HINT: Use the TAB key (on the left side your keyboard) to move to the next field.

Superior Court of California, County of Ventura
Guardianship Cover Sheet

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

Number of Children in Guardianship
Only 1 Child ☐
More than 1 Child ☐

Click here

If child's address and phone number are the same as person who wants to be Guardian.

Child(ren) in the Guardianship
First (or Only) Child
Name:
Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male or Female):

Click here

If name, address, and phone number are the same as person who wants to be Guardian.

Person Who Will Talk to the Judge About the Guardianship (called the Petitioner)
Name:
Street Address:
City, State, and Zip Code:
Home Phone Number:
Work Phone Number:

BEFORE YOU GO ON, PLEASE CHECK YOUR SPELLING!

CONFIDENTIAL

HINT: Use the TAB key (on the left side your your keyboard) to move to the next field.

SUPERIOR COURT
COUNTY OF VENTURA
STATE OF CALIFORNIA

GUARDIANSHIP QUESTIONNAIRE

(Probate Code Section 1513)

This information is Confidential and is for the purpose of determining Guardianship only.

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE PETITION.

MINOR'S NAME _____ CASE NUMBER _____

☐ RELATIVE ☐ NON-RELATIVE

SECTION I - SOCIAL HISTORY

PROPOSED GUARDIAN'S FULL NAME _____

FORMER/OTHER NAME(S) USED _____

ADDRESS _____

☐ OWN ☐ RENT ☐ OTHER HOW LONG AT PRESENT ADDRESS _____

PREVIOUS ADDRESSES FOR PAST 3 YEARS _____

_____

PHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

DRIVER'S LICENSE # _____ STATE LICENSE ISSUED _____

LAST GRADE COMPLETED & SPECIAL TRAINING _____

_____

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO

IF YES, PLEASE GIVE DATE, PLACE AN DETAILS _____

_____

DESCRIBE ANY MEDICAL PROBLEMS _____

_____

SPOUSE'S FULL NAME _____

FORMER/OTHER NAME(S) USED _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

EDUCATION, LAST GRADE COMPLETED & SPECIAL TRAINING _____

_____

HAS SPOUSE EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO

IF YES, PLEASE GIVE DATE, PLACE AN DETAILS _____

_____

DESCRIBE ANY MEDICAL PROBLEMS _____

_____

SECTION II - MARRIAGES

PROPOSED GUARDIAN - ☐ NEVER MARRIED ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

DATE AND PLACE OF PRESENT MARRIAGE _____

NAMES AND AGES OF CHILDREN _____

PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper if necessary.)

NAME OF FORMER SPOUSE _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF DIVORCE/DEATH _____

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE _____

_____

SPOUSE'S PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper if necessary.)

NAME OF FORMER SPOUSE _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF DIVORCE/DEATH _____

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE _____

_____

SECTION III- EMPLOYMENT

PROPOSED GUARDIAN - NAME AND ADDRESS OF EMPLOYER _____

_____

TELEPHONE # (_____) _____ LENGTH OF SERVICE _____

POSITION _____ SUPERVISOR _____

DAYS AND HOURS OF WORK _____ INCOME _____

OTHER SOURCE OF INCOME _____ AMOUNT _____

SPOUSE - NAME AND ADDRESS OF EMPLOYER _____

_____

TELEPHONE #(_____)_____ LENGTH OF SERVICE _____

POSITION _____ SUPERVISOR_____

DAYS AND HOURS OF WORK _____ INCOME _____

SECTION IV- OTHER MEMBERS OF HOUSEHOLD

NAME	DATE OF BIRTH	RELATIONSHIP	SCHOOL/OCCUPATION

SECTION V - CHILD(REN) BEING PLACED UNDER GUARDIANSHIP

NAME _____ AGE _____ DOB _____

RELATIONSHIP _____ HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL

CUSTODY OF CHILD _____

SCHOOL _____ TEACHER _____ GRADE _____

DOCTOR _____ TELEPHONE _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

NAME _____ AGE _____ DOB _____

RELATIONSHIP _____ HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL

CUSTODY OF CHILD _____

SCHOOL _____ TEACHER _____ GRADE _____

DOCTOR _____ TELEPHONE _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

NAME _____ AGE _____ DOB _____

RELATIONSHIP_____ HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL

CUSTODY OF CHILD _____

SCHOOL _____ TEACHER _____ GRADE _____

DOCTOR _____ TELEPHONE _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

_____

CHILD CARE PROVIDER _____ TELEPHONE _____

ADDRESS _____ DAYS/TIME _____

WHY IS GUARDIANSHIP NECESSARY _____

_____

HOW LONG WILL GUARDIANSHIP BE NECESSARY _____

WHAT ARE YOUR FUTURE PLANS FOR THE CHILD(REN)

