

SAMPLE

Non-Emergency Guardianship

Rev. 7/18/2023

Please **DO NOT** write in
or file this packet.

GC-210(P)

Petition for Appointment of Guardian of the Person

Clerk stamps date here when form is filed.

SAMPLE ONLY
Do not write on this copy!

Child(ren)'s Full Legal Name
(List all the children you want guardianship over)

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

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

a. Your Full Legal Name and/or the
b. Proposed Co-Guardian's Full Legal Name
c.

Fill in court name and street address:

Superior Court of California, County of Santa Clara
191 N. First Street
191 N. First Street
San Jose, CA 95113
Probate Courthouse - DTS

2 Your Street Address Apt#
City
State Zip Phone #

Clerk fills in information below when form is filed.

Case
Hear
Leave Blank

3 [X] Your Lawyer (if you have one):

Name: Self-Represented Bar No.:
Firm name, if
Street:
City:
Phone:

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

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

Name(s):
Street: Apt.:
City: State: Zip:
Phone: E-mail:

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

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

Name(s):
Street: Apt.:
City: State: Zip:
Phone: E-mail:

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

Guardian(s) of the person of (all children's names): <div style="border: 1px solid black; padding: 5px; text-align: center;"> Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over) </div>	Case No.: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Leave Blank </div>
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5 The proposed guardian named in **1** or **4** is (check all that apply):

- a. Related to child or children
- b. Not related to child or children
- c. Adult

Mark boxes "(5)a." - "(5)c." if it applies to you or the proposed guardian.

If you mark "(5)b.", you must answer the next question.

or

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 have a criminal record?
- b. If yes, list the crimes.
- c. If yes, list the dates.

Mark (6) if you checked box "5.b." in (5) above and answer "(6) a. - c.",

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 under 18 years of age listed below.

The full name of each child:	<div style="border: 1px solid black; padding: 5px;"> Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over) </div>	(specify)	<div style="border: 1px solid black; padding: 5px;"> Child(ren)'s Birthday Month/Day/Year </div>
a. Name of birth:			
b. Name of birth:			
c. Name of birth:			
d. Name of birth:			
e. Name of birth:			

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.

Gua _____ _____ _____	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	C _____ _____ _____	Leave Blank
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9 The guardianship is necessary or convenient for the reasons given below.

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

Explain why it is necessary or convenient for you (or the proposed guardian) to get guardianship over each of the children listed above.

List specific facts for each of the children above.

Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(P) - Attachment 9: Need for Guardian" at the top of the paper and attach it to this form.

10 I/We ask the court to (check all that apply):

- a. Appoint the person named in 1 or 4 guardian of the person of the child or children named in 8 and issue Letters of Guardianship.
- b. Excuse me/us from having to give notice of the hearing on this petition to one or more relatives or other persons listed in item 2 of the attached *Guardianship Petition - Child Information Attachment* (form GC-210(CA)) for the reasons given below *(Specify (1) the name of each child, (2) the name and relationship to the child of each of the persons to whom you want the court to excuse you from giving notice, and (3) the reasons for your request, including the steps, if any, you have taken to find each person.):*

If you cannot give notice to specific relatives about this case, you must prove with specifics that you can't find them or they are no longer alive.

See staff for further help on this.

Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(P) - Attachment 10b: Request for Waiver of Notice" at the top of the paper and attach it to this form.

The relatives and other persons listed in item 2 of each child's Guardianship Petition - Child Information Attachment (form GC-210(CA)) must be given notice of the hearing on your petition for appointment of a guardian for that child unless the court excuses you from giving notice. The court may waive (excuse) this requirement if you can show the court that you do not know where the relative or other person is located after making reasonable efforts to find him or her or if giving notice to that person may harm the child or otherwise be contrary to the interests of justice. See rule 7.52 of the California Rules of Court for information on making reasonable efforts to find a person.



Guardianship of the person of <i>(all children's names)</i> : <div style="border: 1px solid black; padding: 5px; text-align: center;"> Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over) </div>	Case Number: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Leave Blank </div>
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10 c. Make the following additional orders *(specify)*:

Leave Blank

Check here if you need more space. Continue your request for additional orders on a separate sheet of paper. Write "Form GC-210(P) - Attachment 10c: Additional Orders" at the top of the paper and attach it to this form.

11 **Filed with this petition are the following** *(check all that apply)*:

- Consent of Proposed Guardian (form GC-211, item 1)
- Nomination of Guardian (form GC-211, items 2 and 3)
- Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4)
- Petition for Appointment of Temporary Guardian or Conservator (form GC-110)
- Petition for Appointment of Temporary Guardian of the Person (form GC-110(P))
- Confidential Guardian Screening Form (form GC-212)
- Petition for Special Immigrant Juvenile Findings (form GC-220)
- Other *(specify)*:

Duties of Guardianship

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

Date:

Leave Blank

All petitioners and the proposed ward—if he or she is at least 18 but not yet 21 years of age and not a petitioner—must read and sign below.

