
 Name and relationship of ancestor(s): _____
4. A previous form ICWA-020 has has not been filed with the court.

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

Date: _____

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address) TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____	
IN THE GUARDIANSHIP OF _____	Hearing Date: _____ Hearing Time: _____ Dept: _____
NOMINATION OF GUARDIAN; CONSENT AND WAIVER OF NOTICE <input type="checkbox"/> NOMINATION BY MINOR <input type="checkbox"/> WAIVER OF NOTICE OF CONSENT	CASE NUMBER _____

NOMINATION OF GUARDIAN

A Petition has been filed with the Probate Court, which asks the Probate Judge to sign an Order allowing _____ (proposed guardian) to take care of you. This would mean he/she would make decisions about where you live, your schooling and your medical needs if appointed guardian of your "person" or money someone has given you if appointed guardian of your "estate." Because you are over 12 years old, the Judge would like to know your opinion about _____ being appointed as your guardian.

If you agree _____ (proposed guardian) should be appointed, check the box that says "YES" and sign the statement below. If you have concerns, please check the box that says "NO" and do not sign the statement. The Court will ask a counselor to talk to you about your concerns.

Do you accept _____ (name of proposed guardian) to be the guardian of your person and/or estate?

YES NO

Date: _____ Signature: _____

CONSENT AND WAIVER OF NOTICE

The law requires if someone wants to become your guardian they must give you a copy of the papers they filed with the court at least 15 days before the day the court will decide if you should have a guardian. If you agree with _____ (proposed guardian) request to become your guardian, and do not need them to "serve" you with papers, you can sign your name below. Your signature means you do not want papers "served" on you 15 days before the hearing, and you are in agreement with _____ (proposed guardian) asking the Court to be your guardian. If you do not agree, do not sign this form.

I, _____, (your name) agree to the appointment of the proposed guardian, _____ to be the guardian of my person and/or estate and waive notice to all forms and petitions.

Date: _____ Signature: _____

6. I gave notice that I would present this application for these orders at _____ AM/PM on _____
in Department _____ of the SUPERIOR COURT.

7. A copy of these pleadings were given to : _____
by Personal delivery Overnight letter or other overnight carrier Fax transmission
 Other (explain): _____

8. I have received the following response: _____

9. I anticipate the other party will oppose this application. I do not anticipate the other party will oppose this applicatic

10. I have not given notice of the present application for ex parte orders because:
 Notice would frustrate the purpose of the orders sought.
 Applicant would suffer immediate and irreparable harm before the orders could issue.
 No significant burden or inconvenience to the responding party will result.
 The orders requested are those permitted without notice by local rule.
 I made reasonable, good faith efforts to give notice, described as follows: _____

 Other: _____

EXPLAIN WHY YOU CHECKED ANY BOX IN ITEM 10: _____

11. I believe that alcohol drug abuse is a major factor in the party's abusive behavior.

12. If I am asking that anyone else be protected, their names, relationships and need for protection are set forth below.

Name	Relationship	Why protection needed	This person lives in my residence (CIRCLE YES OR NO)
a. _____	_____	_____	YES NO
b. _____	_____	_____	YES NO
c. _____	_____	_____	YES NO

13. Are you in mediation? YES NO If so, have you notified the mediator of this application? YES NO

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct, and that
this declaration was signed at _____, California, this _____ day of _____, 20____, at _____ (AM) (PM)

Signature of Declarant _____

This form may be used to satisfy the requirements of ex parte notice pursuant to California Rule of Court 3.1200 – 3.1205.

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): ATTORNEY FOR (Name):	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF THE GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <div style="text-align: right;">MINOR(S)</div>		
Ex Parte Application For Temporary Guardianship		CASE NUMBER:

1. Petition for Appointment of Guardian has been filed: (date) _____ and set for hearing (date): _____

2. Mother's name and address: _____

Father's name and address: _____

3. Notice Requirements: The following persons are entitled to *personal service* of notice of the proposed temporary guardianship not less than five days prior to the appointment: (1) the proposed ward if 12 years of age or older, (2) the parent or parents, (3) any person having a valid visitation order, and any person who currently has physical custody of minor. Alternatively, the person entitled to notice may waive it, or the court may dispense with notice. [See Prob. C. § 2250]

Service on Mother:

- Proof of personal service of notice attached, or
- Consent and Waiver of Notice signed and filed, or
- Good cause exists to dispense with notice

Service on Father

- Proof of personal service of notice attached, or
- Consent and Waiver of Notice signed and filed, or
- Good cause exists to dispense with notice

Service on Person w/ Visitation Order
or Physical Custody

- Proof of personal service of notice attached, or
- Consent and Waiver of Notice signed and filed, or
- Good cause exists to dispense with notice

Service on Minor Who is 12 or Older:

- Proof of personal service of notice attached, or
- Consent and Waiver of Notice signed and filed or
- Good cause exists to dispense with notice

If "Good cause exists to dispense with notice" is checked, make sure the request for an order dispensing with notice at 1(e) on the Petition for Appointment of Temporary Guardian or Conservator, GC-110 is completed. Attach a declaration supporting the request to the Temporary Petition.

If "Consent and Waiver of Notice signed and filed" is checked, make sure Judicial Council Form GC-211 is filed.

4. Opposition to Petition

Known objectors (identify): _____

No known objector

5. Minor currently resides does not reside with the proposed temporary guardian.

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

Date: _____

Signature

Type or print name

ADDRESSES OF STATE AND LOCAL AGENCIES FOR NOTICE PURPOSES

- Tulare County Health and Human Services
Child Welfare Services
P.O. Box 671
Visalia, CA 93279
Attn: Vianney Moreno
- Tulare County Family Court Services
221 S. Mooney Blvd., Room 203
Visalia, CA 93291
- California Department of Developmental Services
P.O. Box 94402
Sacramento, CA 94244-2020
Attn: Sheila Jenkins obo Director
- Calif. Department of Veteran's Affairs or Veteran's Administration
1227 O Street Western Area Fiduciary Hub
Sacramento, CA 95814 P.O. Box 58086
Salt Lake City, UT 84158
(801) 708-7306
- California Department of Social Services
Fresno Division
770 E. Shaw, Ste. 109
Fresno, CA 93710
Attn.: Rosalie Gutierrez, District Manager
- California Department of Mental Health
1600 9th Street Room 151
Sacramento, CA 95814
Attn: Acting Director Cliff Allenby
- Mr. Douglas Thompson
Tulare County Probate Referee
1825 E. Main Street
Visalia, CA 93292
- Bureau of Indian Affairs
2800 West Cottage Way, W. 2820
Sacramento, CA 95825-1886
Attn: Kevin Sanders, Regional Social Worker
(916) 978-6000