Clear These Forms

# Guardianship Cover Sheet

**First Person Who Wants to be Guardian:**
Name:
Street Address:
City, State, and Zip Code:
Home Phone Number:

Work Phone No.:
Social Security No.:
Driver's License No.:
Date of Birth:

**Second Person Who Wants to be Guardian:**
Name:
Social Security No.:
Driver's License No.:
Date of Birth:
Work Phone No.:

**How many people want to be Guardian?**
☐ 1
☐ 2

**Child(ren) in the Guardianship**
**First Child**
Name:
Click here if address and telephone are the same as Person Who Wants to be Guardian.
Street Address:
City, State, and Zip Code:
Home Phone No.:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

**Second Child**
Name:

Click here if address and telephone are the same as Person Who Wants to be Guardian.

Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

**Third Child**
Name:

Click here if address and telephone are the same as Person Who Wants to be Guardian.

Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

**Fourth Child**
Name:

Click here if address and telephone are the same as Person Who Wants to be Guardian.

Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

**Fifth Child**
Name:

Click here if address and telephone are the same as Person Who Wants to be Guardian.

Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

**Number of Children in Guardianship:**

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

**Person Who Will Talk to the Judge About the Guardianship (called the Petitioner)**

**Click here if information is the same as the First Person Who Wants to be Guardian.**

Name:
Street Address:
City, State, and Zip Code:
Home Phone Number:
Work Phone Number:

**BEFORE YOU GO ON, PLEASE CHECK YOUR SPELLING**

What courthouse do you want to use?

____ **Bill Santucci Justice Center**
10820 Justice Center Drive,
Roseville, CA 95678

____ **Tahoe Court**
2501 North Lake Blvd.
Tahoe City, CA  96115

# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| GUARDIANSHIP OF<br>*(Name):*<br>MINOR | CASE NUMBER: |
| **CONFIDENTIAL GUARDIAN SCREENING FORM**<br>**Guardianship of** ☑ **Person** ☐ **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:
   c. Social security number: d. Driver's license number: State: California
   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.)*



Form Adopted for Mandatory Use
Judicial Council of California
GC-212 [Rev. January 1, 2006]



Probate Code, § 1516;
Family Code, § 3011;
Cal. Rules of Court, rule 7.1001
*www.courtinfo.ca.gov*

| GUARDIANSHIP OF *(Name):* MINOR | CASE NUMBER: |
|---|---|

10. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?
☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 10.)*

11. Do you or does any other person living in your home suffer from mental illness?
☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 11.)*

12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?
☐ Yes ☐ No *(If you checked 'Yes," explain in Attachment 12.)*

13. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of guardian.
*(If you checked "I have or may have," explain in Attachment 13.)*

14. ☐ I have ☐ I have not previously been appointed guardian, conservator, executor, or fiduciary in another proceeding.
*(If you checked "I have," explain in Attachment 14.)*

15. ☐ I have ☐ I have not been removed as guardian, conservator, executor, or fiduciary in any other proceeding.
*(If you checked "I have," explain in Attachment 15.)*

16. ☐ I am ☐ I am not a private professional guardian, as defined in Probate Code section 2341.
☐ I have ☐ I have not filed with the court the information statement required by Probate Code section 2342. *(If you checked "I am" and "I have not," explain in Attachment 16.)*

17. ☐ I am ☐ I am not currently registered with the Statewide Registry of Conservators/Guardians/Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855. My current registration will expire on *(date):*
*(If you checked "I am not," explain why you are not registered in Attachment 17.)*

18. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation):*

,

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

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

**MINORS' CONTACT INFORMATION**

20. Minor's name: School *(name):*
Home telephone: School telephone: Other telephone:

21. Minor's name: School *(name):*
Home telephone: School telephone: Other telephone:

22. Minor's name: School *(name):*
Home telephone: School telephone: Other telephone:

☐ Information on additional minors is attached.

**DECLARATION**

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

Date:

(TYPE OR PRINT NAME OF PROPOSED GUARDIAN) (SIGNATURE OF PROPOSED GUARDIAN)*

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

| SHORT TITLE: Guardianship of: | CASE NUMBER: |
| --- | --- |

*(Required for verified pleading)* The items on this page stated on information and belief are *(specify item numbers, **not** line numbers)*:

This page may be used with any Judicial Council form or any other paper filed with the court.

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional)*:<br>E–MAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| GUARDIANSHIP OF THE ☑ PERSON ☐ ESTATE<br>OF *(Name)*: MINOR | |
| **DUTIES OF GUARDIAN and Acknowledgment of Receipt** | CASE NUMBER: |

# DUTIES OF GUARDIAN

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

## 1. GUARDIANSHIP OF THE PERSON

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

**a.** **Fundamental responsibilities** - The guardian of the person of a child has the care, custody, and control of the child. As guardian, you are responsible for providing for food, clothing, shelter, education, and all the medical and dental needs of the child. You must provide for the safety, protection, and physical and emotional growth of the child.

**b.** **Custody** - As guardian of the person of the child, you have full legal and physical custody of the child and are responsible for **all** decisions relating to the child. The child's parents can no longer make decisions for the child while there is a guardianship. The parents' rights are suspended—not terminated—as long as a guardian is appointed for a minor.

**c.** **Education** - As guardian of the person of the child, you are responsible for the child's education. You determine where the child should attend school. As the child's advocate within the school system, you should attend conferences and play an active role in the child's education. For younger children, you may want to consider enrolling the child in Head Start or other similar programs. For older children, you should consider their future educational needs such as college or a specialized school. You must assist the child in obtaining services if the child has special educational needs. You should help the child in setting and attaining his or her educational goals.

**d.** **Residence** - As guardian, you have the right to determine where the child lives. The child will normally live with you, but when it is necessary, you are allowed to make other arrangements if it is in the best interest of the child. You should obtain court approval before placing the child back with his or her parents.

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

(Continued on reverse)

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

e. **Medical treatment** - As guardian, you are responsible for meeting the medical needs of the child. In most cases, you have the authority to consent to the child's medical treatment. However, if the child is 14 years or older, surgery may not be performed on the child unless either (1) both the child and the guardian consent or (2) a court order is obtained that specifically authorizes the surgery. This holds true except in emergencies. A guardian may not place a child involuntarily in a mental health treatment facility under a probate guardianship. A mental health conservatorship proceeding is required for such an involuntary commitment. However, the guardian may secure counseling and other necessary mental health services for the child. The law also allows older and more mature children to consent to their own treatment in certain situations such as outpatient mental health treatment, medical care related to pregnancy or sexually transmitted diseases, and drug and alcohol treatment.

f. **Community resources** - There are agencies in each county that may be helpful in meeting the specific needs of children who come from conflicted, troubled, or deprived environments. If the child has special needs, you must strive to meet those needs or secure appropriate services.

g. **Financial support** - Even when the child has a guardian, the parents are still obligated to financially support the child. The guardian may take action to obtain child support. The child may also be eligible for Temporary Aid for Needy Families, TANF (formerly known as AFDC), social security benefits, Veterans Administration benefits, Indian child welfare benefits, and other public or private funds.

h. **Visitation** - The court may require that you allow visitation or contact between the child and his or her parents. The child's needs often require that the parent-child relationship be maintained, within reason. However, the court may place restrictions on the visits, such as the requirement of supervision. The court may also impose other conditions in the child's best interest.

i. **Driver's license** - As guardian of the person, you have the authority to consent to the minor's application for a driver's license. If you consent, you will become liable for any civil damages that may result if the minor causes an accident. The law requires that anyone signing the DMV application obtain insurance to cover the minor.