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

Date:	<div style="border: 1px solid black; padding: 5px; width: 100%;"> Today's Date </div>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> Print Your Name </div>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> Sign Your Name </div>
	<i>Petitioner types or prints name here</i>	<i>Petitioner types or prints name here</i>	<i>Petitioner signs here</i>
Date:		<i>Petitioner types or prints name here</i>	<i>Petitioner signs here</i>

I consent to the appointment of the person named in 1 or 4 as guardian of my person and to his or her performance of the duties of a guardian on my behalf.

Date:		<div style="border: 1px solid black; padding: 5px; width: 100%;"> Proposed ward types or prints name here </div>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> Proposed ward signs here </div>
		<i>Proposed ward types or prints name here</i>	<i>Proposed ward signs here</i>

GC-210(CA)

Child Information Attachment to

Child(ren)'s Full Legal Name(s)

Leave Blank

Guardianship of (all ch

(List all the children you want guardianship over)

This child's na

Child #1's Full Legal Name

(you must fill out this form for each child you want guardianship over)

Fill out a separ

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

The petition asks the court to appoint a guardian of this child's (specify): person estate person and estate.

1 Tell the court a

Child #1's Full Legal Name

Child #1's Birthday

(you must fill out this form for each child you want guardianship over)

a. Child's full leg

b. Child's current

Child #1's Current Street Address, City, State, Zip

(you must fill out this form for each child you want guardianship over)

c. Indian child inquiry (Complete only if your petition asks the court to appoint a guardian of this child's person or

Mark "(1)c." to indicate whether you have made/completed an Indian Child Inquiry.

I have asked whether the child is or may be a member of one or more Indian tribes recognized by the federal government, or eligible for membership in such a tribe and the biological child of a tribal member, and whether the child or parents live or are domiciled on a reservation or rancheria or in an Alaskan Native village. Form ICWA-010(A), Indian Child Inquiry Attachment, is attached to this form.

I have not asked about the child's Indian heritage because the parents are unavailable or deceased.

(For more information about your duties under the federal Indian Child Welfare Act (ICWA)

(25 U.S.C. §§ 1901–1963) and California law, including making the inquiry and completing form ICWA-010(A) if the child is or may be an Indian child, see Information Sheet on Indian Child Inquiry Attachment and Notice of Child Custody Proceeding for Indian Child (form ICWA-005-INFO).)

d. Is this child married? Yes No Never married If you checked "No," was this child married in the past but the marriage was dissolved or ended in divorce? Yes No

(The court cannot appoint a guardian of the person for a minor child who is married or whose marriage was dissolved or ended in divorce.)

e. Is this child receiving public benefits? Yes No I don't know (If you checked "Yes," fill out below.)

Type of Assistance	Received	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Asst)		\$
<input type="checkbox"/> Social Security		\$
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$	

Check the Correct Box in "(1)e." if yes, fill out information here

f. Who is supposed to have legal custody of the child above? If there is no formal court order, list both parents and their address if you know it.

g. (Check this box and fill out below if the person the child lives with is not the person in f. with legal custody.)

Check box "(1)g." if the person(people) in "(1)f." are not currently caring for child list the Full Legal Name and address of person who IS CARING for the child.



Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)

Leave Blank

Guardian

This child

Child #1's Full Legal Name
(you must fill out this form for each child you want guardianship over)

1 Tell the court about this child (continued)

h. (Check this box if this child has been involved in an adoption, juvenile court, marriage dissolution (divorce),

Check box "(1)h." if the child above has ever been involved in any type of court case in this county or any other county and list what information you may know.

i. **Check box "(1)i." if the child above is in or on leave from a mental institution supervised by the CA Dpt of Developmental Services or CA Dpt of Mental Health.**

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

Relationship	Name	Home Address (Street, City, State, Zip)						
Mother	<p>Write the names and addresses of the Child #1's parents, grandparents, (half) siblings.</p> <p>For example:</p> <table border="1"> <thead> <tr> <th>First, Middle, Last Name</th> <th>Street Address</th> </tr> <tr> <th colspan="2">City, State, Zip Code</th> </tr> </thead> <tbody> <tr> <td colspan="2">or "unknown" if you don't know</td> </tr> </tbody> </table>		First, Middle, Last Name	Street Address	City, State, Zip Code		or "unknown" if you don't know	
First, Middle, Last Name			Street Address					
City, State, Zip Code								
or "unknown" if you don't know								
Father								
Grandmother (Mother's mother)								
Grandfather (Mother's father)								
Grandmother (Father's mother)								
Grandfather (Father's father)								
Sibling								
Sibling								
Sibling								
Sibling								
Sibling								
Sibling								
Sibling								

(Check here if this child has additional relatives, including parents, grandparents, siblings, or half-siblings, and list their names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Item 2: Other Relatives" at the top of the paper and attach it to this form.)



Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)

Leave Blank

Guardian

Child #1's Full Legal Name
(you must fill out this form for each child you want guardianship over)

This child

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

Relationship	Name	Home Address (Street, City, State, Zip)
Spouse <i>(Guardianship of the estate only)</i>	_____	_____
Person nominated as guardian of this child <i>(if someone other than a proposed guardian listed in 3)</i>	_____	_____
Indian custodian <i>(if any)</i>	_____	_____
Child's tribe <i>(if any and if known)</i>	_____	_____

(Check here if there is more than one tribe that the child may be eligible for membership in, and list the names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of the child, and "Attachment 2: Child's tribes" at the top of the paper and attach it to this form.)

3 Information about the proposed guardian:

a. Name (name) **Your Full Legal Name and Full Legal Name of any Co-Guardians**

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

Relative Not a relative
Check one box in "(3)b." that best describes how you know Child #1 (above).

Check the applicable boxes for question 3c.- f. below:

- c. Did the child's parent(s) nominate the proposed guardian(s)? Yes No I don't know
(If you checked "Yes," attach the written nomination as Attachment 3c.)
- d. Does this child currently live with the proposed guardian(s)? Yes No I don't know
If "Yes," how long has the child lived with the proposed guardian(s)? (years, months): _____
- e. If the court approves the guardianship, will this child live with the proposed guardian(s)? Yes No
- f. Does/do the proposed guardian(s) currently plan to adopt this child? Yes No I don't know

4 Explain why appointing a guardian for the child named in 1 would be in the child's best interest:

Explain why the court should appoint a guardian for Child #1 above. List specific facts.

(Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 4: Guardianship—Best Interest of Child" at the top of the paper and attach it to this form.)



Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)

Leave Blank

Guardian

This child

Child #1's Full Legal Name
(you must fill out this form for each child you want guardianship over)

5 Explain why appointing the person named in (3) to be this child's guardian would be in the child's best interest:

Explain why you (or the Proposed Guardian) SHOULD be appointed (made) guardian of Child #1 above.
List specific facts why you would be best suited for the child.

(Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 5: Proposed Guardian—Best Interest of Child" at the top

Check the applicable boxes for question "(6)a." and "(6)b." below:

6 a. Does one or do both of this child's parents agree:

(1) That the court needs to appoint a guardian for the child?

Parent (name): _____ Yes No I don't know

Parent (name): _____ Yes No I don't know

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

Parent (name): _____ Yes No I don't know

Parent (name): _____ Yes No I don't know

b. If the child is an Indian child and in the care and custody of an Indian custodian, does the Indian custodian agree:

(1) That the court needs to appoint a guardian for the child?

Custodian (name): _____ Yes No I don't know

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

Custodian (name): _____ Yes No I don't know

7 Check this box if you (the petitioner) are not the person named in (3), and fill in below.

You

Check (7) if you are proposing someone else (not you) as Guardian (Proposed Guardian) mark how they know Child #1 above.

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Your Full Legal Name

Your Street Address Apt#

City State Zip

Phone #

FOR COURT USE ONLY

SAMPLE ONLY

Do not write on this copy!

ATTORNEY FOR (Name): **Self-Represented**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara

STREET ADDRESS: **191 N. First Street**

MAILING ADDRESS: **191 N. First Street**

CITY AND ZIP CODE: **San Jose, CA 95113**

BRANCH NAME: **Probate Courthouse - DTS**

(This section applies only to family law cases.)

PETITIONER: **Leave Blank**

RESPONDENT: **Leave Blank**

OTHER PARTY:

GUARDIAN: **Child(ren)'s Full Legal Name (List all the children you want guardianship over)**

CASE NUMBER: **Leave Blank**

- I am a party to this proceeding to determine custody of a child.
- 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 **# of Children listed above**
- There are (specify number) **# of Children listed above** 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.)

Child #1 Full Legal Name | City/State born | Birthday (MM/DD/YYYY) | Gender

List where the child(ren) have lived for the last 5 years.
Start with current address and work backwards.

to

Child #2 Full Legal Name | City/State born | Birthday (MM/DD/YYYY) | Gender

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
<p>If there are multiple children and they have always lived together, you don't need to repeat the same information, just check this box.</p> <p>If not, you'll need to write where the 2nd child has lived for the last 5 years.</p>			
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

c. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)



SHORT	Child(ren)'s Full Legal Name (List all the children you want guardianship over)	CASE NUMBER	Leave Blank
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4. Do you have custody or visitation rights or in some other capacity in, another court case or custody or visitation case ANYWHERE regarding any of the children above?
 Yes No

Proceeding

a. Family

b. Guardianship

c. Other

Proceeding

d. Juvenile Delinquency
Juvenile Dependence

e. Adoption

5. One or more domestic violence incidents and provide the following information:

Court

a. Criminal

b. Family

c. Juvenile Delinquency
Juvenile Dependence

d. Other

Have you been a part of (party or witness) in any another type of court case or custody/visitation case ANYWHERE regarding any of the children above?