_____

_____

_____

_____

SECTION IX- BIRTH PARENTS

MOTHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DOES MOTHER AGREE WITH GUARDIANSHIP ☐ YES ☐ NO TELEPHONE (_____) _____

FATHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DOES FATHER AGREE WITH GUARDIANSHIP ☐ YES ☐ NO TELEPHONE (_____)_____

HAVE THE BIRTH PARENTS MADE YOU AWARE OF THEIR PLANS FOR THE CHILD(REN)? ☐ YES ☐ NO

IF YES, EXPLAIN _____

_____

_____

DO YOU BELIEVE THAT EITHER PARENT IS UNFIT TO HAVE CUSTODY? ☐ YES ☐ NO

IF YES, EXPLAIN _____

_____

_____

SECTION X- NOTIFICATION

HAVE THE FOLLOWING RELATIVES BEEN NOTIFIED OF THE PETITION FOR GUARDIANSHIP PURSUANT TO PROBATE CODE SECTION 1511 ?

MOTHER ☐ YES ☐ NO

FATHER ☐ YES ☐ NO

MATERNAL GRANDFATHER ☐ YES ☐ NO

PATERNAL GRANDFATHER ☐ YES ☐ NO

MATERNAL GRANDMOTHER ☐ YES ☐ NO

PATERNAL GRANDMOTHER ☐ YES ☐ NO

ADULT SIBLINGS ☐ YES ☐ NO

IF NO EXPLAIN WHY _____

_____

_____

DO ANY OF THE ABOVE RELATIVES OBJECT TO THE GUARDIANSHIP? WHO? _____

PLEASE INCLUDE COPY OF CHILD(REN)'S BIRTH CERTIFICATE(S).

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

_____ Date

_____ Petitioner's signature

_____

- COUNTY USE ONLY-

CLETS CHECK _____ Date _____ Clerk

CPS CHECK _____ Date _____ Clerk

MUSIC CHECK _____ Date _____ Clerk

CONFIDENTIAL

CONFIDENTIAL

Superior Court of California
County of Ventura
Family Court Services

PO BOX 6489
800 SOUTH VICTORIA AVENUE
ROOM 307
VENTURA CA 93009

(805) 662-6694
FAX (805) 654-2240

RELEASE OF SCHOOL INFORMATION

I _____, guardian of _____
Guardian's Name **Child's Name**

grant permission for _____ to release information about the health
Name of School Official or School

and well-being of the child under guardianship to the Ventura County Superior Court.

_____ _____
Date **Guardian's Signature**

_____
Guardian's Printed Name

THE SECTION BELOW WILL BE COMPLETED BY THE SCHOOL REPRESENTATIVE

- - - -

SCHOOL INFORMATION

How would you rate the student's general social conduct and adjustment?

_____

_____

Does the student have any special needs? (Please describe)

_____

_____

If yes, what has the school done to address these needs?

_____

_____

Does the student have any special problems? _____

_____

Is the student receiving additional academic or counseling support? Please describe:

_____

_____

_____

_____

Does the student appear properly attired and groomed for school? _____

_____

Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the social/academic needs of the child(ren)?

_____

_____

_____

_____

What further follow up would you recommend?

_____

_____

Name of person filling out form: _____

Title of person filling out form: _____

Signature of person filling out form: _____

Date of signature: _____

Please enclose a photocopy of the most recent grades and immunization record

Superior Court of California
County of Ventura
Family Court Services

PO BOX 6489
800 SOUTH VICTORIA AVENUE
ROOM 307
VENTURA CA 93009

(805) 662-6694
FAX (805) 654-2240

RELEASE OF MEDICAL INFORMATION

I, _____,legal guardian of _____
Guardian Child's Name

grant permission for _____
Doctor and Clinic Name and

_____ _____
Clinic Address Clinic Telephone

to release information about the health and well being of the ward to the Ventura Superior Court.

Date: _____ _____
Guardian's Signature

_____
Guardian's printed name

THE SECTION BELOW WILL BE COMPLETED BY THE HEALTH CARE REPRESENTATIVE

- - - -

MEDICAL INFORMATION

How would you rate the child's general health?_____

_____

Does the child have any special needs?

_____

_____

Does the child have any special problems?

_____

_____

_____

_____

Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the medical needs of the child(ren)?