j. **Enlistment in the armed services** - The guardian may consent to a minor's enlistment in the armed services. If the minor enters into active duty with the armed forces, the minor becomes emancipated under California law.

k. **Marriage** - For the minor to marry, the guardian **and the court** must give permission. If the minor enters a valid marriage, the minor becomes emancipated under California law.

l. **Change of address** - A guardian must notify the court in writing of any change in the address of either the child or the guardian. This includes any changes that result from the child's leaving the guardian's home or returning to the parent's home. You **must** always obtain **court permission** before you move the child to another state or country.

m. **Court visitors and status reports** - Some counties have a program in which "court visitors" track and review guardianships. If your county has such a program, you will be expected to cooperate with all requests of the court visitor. As guardian, you may also be required to fill out and file status reports. In all counties, you must cooperate with the court and court investigators.

n. **Misconduct of the child** - A guardian, like a parent, is liable for the harm and damages caused by the willful misconduct of a child. There are special rules concerning harm caused by the use of a firearm. If you are concerned about your possible liability, you should consult an attorney.

o. **Additional responsibilities** - The court may place other conditions on the guardianship or additional duties upon you, as guardian. For example, the court may require the guardian to complete counseling or parenting classes, to obtain specific services for the child, or to follow a scheduled visitation plan between the child and the child's parents or relatives. As guardian, you must follow all court orders.

(Continued on page three)

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

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

## 2. GUARDIANSHIP OF THE ESTATE

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

### MANAGING THE ESTATE

**a. Prudent investments** - As guardian of the estate, you must manage the child's assets with the care of a prudent person dealing with someone else's property. This means that you must be cautious and may not make speculative or risky investments.

**b. Keeping estate assets separate** - As guardian of the estate, you must keep the money and property of the child's estate separate from everyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is a *guardianship* account and not your personal account. You should use the child's social security number when opening estate accounts. You should never deposit estate funds in your personal account or otherwise mix them with your own funds or anyone else's funds, even for brief periods. Securities in the estate must be held in a name that shows that they are estate property and not your personal property.

**c. Interest-bearing accounts and other investments** - Except for checking accounts intended for ordinary expenses, you should place estate funds in interest-bearing accounts. You may deposit estate funds in insured accounts in federally insured financial institutions, but you should not put more than $100,000 in any single institution. You should consult with an attorney before making other kinds of investments.

**d. Blocked accounts** - A *blocked account is* an account with a financial institution in which money is placed. No person may withdraw funds from a blocked account without the court's permission. Depending on the amount and character of the child's property, the guardian may elect **or the court may require** that estate assets be placed in a blocked account. As guardian of the estate, you must follow the directions of the court and the procedures required to deposit funds in this type of account. The use of a blocked account is a safeguard and may save the estate the cost of a bond.

**e. Other restrictions** - As guardian of the estate, you will have many other restrictions on your authority to deal with estate assets. Without prior court order, you **may not** pay fees to yourself or your attorney. You may not make a gift of estate assets to anyone. You may not borrow money from the estate. As guardian, you may not use estate funds to purchase real property without a prior court order. If you do not obtain the court's permission to spend estate funds, you may be compelled to reimburse the estate from your own personal funds and may be removed as guardian. You should consult with an attorney concerning the legal requirements relating to sales, leases, mortgages, and investment of estate property. If the child of whose estate you are the guardian has a living parent or if that child receives assets or is entitled to support from another source, you must obtain court approval before using guardianship assets for the child's support, maintenance, or education. You must file a petition or include a request for approval in the original petition, and set forth which exceptional circumstances justify any use of guardianship assets for the child's support. The court will ordinarily grant such a petition for only a limited period of time, usually not to exceed one year, and only for specific and limited purposes.

### INVENTORY OF ESTATE PROPERTY

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

(Continued on reverse)

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

**g. Determine the value of the property** - As guardian of the estate, you must arrange to have a court-appointed referee determine the value of the estate property unless the appointment is waived by the court. You—not the referee—must determine the value of certain "cash items." An attorney can advise you about how to do this.

**h. File an inventory and appraisal** - As guardian of the estate, you must file an inventory and appraisal within 90 days after your appointment. You may be required to return to court 90 days after your appointment as guardian of the estate to ensure that you have properly filed the inventory and appraisal.

**INSURANCE**

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

**RECORD KEEPING AND ACCOUNTING**

**j. Records** - As guardian of the estate, you must keep complete, accurate records of each financial transaction affecting the estate. The checkbook for the guardianship checking account is essential for keeping records of income and expenditures. You should also keep receipts for all purchases. Record keeping is critical because you will have to prepare an accounting of all money and property that you have received, what you have spent, the date of each transaction, and its purpose. You will also have to be able to describe in detail what is left after you have paid the estate's expenses.

**k. Accountings** - As guardian of the estate, you must file a petition requesting that the court review and approve your accounting one year after your appointment and at least every two years after that. The court may ask that you justify some or all expenditures. You should have receipts and other documents available for the court's review, if requested. If you do not file your accounting as required, the court will order you to do so. You may be removed as guardian for failure to file an accounting.

**l. Format** - As guardian of the estate, you must comply with all state and local rules when filing your accounting. A particular format is specified in the Probate Code, which you must follow when you present your account to the court. You should check local rules for any special local requirements.

**m. Legal advice** - An attorney can advise you and help you prepare your inventories, accountings, and petitions to the court. If you have questions, you should consult with an attorney.

## 3. OTHER GENERAL INFORMATION

**a. Removal of a guardian** - A guardian may be removed for specific reasons or when it is in the child's best interest. A guardian may be removed either on the court's own motion or by a petition filed by the child, a relative of the child, or any other interested person. If necessary, the court may appoint a successor guardian, or the court may return the child to a parent if that is found to be in the child's best interest.

**b. Legal documents** - For your appointment as guardian to be valid, the *Order Appointing Guardian of Minor* must be signed. Once the court signs the order, the guardian **must** go to the clerk's office, where *Letters of Guardianship* will be issued. *Letters of Guardianship* is a legal document that provides proof that you have been appointed and are serving as the guardian of a minor. You should obtain several certified copies of the *Letters* from the clerk. These legal documents will be of assistance to you in the performance of your duties, such as enrolling the child in school, obtaining medical care, and taking care of estate business.

**c. Attorneys and legal resources** - If you have an attorney, the attorney will advise you on your duties and responsibilities, the limits of your authority, the rights of the child, and your dealings with the court. **If you have legal questions, you should consult with your attorney.** Please remember that the court staff cannot give you legal advice.