If yes, describe the type of case, case #, and what happened to any of the cases listed above.

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?

<p>Do you know anyone that claims to have custody or visitation rights to any of the children above?</p>		
<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>

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

Today's Date **Print Your Name** **Sign Your Name**

(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.

Request to Dispense with Notice

Fill out the next page if you want to ask the judge to excuse you from having to serve paperwork on the following:

1. Child(ren) in this application (if they are 12 or older)
2. Minor(s)'s parents
3. Minor(s)'s maternal/paternal grandparents
4. Any other person with a visitation order for the minor(s)

FOR EXAMPLE:

The above people are deceased.
The above people cannot be found.

You would need to explain on next page what things you have done to try to locate that person.

<small>ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, state bar number, and address)</small>		<i>FOR COURT USE ONLY</i> SAMPLE ONLY Do not write on this copy!								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Your Full Legal Name</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">Your Street Address</td> <td style="padding: 5px; text-align: center;">Apt#</td> </tr> <tr> <td style="padding: 5px;">City State Zip</td> <td></td> </tr> <tr> <td style="padding: 5px;">Phone #</td> <td></td> </tr> </table>			Your Full Legal Name		Your Street Address	Apt#	City State Zip		Phone #	
Your Full Legal Name										
Your Street Address	Apt#									
City State Zip										
Phone #										
<small>ATTORNEY FOR (Name):</small>										
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA PROBATE DIVISION 191 North First Street San Jose, California 95113										
<small>GU</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)</td> <td style="width: 20%;"></td> </tr> </table>	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)		<small>NOR</small>						
Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)										
REQUEST TO DISPENSE WITH NOTICE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Leave Blank</td> </tr> </table>	Leave Blank							
Leave Blank										

1. I am the minor's Who are you to the child(ren) above?

2. I should not have to give notice to the following people (child – if over 12, parents, grandparents, child's brothers/sisters - over 12 only, or person with court ordered visitation or custody) because I have not been able to find them:

List the people (the children above, their parents, grandparents, child(ren)'s brother(s)/sister(s) who are 12 years or older) and their relationship to the minor(s) that you could not give notice to because you have not been able to find them or they are no longer alive.

You will give specific and clear examples why you cannot serve papers to the minor(s) relatives.

Guar	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	Case	Leave Blank
------	---	------	--------------------

List the people (the children above, their parents, grandparents, child(ren)'s brother(s)/ sister(s) who are 12 years or older) and their relationship to the minor(s) that you could not give notice to because you have not been able to find them or they are no longer alive.

You will give specific and clear examples why you cannot serve papers to the minor(s) relatives.

Check here if you need more space. Label a piece of paper "Request to Dispense With Notice - Attachment 2" and write the additional information on it.

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

Date: **Today's Date** My signature: **Sign Your Name**

ATTORNEY FOR (Name): Self-Represented Your Full Legal Name Your Street Address Apt# City State Zip Phone # E-MAIL ADDRESS (Optional): SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 191 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate Courthouse - DTS	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	
NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP	CA Leave Blank

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) **Your Full Legal 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: | <input checked="" type="checkbox"/> Dept.: 2 | <input type="checkbox"/> Room: |
|----------|-------|---|--------------------------------|
- b. Address of court same as noted above is (specify) : **Downtown Courthouse
191 N. First Street
San Jose, CA 95113**

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.)



OF (Name):

Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)

Leave Blank

NOTE:

A copy of this Notice of Hearing... has a right under the law to be notified... Copies of this Notice may be served... personally served on certain persons... guardianships and conservatorships... either service by mail or personal service... allows. The petitioner does this by... which the petitioner then files with the court... This page contains a proof of service... performs the service must complete... attached to this Notice when it is filed.

This is a proof of service for the Emergency Response Services and all relatives to be mailed a copy of the forms by an adult, not you.
Also grandparents (maternal/paternal), half-brother/sisters (12 years +) will need to be mailed a copy too.
The Server will fill out this form (not you).

(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 case. My residence or business address is (specify):

Server's Street Address
City, State, Zip Code

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.

Date Server Mailed
MM/DD/YYYY

Place Server Mailed
(City/State)

4. a. Date mailed: b. Place mailed (city, state)
5. I served with 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: Date Server Signs

Server Prints Name

Server Signs Name

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

Address (number, street, city, state, and zip code)

1. Emergency Response Services Santa Clara County Social Services Agency
333 W. Julian St
San Jose, CA 95110

2. List names of all living and known grandparents (maternal/paternal), half-brother/sisters (12 years +) and their addresses here.