_____

_____

_____

_____

_____

_____

Additional remarks

_____

_____

_____

_____

_____

_____

_____

_____

Name of person filling out form:_____

Title: _____

Signature: _____

Date:_____

MEDICAL INFORMATION

Superior Court of California, County of Ventura

FAMILY COURT SERVICES
HALL OF JUSTICE
800 South Victoria Avenue
Ventura, California 930
(805) 662-6694
Fax: (805) 654-2240

INFORMATION RELEASE AUTHORIZATION

I/We, _____ / _____, specifically authorize any public agency, private person or medical doctor, psychologist, treating therapist, or hospital possessing information about me or my minor children, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed court investigator. Such information to be used as the court may deem fit and proper for determination of guardianship. This release includes but is not limited to, treatment for drug and/or alcohol abuse and/or psychiatric treatment, employment records and bank records.

_____ _____
Date Signature Proposed Guardian

_____ _____
Date Signature Proposed Co-Guardian

This authorization is effective for one year from the date of signature.

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)*: E–MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*: IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
GUARDIANSHIP OF *(Name)*: MINOR	
CONFIDENTIAL GUARDIAN SCREENING FORM **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:
   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.

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)*: E–MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*: IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
GUARDIANSHIP OF THE ☑ PERSON ☐ ESTATE 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)

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 VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
GUARDIANSHIP OF *(Name)*: MINOR	
PETITION FOR APPOINTMENT OF GUARDIAN OF ☐ **MINOR** ☐ **MINORS** ☑ **Person** ☐ **Estate**	CASE NUMBER:

1. **Petitioner** *(name)*: **requests that**
   a. *(Name and address)*: *(Telephone)*:

   be appointed guardian of the PERSON of the minor and Letters issue upon qualification.
   b. *(Name and address)*: *(Telephone)*:

   be appointed guardian of the ESTATE of the minor and Letters issue upon qualification.
   c. ☐ the proposed guardian be appointed for several minors who are brothers and sisters. The information requested in items 2-11 for each additional minor is supplied in Attachment 1c.
   d. (1) ☑ bond not be required ☐ because proposed guardian is a corporate fiduciary or an exempt government agency ☑ for the reasons XXXXXXXXXXX GUARDIANSHIP OF THE PERSON ONLY
   (2) ☐ $ bond be fixed. It will be furnished by an authorized surety company or as otherwise provided by law. *(Specify reasons in Attachment 1d if the amount is different from minimum required by Prob. Code, § 8482.)*
   (3) ☐ $ in deposits in a blocked account be allowed. Receipts will be filed. *(Specify institution and location)*:

   e. ☐ authorization be granted under Probate Code section 2590 to exercise independently the powers specified in Attachment 14.
   f. ☑ orders relating to the powers and duties of the proposed guardian of the person under Probate Code sections 2351-2358 be granted *(specify orders, facts, and reasons in Attachment 1f).*
   g. ☐ an order dispensing with notice to the persons named in Attachment 15 be granted.
   h. ☐ other orders be granted *(specify in Attachment 1h)*.
2. The minor is *(name)*: ☐ married ☑ unmarried
   (Present address and telephone):

3. Date of minor's birth:
4. Petitioner is
   a. ☐ related to the minor as *(specify)*:
   b. ☐ a minor 12 years of age or older.
   c. ☐ other person on behalf of minor *(specify)*:
5. The proposed guardian is
   a. ☐ nominee *(affix nomination as Attachment 5)*.
   b. ☐ related to minor as *(specify)*:
   c. ☐ other *(specify)*:

6. a. ☑ The person having legal custody of the minor is *(name and address)*:

   b. ☑ *(Complete only if this person is one other than the person having legal custody.)* The person having the care of the minor is *(name and address)*:

7. The minor
   a. ☐ is ☐ is not a patient in or on leave of absence from a state institution under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services *(specify state institution)*:

   b. ☐ is neither receiving nor entitled to receive ☐ is receiving or entitled to receive benefits from the Veterans Administration *(estimate amount of monthly benefit payable)*: $
   c. ☐ does ☐ does not have Native American ancestry. *(Provide information required by Indian Child Welfare Act as Attachment 7c.)*

Do NOT use this form for a temporary guardianship.

(Continued on reverse)