(Continued on page five)

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

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

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

## ACKNOWLEDGMENT OF RECEIPT

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

Date:

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

Date:

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

Date:

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

# GC-210(P) Petition for Appointment of Guardian of the Person

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

_____

_____

*Clerk stamps date here when form is filed.*

***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.)**

*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.:** |

**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)**:*** _____

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.***

**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*

**GC-210(CA)**

# Guardianship Petition—Child Information Attachment

**Case Number:**

Guardianship of *(all children's names):* _____

**This child's name:** _____

Fill out a separate copy of this form for **each** child for whom 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. ***(Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.)***

(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, *(specify tribe):* _____
*(If you checked "Yes" to item (1), this guardianship case is subject to the* Indian Child Welfare Act *("ICWA") (25 U.S.C. § 1901, et seq.). 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, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?
☐ No ☐ Yes *(If you checked "Yes" to either item (1) or item (2), you must fill out a* Notice of Child Custody Proceeding for Indian Child *(Form ICWA-030) (*"Notice"*). Your attorney must serve copies of the* Notice*, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original* Notice *and deliver it to the court. After service, the original* Notice *and all return receipts must be filed with the court. Service of the* Notice *is in addition to service of any other notices required in this case.)*

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.)*

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 |
|---|---|---|---|
| ☐ TANF (Temporary Asst. for Needy Families) | $ | ☐ Other *(explain):* | $ |
| ☐ Social Security | $ | ☐ Other *(explain):* | $ |
| ☐ Dept. Veterans Affairs Benefits | $ | | |

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




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Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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

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) | | |
| Brother/Sister | | |
| Brother/Sister | | |
| Brother/Sister | | |

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 | | |
| 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 ):* _____

## 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.*

Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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):* _____

_____

_____

_____

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

| CHILD'S NAME: | CASE NUMBER: |
|---|---|
| | |

1. Name of child:
   Indian child inquiry ☐ made ☐ not made and *(check all that apply):*

   a. ☐ The child is or may be a member of or eligible for membership in a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   b. ☐ The child's parents, grandparents, or great-grandparents are or were members of a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   c. ☐ The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

   d. ☐ The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

   e. ☐ The child may have Indian ancestry.

   f. ☐ The child has no known Indian ancestry.

   g. ☐ Other reason to know the child may be an Indian child: _____

| Person(s) questioned: | Person(s) questioned: |
|---|---|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, state, zip: _____ | City, state, zip: _____ |
| Telephone: _____ | Telephone: _____ |
| Date questioned: _____ | Date questioned: _____ |
| Means of communication: _____ | Means of communication: _____ |
| Relationship to child: _____ | Relationship to child: _____ |
| Summary of information: _____ | Summary of information: _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

   h. ☐ Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:
   ☐ The child is in foster care.
   ☐ It is probable the child will be entering foster care.

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE)



**FORMS FOR ADDITIONAL CHILDREN ARE LOCATED AT THE END OF THIS FORM SET. PLEASE SCROLL TO THE END OF THIS FORM SET TO FILL OUT A FORM FOR EACH ADDITIONAL CHILD.**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| *(This section applies only to family law cases.)*<br>PETITIONER:<br>RESPONDENT:<br>OTHER PARTY: | |
| *(This section apples only to guardianship cases.)*<br>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 | ☐ Confidential | ☐ 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 |
|---|---|---|---|
| ☐ 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 | ☐ Confidential | ☐ 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.)*



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| SHORT TITLE: Guardianship of | CASE NUMBER: |
|---|---|

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. ☐ Family | | | | | | |
| b. ☐ Guardianship | | | | | | |
| c. ☐ Other | | | | | | |

| Proceeding | Case Number | Court *(name, state, location)* |
|---|---|---|
| d. ☐ Juvenile Delinquency/ Juvenile Dependency | | |
| e. ☐ 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. ☐ Criminal | | | | |
| b. ☐ Family | | | | |
| c. ☐ Juvenile Delinquency/ Juvenile Dependency | | | | |
| d. ☐ 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 | b. Name and address of person | c. Name and address of person |
|---|---|---|
| ☐ Has physical custody<br>☐ Claims custody rights<br>☐ Claims visitation rights | ☐ Has physical custody<br>☐ Claims custody rights<br>☐ Claims visitation rights | ☐ Has physical custody<br>☐ Claims custody rights<br>☐ Claims visitation rights |
| Name of each child | Name of each child | 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 *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):* IN PRO PER

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

GUARDIANSHIP OF THE ☑ PERSON ☐ ESTATE OF *(Name):*

*FOR COURT USE ONLY*

☑ **CONSENT OF PROPOSED GUARDIAN**
☐ **NOMINATION OF GUARDIAN**
☐ **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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

☐ Continued on Attachment 4.



Form Adopted for Mandatory Use
Judicial Council of California
GC-211 [Rev. January 1, 2004]



Probate Code, §§ 1204, 1500–1502

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: TELEPHONE AND FAX NOS.: | *FOR COURT USE ONLY* |
|---|---|
| ATTORNEY FOR *(Name)*: IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| GUARDIANSHIP OF THE ☑ PERSON ☐ ESTATE OF *(Name)*:<br>MINOR | |
| **ORDER APPOINTING GUARDIAN OF** ☐ **MINOR** ☐ **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)*:
   b. Hearing date: Time: ☐ Dept.: ☐ Room:

   c. ☑ Petitioner *(name)*:
   d. ☐ Attorney for Petitioner *(name)*: IN PRO PER
   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)*:
   *(Address)*: *(Telephone)*:

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

Do NOT use this form for a temporary guardianship.

(Continued on reverse)

| GUARDIANSHIP OF *(Name)*: ___ MINOR | CASE NUMBER: |
|---|---|

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

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 *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| GUARDIANSHIP OF<br>*(Name):*<br>MINOR | |
| **LETTERS OF GUARDIANSHIP**<br>☑ **Person** ☐ **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



Form Adopted for Mandatory Use
Judicial Council of California
GC-250 [Rev. January 1, 2009]

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

Probate Code, §§ 2310, 2311, 2890–2893
*www.courtinfo.ca.gov*

American LegalNet, Inc.
www.Forms*Workflow*.com

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

## NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS

**(Probate Code sections 2890–2893)**

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

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

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public 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 *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| ☑ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☑ PERSON ☐ ESTATE<br>OF *(Name):*<br>☑ MINOR ☐ (PROPOSED) CONSERVATEE | |
| **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):*

   Petition for Appointment of Guardian of Minor

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.)

| | |
|---|---|
| ☑ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☑ PERSON ☐ ESTATE<br>OF *(Name):*<br>☑ MINOR ☐ (PROPOSED) CONSERVATEE | CASE NUMBER: |

**NOTE: ***

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

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

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

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is *(specify):*

3. I served the foregoing *Notice of Hearing—Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
   a. ☐ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
   b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date mailed: b. Place mailed *(city, state):*

5. ☐ I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date:

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

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

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

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

| ☐ ESTATE ☑ GUARDIANSHIP ☐ CONSERVATORSHIP ☐ MATTER OF *(Name):* | CASE NUMBER: |
|---|---|

## ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

*(This Attachment is for use with forms DE-120 and GC-020.)*

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

| No. | Name of person served | Address *(number, street, city, state, and zip code)* |
|---|---|---|
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Form Approved for Optional Use
Judicial Council of California
DE-120(MA)/GC-020(MA)
[New July 1, 2005]

| | |
|---|---|
| ☑ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☑ PERSON ☐ ESTATE<br>OF *(Name):*<br>☑ MINOR ☐ (PROPOSED) CONSERVATEE | CASE NUMBER: |

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

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

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

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

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

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

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

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

Date:

▶ _____
(SIGNATURE)

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

Date:

▶ _____
(SIGNATURE)



Form Approved for Optional Use
Judicial Council of California
GC-020(P) [New July 1, 2005]