3. Ask staff for more pages if you need more space.

4.

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

GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE

OF (Name) **Child(ren)'s Full Legal Name(s)**
(List all the children you want guardianship over)

CASE NUMBER: **Leave Blank**

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.)

- I am over the age of 18 and not a party to this proceeding.
- I served the attached *Notice of Hearing* below at the address and on the date indicated.
- I served with the attached *Notice of Hearing* referred to in the Notice.
- I served with the attached *Notice of Hearing* referred to in the Notice.
- Continued on Attachment 4.
- I am (check all that apply) :
 - not a registered California process server.
 - a California sheriff or marshal.
 - a registered California process server.
 - an employee or independent contractor of a registered California process server.
 - exempt from registration (Bus. & Prof. Code, § 22350(b)).

This is a proof of service for the Child(ren)'s Father being handed forms (in person) by an adult (server), it cannot be you.

The Server will fill out this form (not you).

If there are multiple Fathers, you will need one form for each person handed forms.

6. My registration and number, are (specify) :

Server's Legal First and Last Name
Server's Street Address
City, State, Zip Code

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	Time
Child(ren)'s Father's First and Last Name	Street Address City, State, Zip (Where server handed Father forms)	MM/DD/YYYY	00:00 AM/PM (Date/Time server handed forms)
		Date: _____	Time: _____
		Date: _____	Time: _____

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

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

(For California sheriff or marshal use only)

I certify that the foregoing is true and correct

Date: **Date Server Signs**

Server Signs Name

Date: **Leave Blank**

GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE

CASE NUMBER:

OF (Name) **Child(ren)'s Full Legal Name(s)**
(List all the children you want guardianship over)

Leave Blank

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 form.)

- 1. I am over the age of 18 and not a party to this case.
- 2. I served the attached *Notice of Hearing* below at the address and on the date and time specified.
- 3. I served with the attached *Notice of Hearing* referred to in the Notice.
- 4. I served with the attached *Notice of Hearing* referred to in the Notice.
- 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.

This is a proof of service for the Child(ren)'s Mother being handed forms (in person) by an adult (server), it cannot be you.

The Server will fill out this form (not you).

If there are multiple Mothers, you will need one form for each person handed forms.

6. My **Server's Legal First and Last Name** registration and number, are *(specify)* :
Server's Street Address
City, State, Zip Code

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

	Child(ren)'s Mother's First and Last Name	Street Address City, State, Zip (Where server handed Father forms)	MM/DD/YYYY 00:00 AM/PM (Date/Time server handed forms)
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

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

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

(For California sheriff or marshal use only)

Date: _____
Date Server Signs
Server Signs Name
 (SIGNATURE)

I certify that _____
 Date: _____
Leave Blank
 (SIGNATURE)

GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	CASE NUMBER: Leave Blank
--	------------------------------------

- 14. Orders are granted relating to the conditions imposed under Probate Code section 2402 upon the guardian of the estate as specified in Attachment 14.
- 15. Other orders as specified in Attachment 15 are granted.
- 16. The probate referee appointed is *(name and address)*:

17. Number of boxes checked in items 9-16: _____

18. Number of pages attached: -0-

Date:

Leave Blank

Leave Blank

JUDGE OF THE SUPERIOR COURT

SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY

STATE BAR NO.:

FOR COURT USE ONLY

Your Full Legal Name
Your Street Address Apt#
City State Zip
Phone #

**SAMPLE
ONLY
Do not write
on this copy!**

ATTORNEY FOR (name): **Self-Represented**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Santa Clara**

STREET ADDRESS: **191 N. First Street**

MAILING ADDRESS: **191 N. First Street**

CITY AND ZIP CODE: **San Jose, CA 95113**

BRANCH NAME: **Probate Courthouse - DTS**

GUARDIANSHIP OF
(name) **Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)**

Person Estate

CASE NUMBER **Leave Blank**

LETTERS OF GUARDIANSHIP

- (Name) **Your Full Legal Name and/or Co-Guardian's Full Legal Name** person estate
of (name): **Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)**
- The appointee **Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)** as guardian of the person of
(name):
is extended past the ward's 18th birthday as of (date):

3. **Leave Blank**

WITNESSES

(SEAL)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

COURT ADDRESS: 191 North First Street
CITY AND ZIP CODE: San José, California 95113
PHONE NUMBER: (408) 882-2761
FAX NUMBER: (408) 882-2797
BRANCH NAME: Downtown Courthouse - Court Investigator's Division

