

SAMPLE

Temporary and General
Guardianship Petition

Rev.1/2026

Please DO NOT write in
or file this packet.

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

Clerk stamps date here when form is filed.

Child(ren)'s Full Legal Name(s) (e.g. First, Middle & Last Names)
(List all the children you want guardianship over)**SAMPLE
ONLY
Do not write
on this copy!**

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

Fill in court name and street address:

**Superior Court of California,
County of Santa Clara****191 N. First Street
191 N. First Street
San Jose, CA 95113
Probate Division**

Clerk fills in case number when form is filed.

- 1 Your name** (include the names of all persons who are requesting the court to appoint them or the person named in **4** as temporary guardian of the child or children named in **2** (fill out this form.):

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

- 2 Your address and telephone number:**

Street **Your Street Address** **Apt#**
City **City**
State **State** **Zip** **Phone #**

Case Number:

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

Name: **Self-Represented** Bar No.:

Leave Blank

- 4** ☒ **I/We want to be the temporary guardian of the child or children named in 6.** (Go to 5.)
☐ **I/We want the person or persons named here to be the temporary guardian of the child or children named above.** Tell the court about the proposed guardian(s) below.

If you are proposing someone else (not you) to be Guardian, fill out their information here.

- ☐ **I am the child or one of the children named in 6 and one of the persons named in 1.**
I am at least 12 years old. I want the person named here to be my temporary guardian.
My date of birth is (month/day/year):



Child(ren)'s Full Legal Name(s) (e.g. First, Middle & Last Names)
(List all the children you want guardianship over)

Number:

Leave Blank

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

<input type="checkbox"/>	Mark the correct boxes to explain how you or the proposed co-guardian are related to or know the minor child(ren) listed above.
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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

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

a. Child's full legal name:	Child #1's Full Legal Name (First, Middle, Last)
Child's current address:	Child #1's Current Street Address, City, State, Zip
Child's current phone number:	Child #1's Current Phone #
b. Child's full legal name:	Child #2's Full Legal Name (First, Middle, Last)
Child's current address:	Child #2's Current Street Address, City, State, Zip
Child's current phone number:	Child #2's Current Phone #

☐ Check each additional child's information asked above for each child. If there 3 or more children you want guardianship over, please ask staff for additional paper to list them. t 6: Additional

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

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

Leave Blank You will explain on another page.

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

Leave Blank

☐ Yes ☒ No

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

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

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Rev. January 1, 2009

Child(ren)'s Full Legal Name(s) (e.g. First, Middle & Last Names)
(List all the children you want guardianship over)

Case Number

Leave Blank

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

Read this before signing the bottom of this form.

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

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

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

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

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

Date: Today's Date	Print Your Name <i>Petitioner types or prints name here</i>	Sign Your Name <i>Petitioner signs here</i>
Date: Today's Date	Co-Guardian Prints Name <i>Petitioner types or prints name here</i>	Co-Guardian Signs Name <i>Petitioner signs here</i>

Child(ren)'s Full Legal Name(s) (e.g. First, Middle & Last Names)
(List all the children you want guardianship over)

Leave Blank

ATTACHMENT GC – 110 (P) – ITEM 7

Most recently the child has lived with me for **Answer** hrs.

In the child's whole life s/he has lived with me for **Answer** ths.

I need to be guardian of the child/ren IMMEDIATELY for the following reasons (check all that apply):

- ☐ to add ☐ to take the
☐ to enr ☐ on,
☐ to rec ☐ rgency,
☐ the fa
child to a dangerous situation,

Choose all that applies

Please explain all of your reasons:

**Explain very clearly all the reasons you marked above as to why you need
an TEMPORARY guardianship now and not later.**

**Give specific facts that would convince the judge about the minor(s)
(above) situation right now.**

**You will need to be clear and convincing that you need an TEMPORARY
GUARDIANSHIP NOW.**

<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> Your Full Legal Name Your Street Address Apt# City State Zip Phone # </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <small>E-MAIL ADDRESS (Optional):</small> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <small>ATTORNEY FOR (Name):</small> </div> <div style="border: 1px solid black; padding: 5px;"> SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara <small>STREET ADDRESS:</small> 191 N. First Street <small>MAILING ADDRESS:</small> 191 N. First Street <small>CITY AND ZIP CODE:</small> San Jose, CA 95113 <small>BRANCH NAME:</small> Probate Division </div>	<small>FOR COURT USE ONLY</small> <div style="font-size: 2em; font-weight: bold; margin: 20px 0;">SAMPLE ONLY</div> <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">Do not write on this copy!</div>
<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> Child(ren)'s Full Legal Name(s) (e.g. First, Middle & Last Names) (List all the children you want guardianship over) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> ORDER APPOINTING TEMPORARY GUARDIAN </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED. </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="border: 2px solid black; padding: 5px; text-align: center; margin: 0 auto; width: 80%;"> Leave Blank </div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <small>CASE</small> </div>