Probate Code, §§ 1216, 1264, 1460–1469, 1511, 1822
*www.courtinfo.ca.gov*

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

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

*Clerk stamps date here when form is filed.*

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

*Fill in court name and street address:*

**Superior Court of California,**
**County of** PLACER

Same

*Clerk fills in case number when form is filed.*

**Case Number:**

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

a. _____

b. _____

(2) **Your address and telephone number:**

*Street:* _____ *Apt.:* _____

*City:* _____

*State:* _____ *Zip:* _____ *Phone:* _____

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

*Name:* IN PRO PER *Bar No.:* _____

*Firm name, if any:* _____

*Street:* _____ *Suite:* _____

*City:* _____ *State:* _____ *Zip:* _____

*Phone:* _____ *Fax (optional):* _____ *E-mail (optional):* _____

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

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

*Name(s):* _____

_____

*Street:* _____ *Apt.:* _____

*City:* _____ *State:* _____ *Zip:* _____

*Phone:* _____

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

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




American LegalNet, Inc.
www.Forms*Workflow*.com

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):*

- ☐ Grandmother (father's mother)
- ☐ Grandfather (father's father)
- ☐ Grandmother (mother's mother)
- ☐ Grandfather (mother's father)
- ☐ Aunt
- ☐ Uncle
- ☐ Brother (adult)
- ☐ Sister (adult)
- ☐ Other Relative *(explain relationship to child or children):* _____

_____

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

_____

_____

_____

_____

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

a. Child's full legal name: _____

Child's current address: _____

_____

Child's current phone number: _____

b. Child's full legal name: _____

Child's current address: _____

_____

Child's current phone number: _____

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

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

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

_____

_____

_____

_____

_____

_____

_____

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

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

_____

**Case Number:**

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

**9 I/We ask the court to:**

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

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

(1) ☐ The child or children in 6.

(2) ☐ The child's father *(name):* _____

(3) ☐ The child's mother *(name):* _____

(4) ☐ A person other than a parent who has a court order for visitation with the child *(name):* _____

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

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

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

_____

**Case Number:**

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

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

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

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

---

**10** All attachments are made part of this form as though placed here.

There are _____ pages attached to this form. *(If none, write "0.")*

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

Date:_____ _____ _____

*Petitioner's Attorney types or prints name here* *Petitioner's Attorney signs here*

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

Date:_____ _____ _____

*Petitioner types or prints name here* *Petitioner signs here*

Date:_____ _____ _____

*Petitioner types or prints name here* *Petitioner signs here*

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*: | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: IN PRO PER FAX NO. *(Optional)*:<br>E-MAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| TEMPORARY GUARDIANSHIP OF THE ☑ PERSON ☐ ESTATE OF<br>*(Name)*:<br>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)*:
   b. Hearing date: Time: ☐ Dept.: ☐ Room:
   c. ☑ Petitioner *(name)*:
   d. ☐ Attorney for petitioner *(name)*:
   e. ☑ Minor *(name)*:
   f. ☐ Attorney for minor *(name)*:
   g. ☐ Minor's parents *(names)*:
   h. ☐ Attorney for minor's parents *(names)*:
   i. ☐ Person with valid visitation order *(name)*:
   j. ☐ Attorney for person with valid visitation order *(name)*:
   k. ☐ Public Guardian *(name)*:
   *l.* ☐ Attorney for Public Guardian *(name)*:

**THE COURT FINDS**

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

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

**THE COURT ORDERS**

4. a. ☑ *(Name)*:

   *(Address)*: *(Telephone)*:

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

   b. ☐ *(Name)*:

   *(Address)*: *(Telephone)*:

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



Form Adopted for Mandatory Use
Judicial Council of California
GC-140 [Rev. January 1, 2009]



Probate Code, §§ 2250–2254

American LegalNet, Inc.
www.Forms*Workflow*.com

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

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

GC-150

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):* IN PRO PER

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER
STREET ADDRESS:
MAILING ADDRESS: Same
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.**

Form Adopted for Mandatory Use
Judicial Council of California
GC-150 [Rev. January 1, 2009]

**LETTERS OF TEMPORARY GUARDIANSHIP OR CONSERVATORSHIP**
**(Probate—Guardianships and Conservatorships)**

Probate Code, §§ 2250 et seq., 2890–2893;
Code of Civil Procedure, § 2015.6
*www.courtinfo.ca.gov*

American LegalNet, Inc.
www.Forms*Workflow*.com

| TEMPORARY ☑ GUARDIANSHIP ☐ CONSERVATORSHIP OF<br>(Name):<br>☑ MINOR ☐ CONSERVATEE | CASE NUMBER: |
|---|---|

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

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

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

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

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**
**COUNTY OF PLACER**

In re the Guardianship of:

Person: ☑ Minor: ☑ Estate: ☐

**CASE NUMBER:**

## ORDER APPOINTING COURT INVESTIGATOR

To: Jim Anderson, Court Investigator

You are hereby appointed Court Investigator in the matter entitled above:

1 Prior to appointment of a guardian, and pursuant to Probate Code Section 1513, you are hereby directed to:

a. Investigate the proposed guardianship and prepare a report as to the:

1. Social history of the proposed guardian.

2 Social history of the proposed ward or wards

3 The relationship of the proposed ward to the guardian

4. The anticipated duration of the proposed guardianship

5 If the investigation finds that any party to the proposed guardianship alleges the minor's parent is unfit, the matter shall be referred to the county agency designated to investigate potential dependencies.

6 Prepare a written report and submit it to the court within five (5) days of the scheduled hearing date

DATE:

JUDGE OF THE SUPERIOR COURT

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF PLACER

| In re the Guardianship of<br><br>Minor. | Case Number |
|---|---|

## COURT INVESTIGATOR'S INFORMATION SHEET

### INFORMATION ABOUT THE PROPOSED GUARDIAN

1 Name of Proposed Guardian:

Driver's License No. Social Security No.

2 Address of Proposed Guardian:

3. Phone number of Proposed Guardian: (Home)
(Work)

4. Best time of day or night to telephone Proposed Guardian:

### INFORMATION ABOUT THE MINOR CHILD OR CHILDREN

1 Name and age of Minor Child:

2. Current address and Phone Number of child (if different from Proposed Guardian)

3. Name of school and grade of minor child and what hours is he/she at school:

4 What is the best day and time for the guardianship investigator to come to your home and meet with you and the minor child to discuss this proposed guardianship?

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF PLACER

| In re the Guardianship of<br><br>Minor. | Case Number |
|---|---|

## COURT INVESTIGATOR'S INFORMATION SHEET

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1 Name of Proposed Guardian:

Driver's License No. Social Security No.

2 Address of Proposed Guardian:

3. Phone number of Proposed Guardian: (Home)
(Work)

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### INFORMATION ABOUT THE MINOR CHILD OR CHILDREN

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3. Name of school and grade of minor child and what hours is he/she at school:

4 What is the best day and time for the guardianship investigator to come to your home and meet with you and the minor child to discuss this proposed guardianship?



Print This Form

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Clear This Form

# INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS

**FW-001-INFO**

**(California Rules of Court, rules 3.50–3.63)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:
   - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
   - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
   - The Food Stamp Program
   - County Relief, General Relief (G.R.), or General Assistance (G.A.)