**SAMPLE
ONLY
Do not write
on this copy!**

IN THE **Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)**

**CONFIDENTIAL DOCUMENT COVER SHEET
(Guardianship)**

CASE NUMBER **Leave Blank**

RE: G

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Leave Blank



<div style="border: 1px solid black; padding: 5px;"> <p>Your Full Legal Name</p> <p>Your Street Address Apt#</p> <p>City State Zip</p> <p>Phone #</p> </div> <p><small>E-MAIL ADDRESS (Optional):</small></p> <p><small>ATTORNEY FOR (Name):</small> Self-Represented</p>	<p><small>FOR COURT USE ONLY</small></p> <p style="font-size: 24pt; font-weight: bold;">SAMPLE ONLY</p> <p style="font-size: 24pt; font-weight: bold;">Do not write on this copy!</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> <p><small>COURT ADDRESS:</small> 191 North First Street, San José, California 95113</p> <p><small>PHONE NUMBER:</small> (408) 882-2651</p> <p><small>FAX NUMBER:</small> (408) 882-2693</p> <p><small>BRANCH NAME:</small> Downtown Courthouse – Probate Division</p>	
<p>In the Matter of the Guardianship of:</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 5px auto; width: 80%;"> <p>Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)</p> </div>	
<p>AUTHORIZATION FOR RELEASE OF INFORMATION</p>	<p><small>CASE NUMBER:</small> <div style="border: 1px solid black; padding: 5px; display: inline-block;">Leave Blank</div></p>

Probate Code Section 1513 requires that a probate court investigator conduct interviews and write a report and recommendation to the Court concerning the appropriateness of establishing a guardianship for the above-named children. In order to assist in the gathering of pertinent information

I/we,

Your Full Legal Name

 /

Co-Guardian's Full Legal Name

specifically authorize the release of my/our school records, counseling records, probation records, public and private social service records, summaries of medical and psychological records, and records from any private or public agency which would assist in determination of our petition for guardianship.

Dated:

Today's Date

Sign Your Name

Dated:

Today's Date

Co-Guardian's Signs Their Name

Original to: Probate Court Investigator

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Your Full Legal Name Your Street Address Apt# City State Zip Phone # <small>Home Address (Optional):</small>		FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
ATTORNEY FOR (Name): Self-Represented SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 191 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate Courthouse - DTS		
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over) and Acknowledgment of Receipt		CA Leave Blank

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.

**Read this information
before signing the
bottom of this form.**

If the probate court appoints you as guardian, you have certain duties and obligations.

- a. **Fundamental responsibility** - As guardian, you are responsible for the child. As guardian, you are responsible for the child's medical and dental needs and the child's growth of the child.
- b. **Custody** - As guardian of the person of the child, you are responsible for all decisions regarding 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)

DUTIES OF GUARDIAN
(Probate)

GUARDIAN

Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)

CASE NUMBER

Leave Blank

- 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 services, drug and alcohol treatment, and medical procedures.
- f. **Community resources** - The guardian must meet the needs of children who have special needs, you must strive to meet the child's needs.
- g. **Financial support** - The guardian must provide for the child. The guardian may apply for Aid for Needy Families, child support, benefits, Indian child welfare benefits, and other benefits.
- h. **Visitation** - The court may allow the child to visit with parents. The child's best interests are the primary concern. 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.

**Read this information
before signing the
bottom of this form.**

(Continued on page three)

DUTIES OF GUARDIAN
(Probate)

GUA

Child(ren)'s Full Legal Name(s)

MINOR

CASE NUMBER

Leave Blank

(List all the children you want guardianship over)

- p. The guardianship 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.

If the court appoints a guardian, the guardian must take very serious steps to protect the child's best interests and make an inventory of the child's assets with the court.

**Read this information
before signing the
bottom of this form.**

The state elects the guardian.

- a. **Prudent investment** - The guardian must act as a prudent person dealing with the property and must not make speculative investments.
- b. **Keeping estate assets separate** - The guardian must keep 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)

DUTIES OF GUARDIAN (Probate)

GUA

Child(ren)'s Full Legal Name(s)

(List all the children you want guardianship over)

NOR

CASE

Leave Blank

- 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.

**Read this information
before signing the
bottom of this form.**

- i. **Insurance coverage** - As guardian of the estate, you must ensure that the insurance coverage for the entire period of your appointment is sufficient throughout the period.
- j. **Records** - As guardian of the estate, you must maintain records of all actions affecting the estate, including receipts, disbursements, income and expenses, and other documents. You will have to provide these records to the court because you will have to account for the estate's assets and what is left after you have paid the estate's expenses.
- k. **Accountings** - As guardian of the estate, you must file a petition requesting that the court review and approve your accounting one year after your appointment and at least every two years after that. The court may ask that you justify some or all expenditures. You should have receipts and other documents available for the court's review, if requested. If you do not file your accounting as required, the court will order you to do so. You may be removed as guardian for failure to file an accounting.
- l. **Format** - As guardian of the estate, you must comply with all state and local rules when filing your accounting. A particular format is specified in the Probate Code, which you must follow when you present your account to the court. You should check local rules for any special local requirements.
- m. **Legal advice** - An attorney can advise you and help you prepare your inventories, accountings, and petitions to the court. If you have questions, you should consult with an attorney.