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

- a. Judicial officer (*name*): **Honorable Amber Rosen**
- b. Hearing date: Time: ☒ Dept.: **2** ☐ Room:
- c. ☐ Petitioner (*name*):
- d. ☐ Attorney for petitioner (*name*):
- e. ☐ Minor (*name*):
- f. ☐ Attorney for minor (*name*):
- g. ☐ Minor's parents (*names*):
- h. ☐ Attorney for minor's parents (*names*):
- i. ☐ Person with valid visitation order (*name*):
- j. ☐ Attorney for person with valid visitation order (*name*):
- k. ☐ Public Guardian (*name*):
- l. ☐ Attorney for Public Guardian (*name*):

THE COURT FINDS

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

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

THE COURT ORDERS

4. a.

Your Full Legal Name (and any Co-Guardian's Full Legal Name)
Your Street Address Apt# Phone # City State Zip
(and any Co-Guardian's Address and phone #)

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

- b. ☐ (*Name*):
(*Address*):

Child(ren)'s Full Legal Name(s)
(e.g. First, Middle & Last Names)
(List all the children you want
guardianship over)

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

Child(ren)'s Full Legal Name(s) (e.g. First, Middle & Last Names)
(List all the children you want guardianship over)

Leave Blank

5. ☐ Notice of hearing to the persons named in item 2b is dispensed with.

6. a. ☒ Bond is not required.

b. ☐ Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.

Leave Blank

6c.

7.

8.

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

10. Number of boxes checked in items 4-9: 4

11. Number of pages attached: 0

Date: **Leave Blank**

Leave Blank

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

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

After recording, return to:

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

E-MAIL ADDRESS (optional):

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**

FOR RECORDER'S USE ONLY

TEMPORARY ☒ GUARDIANSHIP ☐ CONSERVATORSHIP

CASE#

Child(ren)'s Full Legal Name(s) (e.g. First, Middle & Last Names)
(List all the children you want guardianship over)**Leave Blank**LETTERS OF TEMPORARY ☒ GUARDIANSHIP ☐ CONSERVATORSHIP
☒ Person ☐ Estate

FOR COURT USE ONLY

Your Full Legal Name (any Co-Guardian's Full Legal Name)is appointed temporary ☒ guardian ☐ conservator of the ☒ person
☐ estate of**Child(ren)'s Full Legal Name (First, Middle, Last)**
(List all the children you want guardianship over)2. ☐ Other person ☐ guardian ☐ conservator are ☐ specified in Attachment 2.
☐ specified below:**SAMPLE
ONLY
Do not write
on this copy!****Leave Blank**

<div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-bottom: 5px;"> TEMPORARY <input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP </div> <div style="border: 1px solid black; padding: 5px;"> <p>Child(ren)'s Full Legal Name (e.g. First, Middle & Last Names) (List all the children you want guardianship over)</p> </div>	<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>
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NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890-2893)

When these *Letters of Temporary Guardianship* or *Letters of Temporary Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the temporary guardian or temporary conservator of the estate (1) to take possession or control of an asset of the minor or conservatee named above held by your institution

Read this information before signing the bottom of this form.

held by the institution. A single form may be filed for all affected assets held by the institution.

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

LETTERS OF TEMPORARY

☒ **GUARDIANSHIP**

☐ **CONSERVATORSHIP**

AFFIRMATION

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

☒ guardian. ☐ conservator.

Executed on *(date)*:

(signature):

<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Today's Date</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">(TYPE OR PRINT)</p>	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Your Name/Co-Guardian Prints Name</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>You/Co-Guardian Signs Name</p> </div>
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CERTIFICATION

Leave Blank

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(s)**
(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**

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: **Leave Blank**
Hear:

- ③ ☒ **Your Lawyer** (if you have one):

Name: **Self-Represented** Type text here Bar No.: _____

Firm name, if _____

Street: _____

City: _____

Phone: _____

Leave Blank

- ④ ☒ **I/We want to be guardian of the child or children named in ⑧ (Go to ⑤.)**

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

Name(s): _____

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: _____ 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.**

Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	Leave Blank
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5 The proposed guardian named in ① or ④ is (check all that apply):

- a. ☐ R
 b. ☐ N
 c. ☐ A

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
 b. ☐ I
 c. ☐ I

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

- a. Nat
 b. Nat
 c. Nat
 d. Nat
 e. Nat

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

(specify

Child(ren)'s Birthday
 Month/Day/Year

First

Middle

Last

Month/Day/Year

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



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

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.