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

8. Petitioner ☐ has ☐ has no knowledge that the minor is receiving public assistance benefits *(specify in Attachment 8)*.
9. Petitioner ☐ has ☐ has no knowledge that there are any adoption, juvenile court, marriage dissolution, domestic relations, custody, or other similar proceedings affecting the minor *(specify in Attachment 9)*.
10. ☐ Petitioner, with intent to adopt, has accepted or intends to accept physical care or custody of the minor.
11. ☐ A person other than the proposed guardian has been nominated by ☐ will ☐ other nomination (nomination affixed as Attachment 11) *(specify name and address)*:
12. **Character and estimated value of property of the estate**:
    Personal property: $
    Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: $
    Total: $
    Real property: $
13. Appointment of a guardian of the ☑ person ☐ estate of the minor is necessary and convenient for the reasons stated in Attachment 13. ☑ Parental custody of the minor would be detrimental for the reasons stated in Attachment 13.
14. ☐ Granting the proposed guardian of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the guardianship estate. Powers and reasons are specified in Attachment 14.
15. ☐ Notice to the persons named in Attachment 15 should be dispensed with under Probate Code section 1511 because ☐ they cannot with reasonable diligence be given notice *(specify names and efforts to locate in Attachment 15)* ☐ the giving of notice would be contrary to the interest of justice *(specify names and reasons in Attachment 15)*.
16. *(Complete this section only for a petition, other than one for appointment of a guardian of the estate only, filed by a person who is not related to the minor.)*
    a. ☐ Petitioner is the proposed guardian and will promptly furnish all information requested by any agency referred to in Probate Code section 1543.
    ☐ Petitioner is not the proposed guardian. A statement by the proposed guardian that he or she will promptly furnish all information requested by any agency referred to in Probate Code section 1543 is affixed as Attachment 16a.
    b. The proposed guardian's home ☐ is ☐ is not a licensed foster family home.
    c. ☐ The proposed guardian has never filed any petition for adoption of the minor ☐ except as specified in Attachment 16c.
17. ☑ Filed with this petition are the following *(see Judicial Council forms GC-211, GC-110, and MC-150)*:
    ☑ *Consent of Proposed Guardian*
    ☐ *Nomination of Guardian*
    ☑ *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)*
    ☐ *Waiver of Notice and Consent*
    ☑ *Petition for Appointment of Temporary Guardian*
18. The names, residence addresses, and relationships of the father, mother, spouse, brothers, sisters, grandparents, and children of the minor, so far as known to petitioner, are as follows:

	Relationship and name	Residence address
a. Father:		
b. Mother:		
c. Grandparents:		
d.		

e. ☑ List of names and addresses continued in Attachment 18.

19. Number of pages attached: _____

Date:

▶ _____
(SIGNATURE OF ATTORNEY *)

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

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

Date:

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

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

Skip this form. You don't need to fill it out or give it to the court.

ATTACHMENT 1F
TO PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR:

Name of Minor Child_____

FACTS AND REASONS IN SUPPORT OF GUARDIANSHIP

Name of Minor_____Date of Birth_____

Name of Mother_____

Name of Father_____

Mother/Father is unable to care at the present time for_____
(name of minor child) because of:

____ Substance abuse, she/he does not have a stable home and/or source of income.
____ She/he is incarcerated at (name of jail/prison)_____
____ Serious mental and/or developmental disability. She/he is unable to provide consistent care and supervision.
____ Because:
_____
_____
_____

____ (Name of minor child)_____has lived with me since he/she was _____years old and /or for the past_____months/years.

____ Mother/father has told me she/he cannot take care of_____
(name of minor child) and has wished me to do it.

___✔___ For the reasons stated herein, I am requesting all of the powers set forth in Probate Code §2351-2358 normally incidental to the proper conduct of a general guardian of the person and for such other and further relief as this Court deems suitable and proper under the circumstances.

ATTACHMENT 8
TO PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR:

RECEIPT OF PUBLIC ASSISTANCE:

1. Name of minor_____
2. Type of Public Assistance received_____
3. Amount per mo. received_____Person receiving funds_____

1. Name of minor_____
2. Type of Public Assistance received_____
3. Amount per mo. received_____Person receiving funds_____

1. Name of minor_____
2. Type of Public Assistance received_____
3. Amount per mo. received_____Person receiving funds_____

1. Name of minor_____
2. Type of Public Assistance received_____
3. Amount per mo. received_____Person receiving funds_____

ATTACHMENT 13
TO PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR:

Appointment of a guardian of the **person** of the minor is necessary and convenient for the following reasons:

_____
_____
_____
_____
_____
_____

Parental custody of the minor would be detrimental for the following reason:

_____
_____
_____
_____
_____
_____

ATTACHMENT 15:
REQUEST TO DISPENSE WITH NOTICE

Name of Person _____
Relationship to Minor_____
Reason(s) why notice should be dispensed with:

_____

_____

Name of Person_____
Relationship to Minor_____
Reason(s) why notice should be dispensed with:

_____

_____

Name of Person_____
Relationship to Minor_____
Reason(s) why notice should be dispensed with:

_____

_____

Name of Person_____
Relationship to Minor_____
Reason(s) why notice should be dispensed with:

_____

_____

* SOME POSSIBLE REASONS WHY NOTICE SHOULD BE DISPENSED WITH:

1. Do not know identity and do not have any reasonable means of obtaining knowledge of
2. Deceased.
3. Incompetent to give consent to guardianship. Do not know address or location and do
4. not have any reasonable means of determining whereabouts.
5. Has not had any contact with minor for a period exceeding a year and/or has failed to provide any support for said minor for the same period of time. There are no
6. brother and sisters over the age of 12.
7. Efforts made to identify and/or locate include _____
8. Other_____

ATTACHMENT 18
TO PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR:

NAMES AND ADDRESSES OF PARENTS, SPOUSES AND ALL RELATIVES (OF MINOR) WITHIN THE SECOND DEGREE

Name of Minor Child(ren)_____

Name of Grandparents_____
Address_____

Name of Aunt/Uncle_____
Address_____

Name of Aunt/Uncle_____
Address_____

Name of *other* relative_____Relationship_____
Address_____

Name of *other* relative_____Relationship_____
Address_____

Name(s) of **brothers** (including half brothers or adopted brothers) over the age of 12:
_____
Address(es)_____
_____

Name(s) of **sisters** (including half sisters or adopted sisters) over the age of 12:
_____
Address(es)_____
_____

*Other:**

Name_____
Address_____

*List ward (her/himself) if over 12, legal custodian or any person also nominated as guardian of the proposed ward.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Mailing Address)*: TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name)*: IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
CASE NAME: Guardianship of **Minor**	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	CASE NUMBER:

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.
3. *(Number):* minor children 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 present address)*	Relationship
to present	☐ Confidential		
to			
to			
to			
to			

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 present address)*	Relationship
to present	☐ Confidential		
to			
to			
to			

c. ☐ Additional children are listed on Attachment 3c. *(Provide requested information for additional children on an attachment.)*

Form Approved for Optional Use
Judicial Council of California
FL-105/GC-120 [Rev. January 1, 2003]

Family Code, § 3400 et seq.
Probate Code, §§ 1510(f), 1512
www.courtinfo.ca.gov

SHORT TITLE: Guardianship of Minor	CASE NUMBER:

4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?
   ☐ No ☐ Yes *(If yes, provide the following information:)*

   a. Name of each child:

   b. Capacity of declarant: ☐ party ☐ witness ☐ other *(specify):*
   c. Court *(specify name, state, location):*

   d. Court order or judgment *(date):*

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?
   ☐ No ☐ Yes *(If yes, provide the following information:)*

   a. Name of each child:

   b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other *(specify):*

   c. Court *(specify name, state, location):*

   d. Status of proceeding:

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 subject to this proceeding?
   ☐ No ☐ Yes *(If yes, provide the following information:)*

a. Name and address of person ☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	b. Name and address of person ☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	c. Name and address of person ☐ Has physical custody ☐ Claims custody rights ☐ 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 after this page:

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):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
GUARDIANSHIP OF THE ☑ PERSON ☐ ESTATE OF *(Name):*	
☑ **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.

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 VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
GUARDIANSHIP OF THE ☑ PERSON ☐ ESTATE OF *(Name)*: 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)*: TELEPHONE AND FAX NOS.:

ATTORNEY FOR *(Name)*: IN PRO PER

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA

STREET ADDRESS: 800 SOUTH VICTORIA AVENUE
MAILING ADDRESS: SAME
CITY AND ZIP CODE: VENTURA, CA 93009
BRANCH NAME: PROBATE

GUARDIANSHIP OF *(Name)*:

MINOR

CASE NUMBER:

LETTERS OF GUARDIANSHIP

☑ **Person** ☐ **Estate**

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 as 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 as specified in Attachment 2b.
   c. ☐ Conditions relating to the care, treatment, education, and welfare of the minor under Probate Code section 2358 as specified in Attachment 2c.
   d. ☐ Other *(specify in Attachment 2d)*.
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)

AFFIRMATION

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

Executed on *(date)*:

at *(place)*:

(SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document and 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.

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

(SEAL)

Date:

Clerk, by

(DEPUTY)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address).* TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA ☑ 800 SOUTH VICTORIA AVE, VENTURA CA. 93009 ☐ 3855 - F ALAMO ST. SIMI VALLEY, CA. 93063-2110	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION RE EX PARTE NOTICE	CASE NUMBER:

I, _____, declare:

1. I told _____ I would be bringing this ex parte request for an Order Appointing a Temporary Guardian _____ to Courtroom_____ on _____
(Relief Requested)
at _____ (a.m.)(p.m.) and that he/she, if unrepresented, has the right to be present, in person or by his/her counsel, and to submit a written response to my request.