3. OTHER GENERAL INFORMATION

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

(Continued on page five)

DUTIES OF GUARDIAN
(Probate)

GUARDIAN	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	OR	Leave Blank
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If you are not represented by an attorney, you may obtain answers to your questions by contacting community resources, private publications, or your local law library.

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

ACKNOWLEDGMENT OF RECEIPT

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

Date: **Today's Date** **Print Your Name** **Sign Your Name**

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

Date: **Today's Date** **Co-Guardian Prints Name** **Co-Guardian Signs Name**

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

Date: _____ **Co-Guardian Prints Name** **Co-Guardian Signs Name**

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

For Court use only:

Temp hrg date:

Perm hrg date:

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP

Case Number (if you have one) :

Guardianship

Conservatorship of (name):

Child(ren)'s Full Legal Name (List all the children you want guardianship over)

Person Estate

Do you think anyone will disagree with the guardianship? Yes No

If yes, who? Name: Telephone number:

Has Child Protective Services (CPS) ever been called about the child(ren) in this case? Yes No

If yes, which County: Santa Clara Other (County name):

Are there any custody orders about the child(ren) in this case? Yes No

If yes, which County: Santa Clara Other (County name):

Information about the CHILD(REN)

- Child 1 Name: Birth Date: Social Security N School, Grade, S

Child #1's Full Legal Name Child's Birthday (MM/DD/YYYY) Child's SSN # Child's School Name | Grade | Child's School Phone #

- Child 2 Name: Birth Date: Social Security N School, Grade, S

Child #2's Full Legal Name Child's Birthday (MM/DD/YYYY) Child's SSN # Child's School Name | Grade | Child's School Phone #

- Child 3 Name: Birth Date: Social Security N School, Grade, S

Child #3's Full Legal Name Child's Birthday (MM/DD/YYYY) Child's SSN # Child's School Name | Grade | Child's School Phone #

Check if there are more children in the case; add information about them on another page.

CONFIDENTIAL - DO NOT PUT IN COURT FILE

Information about the PROPOSED GUARDIAN'S ATTORNEY

Proposed **Guardian** ~~Conservator~~ doesn't have an attorney
XXXXX

Name Your Full Legal Name
Address Your Street Address Apt# City State Zip
Phone Phone #

Information about the PROPOSED GUARDIAN(S)

Proposed Guardian 1 :

- Name:** Your Full Legal Name
- Relationship to child(ren):** Your Relationship to Child
- Birth Date:** Your Birthday (MM/DD/YYYY)
- Social Security Number:** Your SSN #
- Driver's License Number:** Your Driver's License #
- Home Address:** Your Street Address, City, State, Zip Code
- Home Phone Number:** Your Phone #
- Work Address:** Your Work Street Address, City, State, Zip Code
- Work Phone Number:** Your Work #

Proposed Guardian 2 :

- Name:** Co-Guardian's Information (if any)
- Relationship to child(ren):**
- Birth Date:**
- Social Security Number:**
- Driver's License Number:**
- Home Address:**
- Home Phone Number:**
- Work Address:**
- Work Phone Number:**

All proposed Guardians must answer these questions:

1. Have you ever been convicted of a misdemeanor or felony offense? **Answer this question**

If yes, w **If yes, answer this question**

2. Is there a social worker, probation or parole officer supervising you or ANY person who lives with you?
 Answer this question

If yes **If yes, answer this question**

CONFIDENTIAL - DO NOT PUT IN COURT FILE



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

Date: **Today's Date**

Proposed Guardian 1 signs here: **Sign Your Name**

Date: **Today's Date**

Proposed Guardian 2 signs here: **Co-Guardian Signs Name**

Information about OTHER ADULTS (age 18 or older) WHO LIVE IN YOUR HOME

<ul style="list-style-type: none"> • Na • Bi • Sc • Dr 	<p>Fill out a box for EVERY adult who lives in your home (even if they are not related to this case or you)</p>
<ul style="list-style-type: none"> • Na • Bi • Sc • Dr 	
<ul style="list-style-type: none"> • Na • Bi • Sc • Dr 	
<ul style="list-style-type: none"> • Na • Bi • Sc • Dr 	

More adults live in my home. I've attached information about them on a separate page.



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

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

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

Clerk sta **SAMPLE ONLY** filed.
Do not write on this copy!