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; margin: 0 auto; width: 150px;"> Today's Date </div>	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;"> Print Your Name </div>	▶	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;"> Sign Your Name </div>
	<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; margin: 0 auto; width: 150px;"> Proposed ward types or prints name here </div>	▶	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;"> Proposed ward signs here </div>
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GC-210(CA)

Child Information Attachment to

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

e Number:

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	Amount 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
----------------------------------------------------------------------------------------------	--------------------

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

Father

Grandmother
(Mother's mother)

Grandfather
(Mother's father)

Grandmother
(Father's mother)

Grandfather
(Father's father)

Sibling

Sibling

Sibling

Sibling

Sibling

Sibling

Sibling

Write the names and addresses of the Child #1's parents, grandparents, (half) siblings.

For example:

First, Middle, Last Name	Street Address
	City, State, Zip Code

or "unknown" if you don't know

☐ (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 *(nominates relationship(s) to the child of each named relative guardian)*

☐ 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.)

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

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

6 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.

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

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

2. (Check one)

☐ I have not yet been able to complete the inquiry about the child's Indian status because:

I understand that I have not yet been able to complete the inquiry about the child's Indian status because of my efforts.

Check one and complete requested information.

☐ I have asked or ☐ I am advised by.

and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. Each of these persons was asked whether they had any information that the child is or may be an Indian child; whether the parents or child are or were domiciled or lived on a reservation, rancheria, Alaska Native village, or other tribal trust land, or had ancestors who were members of an Indian tribe. The person(s) questioned are:

Name:

Name:

Address:

Address:

City, state, zip:

City, state, zip:

Telephone:

Telephone:

Date questioned:

Date questioned:

Relationship to child:

Relationship to child:

☐ Additional persons questioned and their information is attached. (Form MC-020 may be used for this purpose.)

3. This inquiry (check one)

Check one

☐ gave me reason to believe the child is or may be an Indian child. (If checked, continue to 4.)

☐ gave me no reason to believe the child is or may be an Indian child. (If checked, continue to signature page at end of form.)

4. ☐ I do not have reason to believe the child is or may be an Indian child. If you checked you have reason to believe the child is or may be an Indian child, check box 4 and attach a declaration listed the tribes you contacted, the individuals you contacted and how you contacted them.

5. Based on inquiry and tribal contacts (check all that apply):

a. ☐

b. ☐

c. ☐

d. ☐

e. ☐

f. ☐

Complete any items that apply to this child.

C	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Leave Blank </div>
---	-----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602,

☐

the child is in foster care.

☐

it is probable the child will be entering foster care.

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

Date: **Today's Date**

Print Your Name

(PLEASE PRINT NAME)

Sign Your Name

(SIGNATURE)

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:</p> <p>NAME: Your Full Legal Name</p> <p>FIRM NAME: Your Street Address Apt#</p> <p>STREET:</p> <p>CITY: City State Zip</p> <p>TELEPHONE: Phone #</p> <p>EMAIL ADDRESS:</p> <p>ATTORNEY FOR (name): Self-Represented</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</p> <p>STREET ADDRESS: 191 N. First Street, San Jose, CA 95113</p> <p>MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME: Probate Division</p> <p>(This section applies to cases other than probate guardianship.)</p> <p>PETITIONER: Leave Blank</p> <p>RESPONDENT:</p> <p>OTHER PARTY:</p> <p>CHILD'S NAME: Child(ren)'s Full Legal Name (List all the children in the guardianship case)</p> <p>(This section applies only to probate guardianship cases.)</p> <p>GUARDIANSHIP OF (name): Minor</p> <p>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</p>	<p>FOR COURT USE ONLY</p> <p>SAMPLE ONLY</p> <p>Do not write on this copy!</p> <p>CASE NUMBER:</p> <p>Write (PR) Case #</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

1. I am (check one): ☒ a party to **# of Children listed above** a child ☐ the authorized representative of the party to this proceeding to determine custody of a child.