2. I have informed _____ of this ex parte request by: *[Complete either (a) (b) or (c)]*

   (a) Telephone call on _____ (Date) at _____ (Time) (a.m.)(p.m.) to _____ (Phone Number)

   (b) In Person on _____ (Date) at _____ (Time) (a.m.)(p.m.) at _____ (Place)

   (c) Other *(Describe):* _____

3. I have not given notice of this request for ex parte orders for the following reason(s): *(Facts in support of the waiver of notice must be found in the declaration in support of the ex parte request or in a separate declaration).*

   ☐ Giving notice would frustrate the purpose of this order
   ☐ I will suffer immediate and irreparable injury if notice is given
   ☐ I was unable to give notice following a good faith attempt

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

Dated _____

_____ TYPE OR PRINT NAME

_____ SIGNATURE OF DECLARANT

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 VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
TEMPORARY ☑ GUARDIANSHIP ☐ CONSERVATORSHIP OF *(Name)*: ☑ MINOR ☐ CONSERVATEE	
PETITION FOR APPOINTMENT OF TEMPORARY ☑ **GUARDIAN** ☐ **CONSERVATOR** ☑ **Person** ☐ **Estate**	CASE NUMBER:

1. **Petitioner** *(name of each)*: **requests that**
   a. *(Name and address)*:

   be appointed temporary ☑ guardian ☐ conservator of the PERSON of the
   ☑ minor ☐ proposed conservatee and *Letters* issue upon qualification.
   b. *(Name and address)*:

   be appointed temporary ☐ guardian ☐ conservator of the ESTATE of the
   ☐ minor ☐ proposed conservatee and *Letters* issue upon qualification.
   c. (1) ☑ bond not be required XXXXXXXXXXXXXXX GUARDIANSHIP OF THE PERSON ONLY
   (2) ☐ $ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law. *(Specify reasons in Attachment 1c if the amount is different from maximum required by Probate Code section 2320.)*
   (3) ☐ $ in deposits in a blocked account be allowed. Receipts will be filed. *(Specify institution and location)*:

   d. ☐ the powers specified in Attachment 1d be granted in addition to the powers provided by law.
   e. ☐ an order be granted dispensing with notice to the ☐ minor ☐ proposed conservatee ☐ minor's mother ☐ minor's father ☐ other person having a visitation order for the reasons stated in Attachment 1e. *(Identify each by name and relationship.)*
   f. ☐ other orders be granted *(specify in Attachment 1f)*.

2. The ☑ minor ☐ proposed conservatee is *(name)*:
   Present address: Telephone:

3. The ☑ minor ☐ proposed conservatee requires a temporary ☑ guardian ☐ conservator to ☑ provide for temporary care, maintenance, and support ☐ protect property from loss or injury because *(facts are* ☐ *specified below* ☐ *specified in Attachment 3):*

(Continued on reverse)

TEMPORARY ☑ GUARDIANSHIP ☐ CONSERVATORSHIP OF *(Name)*: ☑ MINOR ☐ CONSERVATEE	CASE NUMBER:

4. The temporary ☑ guardianship ☐ conservatorship is required
   a. ☑ pending the hearing on the petition for appointment of a general ☑ guardian ☐ conservator.
   b. ☐ pending the appeal under Probate Code section 2750.
   c. ☐ during the suspension of powers of the ☑ guardian ☐ conservator.

5. Character and estimated value of the property of the estate:
   a. Personal property: $
   b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: $
   Total: $

6. ☐ CHANGE OF RESIDENCE OF PROPOSED CONSERVATEE
   a. ☐ Petitioner requests that the residence of the proposed conservatee be changed to *(address)*:

   The proposed conservatee will suffer irreparable harm if his or her residence is not changed as requested and no means less restrictive of the proposed conservatee's liberty will suffice to prevent the harm because *(precise reasons are* ☐ *stated below* ☐ *stated in attachment 6a):*

   b. ☐ The proposed conservatee must be removed from the State of California to permit the performance of the following non-psychiatric medical treatment essential to the proposed conservatee's physical survival. The proposed conservatee consents to this medical treatment. *(Facts and place of treatment are* ☐ *specified below* ☐ *specified in Attachment 6b.)*

   c. *(Change of residence only)* The proposed conservatee
      (1) ☐ will attend the hearing.
      (2) ☐ is able but unwilling to attend the hearing, does not wish to contest the establishment of a conservatorship, does not object to the proposed conservator, and does not prefer that another person act as conservator.
      (3) ☐ is unable to attend the hearing because of medical inability. An affidavit or certificate of a licensed medical practitioner or an accredited religious practitioner is affixed as Attachment 6c.
      (4) ☐ is not the petitioner, is out of state, and will not attend the hearing.

   d. ☐ *(Change of residence only)* Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330).