   If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

| PROGRAM | VERIFICATION |
|---|---|
| SSI/SSP | Medi-Cal Card or<br>Notice of Planned Action or<br>SSI Computer-Generated Printout or<br>Bank Statement Showing SSI Deposit or<br>"Passport to Services" |
| CalWORKs/TANF<br>(formerly known as AFDC) | Medi-Cal Card or<br>Notice of Action or<br>Income and Eligibility Verification Form or<br>Monthly Reporting Form or<br>Electronic Benefit Transfer Card or<br>"Passport to Services" |
| Food Stamp Program | Notice of Action or<br>Food Stamp ID Card or<br>"Passport to Services" |
| General Relief/General Assistance | Notice of Action or<br>Copy of Check Stub or<br>County Voucher |

***–OR –***

2. Your total gross **monthly household income** is equal to or less than the following amounts:

| NUMBER IN FAMILY | FAMILY INCOME |
|---|---|
| 1 | $ 1,128.13 |
| 2 | 1,517.71 |
| 3 | 1,907.30 |
| 4 | 2,296.88 |
| 5 | 2,686.46 |

| NUMBER IN FAMILY | FAMILY INCOME |
|---|---|
| 6 | $ 3,076.05 |
| 7 | 3,465.63 |
| 8 | 3,855.21 |
| Each additional person | 389.59 |

***–OR–***

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

***To apply, fill out the* Application for Waiver of Court Fees and Costs *(form FW-001) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.***

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

**— THIS FORM MUST BE KEPT CONFIDENTIAL —** **FW-001**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional)*:<br>E-MAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: | |
| NAME OF COURT:<br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| PLAINTIFF/ PETITIONER:<br>DEFENDANT/ RESPONDENT: | |
| **APPLICATION FOR WAIVER OF COURT FEES AND COSTS** | CASE NUMBER: |

**I request a court order so that I do not have to pay court fees and costs.**

1. a. ☐ I am ***not*** able to pay any of the court fees and costs.
   b. ☐ I am able to pay ***only*** the following court fees and costs *(specify)*:

2. My current street or mailing address is *(if applicable, include city or town, apartment no., if any, and zip code)*:

3. a. My occupation, employer, and employer's address are *(specify)*:

   b. My spouse's occupation, employer, and employer's address are *(specify)*:

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ **Food Stamps:** The Food Stamp Program
   d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you must check and complete* ***one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.***
   a. ☐ *(Optional)* My Medi-Cal number is *(specify)*:
   b. ☐ *(Optional)* My social security number is *(specify)*:
   ☐☐☐ - ☐☐ - ☐☐☐☐ and my date of birth is *(specify)*:
   **[*Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.*]**
   c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
   **[*See Form FW-001-INFO,* Information Sheet on Waiver of Court Fees and Costs, *available from the clerk's office, for a list of acceptable documents.*]**

**[*If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.*]**

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

**[*if you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.*]**

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. **[*If you check this box, you must complete the back of this form.*]**

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

*(Financial information on reverse)*



Form Adopted for Mandatory Use
Judicial Council of California
FW-001 [Rev. July 1, 2007]

**APPLICATION FOR WAIVER OF COURT FEES AND COSTS**
**(Fee Waiver)**

Government Code, § 68511.3
*www.courtinfo.ca.gov*

American LegalNet, Inc.
www.Forms*Workflow*.com

| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | CASE NUMBER: |
|---|---|

## FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]**

9. **MY MONTHLY INCOME**
   a. My gross monthly pay is: . . . . . $ _____
   b. **My payroll deductions are *(specify purpose and amount)*:**
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      My TOTAL payroll deduction amount is: $ _____
   c. My monthly take-home pay is
      *(a. minus b.)*: . . . . . $ _____
   d. Other money I get each month is *(specify **source** and **amount;** include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      The TOTAL amount of other money is: $ _____
      *(If more space is needed, attach page labeled Attachment 9d.)*
   e. **MY TOTAL MONTHLY INCOME IS**
      (c. plus d.): . . . . . $ _____
   f. Number of persons living in my home: _____
      Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

| | Name | Age | Relationship | Gross Monthly Income |
|---|---|---|---|---|
| (1) | | | | $ |
| (2) | | | | $ |
| (3) | | | | $ |
| (4) | | | | $ |
| (5) | | | | $ |

      The TOTAL amount of other money is: $ _____
      *(If more space is needed, attach page labeled Attachment 9f.)*
   g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
      *(a. plus d. plus f)*: . . . . . $ _____

10. **I own or have an interest in the following property:**
    a. Cash . . . . . $ _____
    b. Checking, savings, and credit union accounts (list *banks)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       (4) _____ $ _____
    c. Cars, other vehicles, and boats *(list make, year, fair market value (FMV), and loan balance of each)*:

| | Property | FMV | Loan Balance |
|---|---|---|---|
| (1) | | $ | $ |
| (2) | | $ | $ |
| (3) | | $ | $ |

    d. Real estate *(list address, estimated fair market value (FMV), and loan balance of each property)*:

| | Property | FMV | Loan Balance |
|---|---|---|---|
| (1) | | $ | $ |
| (2) | | $ | $ |
| (3) | | $ | $ |

    e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. *(list separately)*:
       $ _____

11. **My monthly expenses not already listed in item 9b above are the following:**
    a. Rent or house payment & maintenance $ _____
    b. Food and household supplies . . . . . $ _____
    c. Utilities and telephone . . . . . $ _____
    d. Clothing . . . . . $ _____
    e. Laundry and cleaning . . . . . $ _____
    f. Medical and dental payments . . . . . $ _____
    g. Insurance (life, health, accident, etc.) $ _____
    h. School, child care . . . . . $ _____
    i. Child, spousal support (prior marriage) $ _____
    j. Transportation and auto expenses (insurance, gas, repair) . . . . . $ _____
    k. Installment payments *(specify **purpose** and **amount**)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       The TOTAL amount of monthly installment payments is: . . . . . $ _____
    l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____
    m. Other expenses *(specify)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       (4) _____ $ _____
       (5) _____ $ _____
       The TOTAL amount of other monthly expenses is: . . . . . $ _____
    n. **MY TOTAL MONTHLY EXPENSES ARE**
       *(add a. through m.)*: . . . . . $ _____

12. Other facts that support this application are *(describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12)*:

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

**— THIS FORM MUST BE KEPT CONFIDENTIAL —** **FW-001**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional)*:<br>E-MAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: | |
| NAME OF COURT:<br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| PLAINTIFF/ PETITIONER:<br>DEFENDANT/ RESPONDENT: | |
| **APPLICATION FOR WAIVER OF COURT FEES AND COSTS** | CASE NUMBER: |

**I request a court order so that I do not have to pay court fees and costs.**

1. a. ☐ I am ***not*** able to pay any of the court fees and costs.
   b. ☐ I am able to pay ***only*** the following court fees and costs *(specify)*:

2. My current street or mailing address is *(if applicable, include city or town, apartment no., if any, and zip code)*:

3. a. My occupation, employer, and employer's address are *(specify)*:

   b. My spouse's occupation, employer, and employer's address are *(specify)*:

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ **Food Stamps:** The Food Stamp Program
   d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you must check and complete* ***one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.***
   a. ☐ *(Optional)* My Medi-Cal number is *(specify)*:
   b. ☐ *(Optional)* My social security number is *(specify)*:
   ☐☐☐ - ☐☐ - ☐☐☐☐ and my date of birth is *(specify)*:
   **[*Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.*]**
   c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
   **[*See Form FW-001-INFO,* Information Sheet on Waiver of Court Fees and Costs, *available from the clerk's office, for a list of acceptable documents.*]**

**[*If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.*]**

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

**[*if you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.*]**

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. **[*If you check this box, you must complete the back of this form.*]**

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

*(Financial information on reverse)*



Form Adopted for Mandatory Use
Judicial Council of California
FW-001 [Rev. July 1, 2007]

**APPLICATION FOR WAIVER OF COURT FEES AND COSTS**
**(Fee Waiver)**

Government Code, § 68511.3
*www.courtinfo.ca.gov*

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| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | CASE NUMBER: |
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## FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]**