2. There are (specify number): **# of Children listed above** minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
<p>a. Starting with the oldest child, list each of the children listed above. If you need more space, check the box below and attach an additional page (you may use MC-020).</p> <p>b.</p> <p>c.</p> <p>d.</p>		

3. a. ☐ Check this box if you are checking here, if only one child is listed above OR all of the children have lived at the same address(es) together for the past 5 years. If the children have lived at different addresses from each other during the past 5 years, you will check box 3b and attach form FL-105(A) to list each child's address information. (Provide the current address information.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From: 1/2025	To: present	San Jose, CA <input type="checkbox"/> Confidential (list state only)	John Smith 123 Main St., SJ, CA <input type="checkbox"/> Confidential (list state only)	Father
From: 1/2020	To: 1/2025	San Jose, CA	Jane Doe 456 Main St., SJ, CA	Mother
From:	To:			
From:	To:			
From:	To:			

Check here if you need space for more addresses.

b. ☐ Check this box if the children had different address information, then complete the above for the oldest child and use FL-105(A) for each additional child. (Attach additional pages.)

CASE NAME:

Child(ren)'s Full Legal Name
(List all the children in the guardianship case)

CASE NUMBER:

Write (PR) Case #

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

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?

Case status

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

5. ☐ Other (If yes, attach a copy of the orders if you have one and provide the following information):

re (date)

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child?

Do you know anyone that claims to have custody or visitation rights to any of the children above?

information):

d address of person:

a. Name and address of

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: _____

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

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

(NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

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.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State, Business and address):</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Your Full Legal Name Your Street Address Apt# City State Zip Phone # </div> <p>(You may also provide a separate sheet for this information.)</p> <p>TELEPHONE: _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): Self-Represented</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</p> <p>STREET ADDRESS: 191 N. First Street</p> <p>MAILING ADDRESS: 191 N. First Street</p> <p>CITY AND ZIP CODE: San Jose, CA 95113</p> <p>BRANCH NAME: Probate Courthouse - DTS</p>	<p>FOR COURT USE ONLY</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>GUARDIAN OF THE ESTATE OF THE MINOR:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over) </div> <p><input type="checkbox"/> CONSENT</p> <p><input type="checkbox"/> NOMINATION OF GUARDIAN</p> <p><input type="checkbox"/> CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE</p>	<p>CASE NUMBER:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> Leave Blank </div>

CONSENT OF PROPOSED GUARDIAN

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

Date:

Leave blank unless the Petitioner is NOT the proposed guardian.

(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 (name and address):

as guardian of the ☐ person ☐ estate of the

This form can also be filed later,
after you file your other forms.

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:

Either parent may sign this, if they want to nominate someone to be guardian. Otherwise, leave blank.

(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.

If any parent, grandparent, sibling or the minor(s) above (if they are 12+ years old) consents (agrees) to you being guardian, they can date and sign this form here and you will not have to serve them later.

☐ Continued on Attachment 4.

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

FOR COURT USE ONLY

Your Full Legal Name**Your Street Address****Apt#****City State Zip****Phone #**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** ☐ **CONSERVATORSHIP** OF THE ☒ **PERSON** ☐ **ESTATE****Child(ren)'s Full Legal Name (e.g. First, Middle & Last Names)****(List all the children you want guardianship over)****NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP****SAMPLE
ONLY
Do not write
on this copy!****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 _____
(representative capacity)
has filed (specify) :

Your Full Legal Name (any Co-Guardian's Full Legal Name)**Petition for Temporary Guardianship****Leave Blank**

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.)



(List all the children you want guardianship over)

Most of this page and the next page should be left blank for now. You will fill them out after you file your forms, when you complete service.

A copy of this *Notice of Hearing-Guardianship or Conservatorship* ("Notice") must be "served" on-delivered to each person who has a right under the law to be notified of the date, time, place and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice must be served on each person. Sometimes, but not always, the court will allow the petitioner to personally serve the Notice on the person. If the court allows, the petitioner may personally serve the Notice on the person in the following ways: either service by personal delivery, or service by mail. The petitioner must file with the court a certificate of service, which the petitioner then files with the original Notice.

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

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

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.

2. My r

3. I serv

an e

a. ☐

b. ☐

4. a. \square

5.

I declare

Date:

LEAVE BLANK

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

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

- ## 1. 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 old) 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.)

<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF Children's Full Legal Name(s) (e.g. First, Middle & Last Names) (List all the children you want guardianship over) PRIVATE	CASE NUMBER: <div style="border: 1px solid black; height: 30px; margin-top: 5px; text-align: center; font-size: 1.2em;">Leave Blank</div>
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PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

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

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

☐ Continued on Attachment 4.

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

Leave Blank

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

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.	Mother's Name	Mother's Address	Leave Blank
2.	Father's Name	Father's Address	
3.			
4.			