7. Petitioner believes the ☑ minor ☐ proposed conservatee ☐ will ☐ will not attend the hearing.

8. Number of pages attached: ____

Date:

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

▶ _____
(SIGNATURE OF ATTORNEY *)

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

Date:

. . . . . .
(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

. . . . . .
(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

SHORT TITLE: Guardianship of:	CASE NUMBER:

ATTACHMENT *(Number):* 3

(This Attachment may be used with any Judicial Council form.)

Page ____ **of** ____

(Add pages as required)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: TELEPHONE AND FAX NOS.:

ATTORNEY FOR *(Name)*: IN PRO PER

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA
STREET ADDRESS: 800 SOUTH VICTORIA AVENUE
MAILING ADDRESS: SAME
CITY AND ZIP CODE: VENTURA, CA 93009
BRANCH NAME: PROBATE

TEMPORARY [✔] GUARDIANSHIP [ ] CONSERVATORSHIP OF THE
[✔] PERSON [ ] ESTATE OF *(Name)*:
[✔] MINOR [ ] CONSERVATEE

ORDER APPOINTING TEMPORARY [✔] GUARDIAN [ ] CONSERVATOR

CASE NUMBER:

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

1. The petition for appointment of a temporary [✔] guardian [ ] conservator came on for hearing as follows *(check boxes c and d to indicate personal presence)*:
   a. Judge *(name)*:
   b. Hearing date: Time: [ ] Dept.: [ ] Room:
   c. [✔] Petitioner *(name)*:
      [ ] Attorney for petitioner *(name)*: IN PRO PER
   d. [✔] Minor [ ] Conservatee *(name)*:
      Attorney for [ ] minor [ ] conservatee *(name)*:

THE COURT FINDS

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

3. [ ] It is necessary that a temporary [ ] guardian [ ] conservator 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 [ ] conservator.
   [ ] pending an appeal under Probate Code section 1301.
   [ ] during the suspension of powers of the [ ] guardian [ ] conservator.

4. [ ] To prevent irreparable harm, the residence of the conservatee must be changed. No means less restrictive of the conservatee's liberty will prevent irreparable harm.

5. [ ] The conservatee must be removed from the State of California to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival. The conservatee consents to this medical treatment.

6. [ ] The conservatee need not attend the hearing on change of residence or removal from the State of California.

THE COURT ORDERS

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

   is appointed temporary [✔] guardian [ ] conservator of the PERSON of
   (name): and *Letters* shall issue upon qualification

(Continued on reverse)

TEMPORARY ☑ GUARDIANSHIP ☐ CONSERVATORSHIP OF *(Name)*: ☑ MINOR ☐ CONSERVATEE	CASE NUMBER:

7. b. *(Name)*:

(Address): *(Telephone):*

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

10. ☐ The conservator is authorized to change the residence of the conservatee to *(address)*:

11. ☐ The conservator is authorized to remove the conservatee from the State of California to the following address to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival *(address)*:

12. ☐ The conservatee need not attend the hearing on change of residence or removal from the State of California.

13. ☐ In addition to the powers granted by law, the temporary conservator is granted other powers. These powers are specified ☐ in Attachment 13 ☐ below *(specify)*:

14. ☐ Other orders as specified in Attachment 14 are granted.

15. ☐ Unless modified by further order of the court, this order expires on *(date)*:

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

17. Number of pages attached: _____

Date:

JUDGE OF THE SUPERIOR COURT

☐ 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 VENTURA
STREET ADDRESS: 800 SOUTH VICTORIA AVENUE
MAILING ADDRESS: SAME
CITY AND ZIP CODE: VENTURA, CA 93009
BRANCH NAME: PROBATE

TEMPORARY ☑ GUARDIANSHIP ☐ CONSERVATORSHIP
OF *(Name):*

☑ MINOR ☐ CONSERVATEE

FOR RECORDER'S USE ONLY

CASE NUMBER:

FOR COURT USE ONLY

LETTERS OF TEMPORARY ☑ **GUARDIANSHIP** ☐ **CONSERVATORSHIP**
☑ **Person** ☐ **Estate**

LETTERS

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

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

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

AFFIRMATION

I solemnly affirm that I will perform the duties of temporary ☑ guardian ☐ conservator according to law.
Executed on *(date)*:
at *(place)*: , California.

▶ _____
(SIGNATURE OF APPOINTEE)

(SEAL)

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

Date:

Clerk, by

_____
(DEPUTY)

CERTIFICATION

I certify that this document and 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.