9. **MY MONTHLY INCOME**
   a. My gross monthly pay is: . . . . . $ _____
   b. **My payroll deductions are *(specify purpose and amount)*:**
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      My TOTAL payroll deduction amount is: $ _____
   c. My monthly take-home pay is
      *(a. minus b.)*: . . . . . $ _____
   d. Other money I get each month is *(specify **source** and **amount;** include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      The TOTAL amount of other money is: $ _____
      *(If more space is needed, attach page labeled Attachment 9d.)*
   e. **MY TOTAL MONTHLY INCOME IS**
      (c. plus d.): . . . . . $ _____
   f. Number of persons living in my home: _____
      Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

| | Name | Age | Relationship | Gross Monthly Income |
|---|---|---|---|---|
| (1) | | | | $ |
| (2) | | | | $ |
| (3) | | | | $ |
| (4) | | | | $ |
| (5) | | | | $ |

      The TOTAL amount of other money is: $ _____
      *(If more space is needed, attach page labeled Attachment 9f.)*
   g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
      *(a. plus d. plus f)*: . . . . . $ _____

10. **I own or have an interest in the following property:**
    a. Cash . . . . . $ _____
    b. Checking, savings, and credit union accounts (list *banks)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       (4) _____ $ _____
    c. Cars, other vehicles, and boats *(list make, year, fair market value (FMV), and loan balance of each)*:

| | Property | FMV | Loan Balance |
|---|---|---|---|
| (1) | | $ | $ |
| (2) | | $ | $ |
| (3) | | $ | $ |

    d. Real estate *(list address, estimated fair market value (FMV), and loan balance of each property)*:

| | Property | FMV | Loan Balance |
|---|---|---|---|
| (1) | | $ | $ |
| (2) | | $ | $ |
| (3) | | $ | $ |

    e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. *(list separately)*:
       $ _____

11. **My monthly expenses not already listed in item 9b above are the following:**
    a. Rent or house payment & maintenance $ _____
    b. Food and household supplies . . . . . $ _____
    c. Utilities and telephone . . . . . $ _____
    d. Clothing . . . . . $ _____
    e. Laundry and cleaning . . . . . $ _____
    f. Medical and dental payments . . . . . $ _____
    g. Insurance (life, health, accident, etc.) $ _____
    h. School, child care . . . . . $ _____
    i. Child, spousal support (prior marriage) $ _____
    j. Transportation and auto expenses (insurance, gas, repair) . . . . . $ _____
    k. Installment payments *(specify **purpose** and **amount**)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       The TOTAL amount of monthly installment payments is: . . . . . $ _____
    l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____
    m. Other expenses *(specify)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       (4) _____ $ _____
       (5) _____ $ _____
       The TOTAL amount of other monthly expenses is: . . . . . $ _____
    n. **MY TOTAL MONTHLY EXPENSES ARE**
       *(add a. through m.)*: . . . . . $ _____

12. Other facts that support this application are *(describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12)*:

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

**— THIS FORM MUST BE KEPT CONFIDENTIAL —** **FW-001**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional)*:<br>E-MAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: IN PRO PER | |
| NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| PLAINTIFF/ PETITIONER:<br>DEFENDANT/ RESPONDENT: | |
| **APPLICATION FOR WAIVER OF COURT FEES AND COSTS** | CASE NUMBER: |

**I request a court order so that I do not have to pay court fees and costs.**

1. a. ☐ I am ***not*** able to pay any of the court fees and costs.
   b. ☐ I am able to pay ***only*** the following court fees and costs *(specify)*:

2. My current street or mailing address is *(if applicable, include city or town, apartment no., if any, and zip code)*:

3. a. My occupation, employer, and employees address are *(specify)*:

   b. My spouse's occupation, employer, and employees address are *(specify)*:

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ **Food Stamps:** The Food Stamp Program
   d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you must check and complete* ***one of the three boxes below, unless you area defendant in an unlawful detainer action. Do not check more than one box.***
   a. ☐ *(Optional)* My Medi-Cal number is *(specify)*:
   b. ☐ *(Optional)* My social security number is *(specify)*:
   ☐☐☐ - ☐☐ - ☐☐☐☐ and my date of birth is *(specify)*:
   **[*Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.*]**
   c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
   **[*See Form FW-001-INFO,* Information Sheet on Waiver of Court Fees and Costs, *available from the clerk's office, for a list of acceptable documents.*]**

**[*If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.*]**

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

**[*if you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.*]**

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. **[*If you check this box, you must complete the back of this form.*]**

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

(Financial information on reverse)

| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | CASE NUMBER: |
|---|---|

## FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]**

9. **MY MONTHLY INCOME**
   a. My gross monthly pay is: . . . . . $ _____
   b. **My payroll deductions are *(specify purpose and amount)*:**
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      My TOTAL payroll deduction amount is: $ _____
   c. My monthly take-home pay is
      *(a. minus b.)*: . . . . . $ _____
   d. Other money I get each month is *(specify **source** and **amount;** include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      The TOTAL amount of other money is: $ _____
      *(If more space is needed, attach page labeled Attachment 9d.)*
   e. **MY TOTAL MONTHLY INCOME IS**
      (c. plus d.): . . . . . $ _____
   f. Number of persons living in my home: _____
      Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

| | Name | Age | Relationship | Gross Monthly Income |
|---|---|---|---|---|
| (1) | | | | $ |
| (2) | | | | $ |
| (3) | | | | $ |
| (4) | | | | $ |
| (5) | | | | $ |

      The TOTAL amount of other money is: $ _____
      *(If more space is needed, attach page labeled Attachment 9f.)*
   g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
      *(a. plus d. plus f)*: . . . . . $ _____

10. **I own or have an interest in the following property:**
   a. Cash . . . . . $ _____
   b. Checking, savings, and credit union accounts (list *banks)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
   c. Cars, other vehicles, and boats *(list make, year, fair market value (FMV), and loan balance of each)*:

| | Property | FMV | Loan Balance |
|---|---|---|---|
| (1) | | $ | $ |
| (2) | | $ | $ |
| (3) | | $ | $ |

   d. Real estate *(list address, estimated fair market value (FMV), and loan balance of each property)*:

| | Property | FMV | Loan Balance |
|---|---|---|---|
| (1) | | $ | $ |
| (2) | | $ | $ |
| (3) | | $ | $ |

   e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. *(list separately)*:
      $ _____

11. **My monthly expenses not already listed in item 9b above are the following:**
   a. Rent or house payment & maintenance $ _____
   b. Food and household supplies . . . . . $ _____
   c. Utilities and telephone . . . . . $ _____
   d. Clothing . . . . . $ _____
   e. Laundry and cleaning . . . . . $ _____
   f. Medical and dental payments . . . . . $ _____
   g. Insurance (life, health, accident, etc.) $ _____
   h. School, child care . . . . . $ _____
   i. Child, spousal support (prior marriage) $ _____
   j. Transportation and auto expenses (insurance, gas, repair) . . . . . $ _____
   k. Installment payments *(specify **purpose** and **amount**)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      The TOTAL amount of monthly installment payments is: . . . . . $ _____
   l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____
   m. Other expenses *(specify)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      (5) _____ $ _____
      The TOTAL amount of other monthly expenses is: . . . . . $ _____
   n. **MY TOTAL MONTHLY EXPENSES ARE**
      *(add a. through m.)*: . . . . . $ _____