Fill in court name and street address:

Superior Court of California, County of Santa Clara
Street: 191 N. First Street
Mial: 191 N. First Street
San Jose, CA 95113

Fill in case number and name:

Case Number: **Leave Blank**

Case Name:

**Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)**

1 Your Information (guardian or conservator, or

Name: **Your Full Legal Name** Phone # _____
Street: **Your Street Address**
City: **City State Zip** Apt# _____

2 Your Lawyer (if you have one). Name: **Self-Represented**

Leave Blank

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

Child #1's Full Legal Name
Child's Street Address **Child #1's Age/Birthday**
City, State, Zip
Child's Phone #

Fill out one of these for each child you are getting guardianship over

4 Ward's or Conservatee's Lawyer, if any: Name: **Self-Represented**

Leave Blank

5 Ward or Conservatee's Information

Name of employe _____
Employer's address _____
Child #1's Employer (if working)
Child #1's Employer's Address, City, State, Zip Zip: _____

Name of (Proposed) Ward or Conservatee:

Cas

Child(ren)'s Full Legal Name

Leave Blank

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

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

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

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

- The ward or one or both of the ward's parents, or the conservatee or the conservatee's spouse or registered domestic partner, receive (check all that apply):
Supplemental Security Income (SSI)
State Supplemental Payment (SSP)
SNAP (Food Stamps)
IHSS (In-Home Supportive Services)
CalWORKS or Tribal TANF
Medi-Cal
County Relief/General Assistance
CAPI (Cash Assistance Program for Aged, Blind, and Disabled)
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)
Unemployment Compensation

(Names and relationships to ward or conservatee of persons who receive the public benefits listed above):
Minor's income is zero

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

Table with 6 columns: Family Size, Family Income, Family Size, Family Income, Family Size, Family Income. Rows include family sizes 1-6 and a note for more than 6 people.

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

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

*(Do not include income of guardian or conservator living in the household in 8b or 8c or count him or her in family size in 8b. unless he or she is a parent of the ward or the spouse or registered domestic partner of the conservatee.)

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

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

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

10 Ward's Parents' Information:

a. Name of ward's father: Child #1's Father's Full Legal Name, Street or mailing address: Child #1's Father's Street Address, City: Child #1's Father's City, State, Zip, Phone: Child's #1's Father's Phone #

b. Name of ward's mother: Child #1's Mother's Full Legal Name, Street or mailing address: Child #1's Mother's Street Address, City: Child #1's Mother's City, State, Zip, Phone: Child's #1's Mother's Phone #

c. Ward's parents are (check all that apply): married, living together, separated, divorced

Support order for ward? No Yes Pa Answer questions about parent's marital/living status.

Payor (name):

Court: Is there a Child Support Court order for child #1?

Date of order: If yes, answer as much information you know about that case here.



Name of (Proposed) Ward or Conservatee:

Child(ren)'s Full Legal Name

Case

Leave Blank

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

14 Check from her a

15 Ward's c
a. List th
gets e
before
disabi
(BAQ)
annuit
related
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____

b. Total

16 Ward's c
a. List th
home
whom
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____
(7) _____
(8) _____
(9) _____
(10) _____

b. Total

Total monthly
hous

Leave Blank

To list any other (proposed) ward etc, attach form "Financial Info conservatee's r

Important! If ability to pay within five day

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

n. Any other monthly expenses (list each below).
Paid to: How Much?
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
Total monthly expenses (add 18a–18n above): \$ _____

Clerk stamps date here when form is filed.

**SAMPLE
ONLY
Do not write
on this copy!**

① **Your Full Legal Name**
Your Street Address **Apt#**
City State Zip
Phone #

② **Lawyer, if person in ① has one:**
Name: **Self-Represented** State Bar No: _____
Firm: **Leave Blank**
Street: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Telephone: _____

Fill in court name and street address:

**Superior Court of California, County of
Santa Clara
Street: 191 N. First Street**

③ **Child #1's Full Legal Name**
Child's Street Address
City, State, Zip
Child's Phone #

**Fill out one of these
for each child you are
getting guardianship over**

④ **Lawyer for (proposed) ward or conservatee, if any:**
Name: **Self-Represented** State Bar No: _____
Firm or Affiliation: _____
Street: **Leave Blank**
City: _____ State: _____ Zip: _____
E-mail: _____ Telephone: _____

Fill in case number and name:

Case Number: **Leave Blank**
Case Name: **Guardianship of:**

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

**Child(ren)'s Full Legal Name(s)
(List all the children you want guardianship over)**

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

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

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

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

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

Leave Blank

- Sheriff's fee to give notice
 - Sending papers to another court department
- (List continued on next page.)



Name of (Proposed) Ward or Conservatee:

Case Number:

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

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

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

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

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

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

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

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

Below On Attachment 6b(2)

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

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

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

Below On Attachment 6c(1)

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

Below On Attachment 6c(2)




Name of (Proposed) Ward or Conservatee:

Case Number:

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

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

	→ Date: _____	Time: _____	_____
	Dept.: _____	Room: _____	_____

Name and address of court if different from above:

Date: _____



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



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

Clerk's Certificate of Service

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

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

Date: _____

Clerk, by _____, Deputy
Name: _____

This is a Court Order.