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 VENTURA MAILING ADDRESS: 800 SOUTH VICTORIA AVENUE STREET ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
☑ GUARDIANSHIP ☐ CONSERVATORSHIP OF *(Name)*: ☑ MINOR ☐ CONSERVATEE	
NOTICE OF HEARING	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 the filed documents for further particulars. *(All of the case documents filed with the court are available for examination in the case file kept by the court clerk.)*

3. The petition includes an application for the independent exercise of powers under of the 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)*:

(Continued on reverse)

✔ GUARDIANSHIP ☐ CONSERVATORSHIP OF *(Name)*: ✔ MINOR ☐ CONSERVATEE	CASE NUMBER:

CLERK'S CERTIFICATE OF POSTING

1. I certify that I am not a party to this cause.
2. A copy of the foregoing *Notice of Hearing—Guardianship or Conservatorship*
   a. was posted at *(address)*:

   b. was posted on *(date)*:

Date: Clerk, by _____ , Deputy

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 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' 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) (SIGNATURE OF DECLARANT)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

☐ List of names and addresses continued on attachment.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E–MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
PROOF OF SERVICE OF SUMMONS	Ref. No. or File No.:

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of the summons and
   a. ☐ complaint
   b. ☐ Alternative Dispute Resolution (ADR) package
   c. ☐ Civil Case Cover Sheet *(served in complex cases only)*
   d. ☐ cross-complaint
   e. ☑ other *(specify documents):* Petition for the Guardianship of a Minor AND Notice Of Hearing
3. a. Party served (*specify name of party as shown on documents served):*

   b. Person served: ☐ party in item 3a ☐ other *(specify name and relationship to the party named in item 3a):*
4. Address where the party was served:
5. I served the party *(check proper box)*
   a. ☐ **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on *(date):* (2) at *(time):*
   b. ☐ **by substituted service.** On *(date):* at *(time):* I left the documents listed in item 2 with or in the presence of *(name and title or relationship to person indicated in item 3b):*

      (1) ☐ **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.

      (2) ☐ **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.

      (3) ☐ **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.

      (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on *(date)*: from *(city):* **or** ☐ a declaration of mailing is attached.

      (5) ☐ I attach a **declaration of diligence** stating actions taken first to attempt personal service.

c. ☐ **by mail and acknowledgment of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,

(1) on *(date):* (2) from *(city):*

(3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form 982(a)(4)) and a postage-paid return envelope addressed to me. *(Attach completed* Notice and Acknowledgement of Receipt *(form 982(a)(4).)* (Code Civ. Proc., § 415.30.)

(4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)

d. ☐ **by other means** *(specify means of service and authorizing code section):*

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:
   a. ☐ as an individual defendant.
   b. ☐ as the person sued under the fictitious name of *(specify):*
   c. ☐ On behalf of *(specify):*

   under the following Code of Civil Procedure section:

   ☐ 416.10 (corporation)
   ☐ 416.20 (defunct corporation)
   ☐ 416.30 (joint stock company/association)
   ☐ 416.40 (association or partnership)
   ☐ 416.50 (public entity)
   ☐ 415.95 (business organization, form unknown)
   ☐ 416.60 (minor)
   ☐ 416.70 (ward or conservatee)
   ☐ 416.90 (authorized person)
   ☐ 415.46 (occupant)
   ☐ other:

7. **Person who served papers**
   a. Name:
   b. Address:
   c. Telephone number:
   d. **The fee** for service was: $
   e. I am:
      (1) ☐ not a registered California process server.
      (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
      (3) ☐ registered California process server:
         (i) ☐ Employee or independent contractor.
         (ii) Registration No.:
         (iii) County:

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

or

9. ☐ **I am a California sheriff or marshal and** I certify that the foregoing is true and correct.

Date:

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)

If you want a fee waiver, read this page to see if you qualify. If you qualify, complete the 2 forms below. If you don't qualify, you're done! Congratulations!

982(a)(17)(A)

INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS

(California Rules of Court, rule 985)

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

–OR –

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

NUMBER IN FAMILY	FAMILY INCOME
1	$ 969.79
2	1,301.04
3	1,632.29
4	1,963.54
5	2,294.79

NUMBER IN FAMILY	FAMILY INCOME
6	$ 2,626.04
7	2,957.29
8	3,288.54
Each additional	331.25

–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 982(a)(17)) 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.

Print These Forms

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

Clear These Forms

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*: IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
PLAINTIFF/ PETITIONER: 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 982(a)(17)(A)* 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.: E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: PROBATE	
PLAINTIFF/ PETITIONER: 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 985(i), **is waived**.
   b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), 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, rule 985):*
   a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
   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. Rules of Court, rule 985(d))

PLAINTIFF/PETITIONER *(Name):* 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

Print These Forms

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

Clear These Forms