12. Other facts that support this application are *(describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12)*:

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| PLAINTIFF/ PETITIONER:<br>DEFENDANT/ RESPONDENT: | CASE NUMBER: |

## ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on *(date):* ☐ A previous order was issued on *(date):*
2. The application was filed by *(name):*
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part *(complete item 4 below).*
   a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.61, **is waived.**
   b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:
      (1) ☐ Filing papers.
      (2) ☐ Certification and copying.
      (3) ☐ Issuing process and certification.
      (4) ☐ Transmittal of papers.
      (5) ☐ Court-appointed interpreter.
      (6) ☐ Sheriff and marshal fees.
      (7) ☐ Reporter's fees* *(valid for 60 days).*
      (8) ☐ Telephone appearance (Gov. Code, § 68070.1 (c))
      (9) ☐ Other *(specify code section):*
      Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
   c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
      (1) ☐ Pay *(specify):* percent. (2) ☐ Pay: $ per month or more until the balance is paid.
   d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

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

   e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
   f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons *(see Cal. Rules of Court, rules 3.50–3.63):*
   a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
   b. ☐ Other *(Complete line 4b on page 2).*
   c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
   d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
   a. The substantial evidentiary conflict to be resolved by the hearing is *(specify):*
   b. The applicant should appear in this court at the following hearing to help resolve the conflict:

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

   c. The address of the court is *(specify):*
      ☐ Same as above
   d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

**NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.**

**WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.**

Date:

☐ _____ ☐ Clerk, by _____, Deputy

JUDICIAL OFFICER

*(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rule of Court, rules 3.56.)*

| PLAINTIFF/PETITIONER *(Name):*<br><br>DEFENDANT/RESPONDENT *(Name):* | CASE NUMBER: |
|---|---|

4b ☐ Application is denied in whole or in part *(specify reasons):*

## CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at *(place):* , California, on *(date):*

Clerk, by _____ , Deputy

(SEAL)

## CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____ , Deputy

# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional)*:<br>E–MAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| GUARDIANSHIP OF *(Name)*:<br>MINOR | |
| **CONFIDENTIAL GUARDIAN SCREENING FORM**<br>**Guardianship of** ☑ **Person** ☐ **Estate** | CASE NUMBER: |

**Each proposed guardian shall submit this screening form with the guardianship petition.**
***This form shall 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. You are required to complete and submit this form to the court under rule 7.1001 of the California Rules of Court. The information you provide will be used by the court and by persons and agencies designated by the court to assist the court in determining whether to appoint you as guardian. You **must** provide a response to each item.

1. a. **Proposed guardian *(name)*:**
   b. Date of birth:
   c. Social security number:
   d. Driver's license number: State: CA
   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 are, 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 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 have, explain in Attachment 4.)*

5. ☐ I am ☐ I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health–related issues. *(If you are, 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 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 yes, explain in Attachment 7.)*

8. Are you 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 you or any other person living in your home?
   ☐ Yes ☐ No *(If yes, explain in Attachment 8 and provide the name and address of each agency.)*

(Continued on reverse)

| GUARDIANSHIP OF *(Name)*: MINOR | CASE NUMBER: |
|---|---|

9. Have you or has any other person living in your home habitually used any illegal substances or abused alcohol?
☐ Yes ☐ No *(If yes, explain in Attachment 9.)*

10. Have you or has any other person living in your home been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?
☐ Yes ☐ No *(If yes, explain in Attachment 10.)*

11. Do you or does any other person living in your home suffer from mental illness?
☐ Yes ☐ No *(If yes, explain in Attachment 11.)*

12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?
☐ Yes ☐ No *(If yes, explain in Attachment 12.)*

13. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of guardian. *(If you have or may have, explain in Attachment 13.)*

14. ☐ I have ☐ I have not previously been appointed guardian, conservator, executor, or fiduciary in another proceeding. *(If you have, explain in Attachment 14.)*

15. ☐ I have ☐ I have not been removed as guardian, conservator, executor, or fiduciary in any other case. *(If you have, explain in Attachment 15.)*

16. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years. (*If you have, explain in Attachment 16.)*

## MINORS' CONTACT INFORMATION

17. Minor's name: School:
Home tel.: School tel.: Other tel.:

18. Minor's name: School:
Home tel.: School tel.: Other tel.:

19. Minor's name: School:
Home tel.: School tel.: Other tel.:

☐ Information on additional minors is attached.

## DECLARATION

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PROPOSED GUARDIAN*)

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



Print These Forms

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

Clear These Forms

**FILL OUT THIS FORM FOR THE SECOND CHILD.**

**GC-210(CA)**

# Guardianship Petition—Child Information Attachment

**Case Number:**

Guardianship of *(all children's names):* _____

**This child's name:** _____

Fill out a separate copy of this form for **each** child for whom 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. ***(Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.)***

(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, *(specify tribe):* _____
*(If you checked "Yes" to item (1), this guardianship case is subject to the* Indian Child Welfare Act *("ICWA") (25 U.S.C. § 1901, et seq.). 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, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?
☐ No ☐ Yes *(If you checked "Yes" to either item (1) or item (2), you must fill out a* Notice of Child Custody Proceeding for Indian Child *(Form ICWA-030) (*"Notice"*). Your attorney must serve copies of the* Notice*, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original* Notice *and deliver it to the court. After service, the original* Notice *and all return receipts must be filed with the court. Service of the* Notice *is in addition to service of any other notices required in this case.)*

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.)*

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 |
|---|---|---|---|
| ☐ TANF (Temporary Asst. for Needy Families) | $ | ☐ Other *(explain):* | $ |
| ☐ Social Security | $ | ☐ Other *(explain):* | $ |
| ☐ Dept. Veterans Affairs Benefits | $ | | |

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




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Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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

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) | | |
| Brother/Sister | | |
| Brother/Sister | | |
| Brother/Sister | | |

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 | | |
| 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 ):* _____

## 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.*

Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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):* _____

_____

_____

_____

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

| CHILD'S NAME: | CASE NUMBER: |
|---|---|
| | |

1. Name of child:
   Indian child inquiry ☐ made ☐ not made and *(check all that apply):*

   a. ☐ The child is or may be a member of or eligible for membership in a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   b. ☐ The child's parents, grandparents, or great-grandparents are or were members of a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   c. ☐ The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

   d. ☐ The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

   e. ☐ The child may have Indian ancestry.

   f. ☐ The child has no known Indian ancestry.

   g. ☐ Other reason to know the child may be an Indian child: _____

| Person(s) questioned: | Person(s) questioned: |
|---|---|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, state, zip: _____ | City, state, zip: _____ |
| Telephone: _____ | Telephone: _____ |
| Date questioned: _____ | Date questioned: _____ |
| Means of communication: _____ | Means of communication: _____ |
| Relationship to child: _____ | Relationship to child: _____ |
| Summary of information: _____ | Summary of information: _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

   h. ☐ Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:
   ☐ The child is in foster care.
   ☐ It is probable the child will be entering foster care.

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE)



Form Adopted for Mandatory Use
Judicial Council of California
ICWA-010(A) [New January 1, 2008]

**INDIAN CHILD INQUIRY ATTACHMENT**

www.courtinfo.ca.gov

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**FILL OUT THIS FORM FOR THIRD CHILD.**

**GC-210(CA)** **Guardianship Petition—Child Information Attachment**

**Case Number:**

Guardianship of *(all children's names):* _____

**This child's name:** _____

Fill out a separate copy of this form for **each** child for whom 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. ***(Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.)***

(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, *(specify tribe):* _____
*(If you checked "Yes" to item (1), this guardianship case is subject to the* Indian Child Welfare Act *("ICWA") (25 U.S.C. § 1901, et seq.). 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, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?
☐ No ☐ Yes *(If you checked "Yes" to either item (1) or item (2), you must fill out a* Notice of Child Custody Proceeding for Indian Child *(Form ICWA-030) (*"Notice"*). Your attorney must serve copies of the* Notice*, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original* Notice *and deliver it to the court. After service, the original* Notice *and all return receipts must be filed with the court. Service of the* Notice *is in addition to service of any other notices required in this case.)*

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.)*

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 |
|---|---|---|---|
| ☐ TANF (Temporary Asst. for Needy Families) | $ | ☐ Other *(explain):* | $ |
| ☐ Social Security | $ | ☐ Other *(explain):* | $ |
| ☐ Dept. Veterans Affairs Benefits | $ | | |

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




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Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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

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) | | |
| Brother/Sister | | |
| Brother/Sister | | |
| Brother/Sister | | |

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 | | |
| 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 ):* _____

## 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.*

Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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):* _____

_____

_____

_____

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

| CHILD'S NAME: | CASE NUMBER: |
|---|---|
| | |

1. Name of child:
   Indian child inquiry ☐ made ☐ not made and *(check all that apply):*

   a. ☐ The child is or may be a member of or eligible for membership in a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   b. ☐ The child's parents, grandparents, or great-grandparents are or were members of a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   c. ☐ The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

   d. ☐ The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

   e. ☐ The child may have Indian ancestry.

   f. ☐ The child has no known Indian ancestry.

   g. ☐ Other reason to know the child may be an Indian child: _____

| Person(s) questioned: | Person(s) questioned: |
|---|---|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, state, zip: _____ | City, state, zip: _____ |
| Telephone: _____ | Telephone: _____ |
| Date questioned: _____ | Date questioned: _____ |
| Means of communication: _____ | Means of communication: _____ |
| Relationship to child: _____ | Relationship to child: _____ |
| Summary of information: _____ | Summary of information: _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

   h. ☐ Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:
   ☐ The child is in foster care.
   ☐ It is probable the child will be entering foster care.

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE)



Form Adopted for Mandatory Use
Judicial Council of California
ICWA-010(A) [New January 1, 2008]

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**FILL OUT THIS FORM FOR THE FOURTH CHILD.**

**GC-210(CA)**

# Guardianship Petition—Child Information Attachment

**Case Number:**

Guardianship of *(all children's names):* _____

**This child's name:** _____

Fill out a separate copy of this form for **each** child for whom 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. ***(Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.)***

(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, *(specify tribe):* _____
*(If you checked "Yes" to item (1), this guardianship case is subject to the* Indian Child Welfare Act *("ICWA") (25 U.S.C. § 1901, et seq.). 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, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?
☐ No ☐ Yes *(If you checked "Yes" to either item (1) or item (2), you must fill out a* Notice of Child Custody Proceeding for Indian Child *(Form ICWA-030) (*"Notice"*). Your attorney must serve copies of the* Notice*, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original* Notice *and deliver it to the court. After service, the original* Notice *and all return receipts must be filed with the court. Service of the* Notice *is in addition to service of any other notices required in this case.)*

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.)*

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 |
|---|---|---|---|
| ☐ TANF (Temporary Asst. for Needy Families) | $ | ☐ Other *(explain):* | $ |
| ☐ Social Security | $ | ☐ Other *(explain):* | $ |
| ☐ Dept. Veterans Affairs Benefits | $ | | |

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




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Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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

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) | | |
| Brother/Sister | | |
| Brother/Sister | | |
| Brother/Sister | | |

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 | | |
| 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 ):* _____

## 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.*

Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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):* _____

_____

_____

_____

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

| CHILD'S NAME: | CASE NUMBER: |
|---|---|
| | |

1. Name of child:
   Indian child inquiry ☐ made ☐ not made and *(check all that apply):*

   a. ☐ The child is or may be a member of or eligible for membership in a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   b. ☐ The child's parents, grandparents, or great-grandparents are or were members of a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   c. ☐ The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

   d. ☐ The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

   e. ☐ The child may have Indian ancestry.

   f. ☐ The child has no known Indian ancestry.

   g. ☐ Other reason to know the child may be an Indian child: _____

| Person(s) questioned: | Person(s) questioned: |
|---|---|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, state, zip: _____ | City, state, zip: _____ |
| Telephone: _____ | Telephone: _____ |
| Date questioned: _____ | Date questioned: _____ |
| Means of communication: _____ | Means of communication: _____ |
| Relationship to child: _____ | Relationship to child: _____ |
| Summary of information: _____ | Summary of information: _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

   h. ☐ Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:
   ☐ The child is in foster care.
   ☐ It is probable the child will be entering foster care.

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE)



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**FILL OUT THIS FORM FOR THE FIFTH CHILD.**

**GC-210(CA)**

# Guardianship Petition—Child Information Attachment

**Case Number:**

Guardianship of *(all children's names):* _____

**This child's name:** _____

Fill out a separate copy of this form for **each** child for whom 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. ***(Answer the questions in item c only if the Petition to which this form is attached asks for the appointment of a guardian of this child's person or this child's person and estate.)***

(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? ☐ No ☐ Not sure ☐ Yes, *(specify tribe):* _____
*(If you checked "Yes" to item (1), this guardianship case is subject to the* Indian Child Welfare Act *("ICWA") (25 U.S.C. § 1901, et seq.). 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, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?
☐ No ☐ Yes *(If you checked "Yes" to either item (1) or item (2), you must fill out a* Notice of Child Custody Proceeding for Indian Child *(Form ICWA-030) (*"Notice"*). Your attorney must serve copies of the* Notice*, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original* Notice *and deliver it to the court. After service, the original* Notice *and all return receipts must be filed with the court. Service of the* Notice *is in addition to service of any other notices required in this case.)*

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.)*

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 |
|---|---|---|---|
| ☐ TANF (Temporary Asst. for Needy Families) | $ | ☐ Other *(explain):* | $ |
| ☐ Social Security | $ | ☐ Other *(explain):* | $ |
| ☐ Dept. Veterans Affairs Benefits | $ | | |

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




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Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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

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) | | |
| Brother/Sister | | |
| Brother/Sister | | |
| Brother/Sister | | |

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 | | |
| 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 ):* _____

## 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.*

Guardianship of *(all children's names):* _____

_____

**Case Number:**

**This child's name:** _____

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):* _____

_____

_____

_____

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

| CHILD'S NAME: | CASE NUMBER: |
|---|---|
| | |

1. Name of child:
   Indian child inquiry ☐ made ☐ not made and *(check all that apply):*

   a. ☐ The child is or may be a member of or eligible for membership in a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   b. ☐ The child's parents, grandparents, or great-grandparents are or were members of a tribe.
      Name of tribe(s): _____
      Name of band *(if applicable):* _____

   c. ☐ The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

   d. ☐ The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

   e. ☐ The child may have Indian ancestry.

   f. ☐ The child has no known Indian ancestry.

   g. ☐ Other reason to know the child may be an Indian child: _____

| Person(s) questioned: | Person(s) questioned: |
|---|---|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, state, zip: _____ | City, state, zip: _____ |
| Telephone: _____ | Telephone: _____ |
| Date questioned: _____ | Date questioned: _____ |
| Means of communication: _____ | Means of communication: _____ |
| Relationship to child: _____ | Relationship to child: _____ |
| Summary of information: _____ | Summary of information: _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

   h. ☐ Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:
   ☐ The child is in foster care.
   ☐ It is probable the child will be entering foster care.

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE)



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