Also list child(ren) if 12 or older and the current guardian, if any. Ask staff if you need more room.

- ☐ 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

Leave Blank

(SIGNATURE)

(SIGNATURE)

ATTORNEY FOR (Name): Your Full Legal Name Your Street Address Apt# City State Zip Phone # E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
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	
<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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Leave Blank </div>

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 and Name of Any Proposed Co-Guardian**
 (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. ☐

Leave Blank

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

a. Date: _____ Time: _____ ☒ Dept.: **2** ☐ 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.)



NOTE:
A copy of this *Notice of Hearing-Guardianship or Conservatorship* ("Notice") must be "served" on-delivered to each person who has a right under the law to be notified of the date, time, place and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on the person. See Probate Code, § 2543(c).
Most of this page and the next page should be left blank for now. You will fill them out after you file your forms, when you complete service.
This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court. You may use form GC-020(P) to show personal service of this Notice.

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

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.

2. My address at the time of mailing was (number, street, city, state, and zip code):

3. I served the notice by first class mail, return receipt requested, postage paid.

4. a.

5. ☒ I served the notice by first class mail, return receipt requested, postage paid.

LEAVE BLANK

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served	Address (number, street, city, state, and zip code)
Emergency Response Services	Santa Clara County Social Services Agency 333 W. Julian St San Jose, CA 95110

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

Ask staff for more pages if you need more space.

<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF Children's Full Legal Name(s) (e.g. First, Middle & Last Names) (List all the children you want guardianship over) PRIVATE	CASE NUMBER: <div style="border: 1px solid black; height: 30px; margin-top: 5px; text-align: center; font-size: 1.2em;">Leave Blank</div>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------

PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

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

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

☐ Continued on Attachment 4.

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

Leave Blank

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

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.	Mother's Name	Mother's Address	Leave Blank
2.	Father's Name	Father's Address	
3.	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> Also list child(ren) if 12 or older and the current guardian, if any. Ask staff if you need more room. </div>		
4.			

- ☐ 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

Da <div style="border: 1px solid black; display: inline-block; padding: 0 20px;">Leave Blank</div>	<div style="border: 1px solid black; display: inline-block; padding: 0 20px;">Leave Blank</div>
(SIGNATURE)	(SIGNATURE)

ATTORNEY FOR (name): Self-Represented NAME: Your Full Legal Name FIRM: Your Street Address Apt# STREET: City State Zip CITY: Phone # TELEPHONE: E-MAIL ADDRESS: 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!
GUARDIAN (name): Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over) ORDER APPOINTING GUARDIAN OR EXTENDING GUARDIANSHIP OF THE PERSON	CASE: Leave Blank
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

1. The petition for appointment of a guardian or extension of a guardianship of the person came on for hearing as follows (check boxes c, d, and e to indicate personal presence):
- Judge (name): Honorable Amber Rosen
 - Hearing date: _____ Time: _____ ☒ Court: 2 _____ Room: _____
 - ☒ Petitioner (name): **Your Full Legal Name and Name of Any Proposed Guardian**
 - ☐ Attorney for Petitioner (name): _____
 - ☐ Attorney for (proposed) ward (name, address, e-mail, and telephone): _____

THE COURT FINDS

- ☐ All notices required by law have been given.
 - ☐ Notice of hearing to the following persons ☐ has been ☐ should be dispensed with (names): _____
- ☒ Appointment of a guardian of the ☒ person ☐ estate of the proposed ward is necessary or convenient. (NOTE: The Probate Code does not authorize the appointment of a guardian of the estate for a proposed ward 18 years of age or older.)
- ☐ Extension of the guardianship of the person past the ward's 18th birthday is necessary or convenient.
- ☐ 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.
- ☐ Attorney (name): _____ has been appointed by the court as legal counsel to represent the (proposed) ward in these proceedings. The cost for representation is: \$ _____
- ☐ The appointed court investigator, probation officer, or domestic relations investigator is (name, title, address, and telephone): _____

Do NOT use this form for a temporary guardianship.

Page 1 of 3

GUARDIAN (name):	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	CASE NUMBER:	Leave Blank
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THE COURT ORDERS

8. a. ☒ (na) **Your Full Legal Name and Name of Any Proposed Co-Guardian**

(ad) **Your Street Address Apt. #**

City State Zip

Your Phone #

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

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

b. (Not applicable to a proposed ward 18 years of age or older.)

Leave Blank

c.

9. [

10. a b c

11. [

12. [

13. [

GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name):	<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>
--------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------	----------------------------------------------------------------------------------------------------

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

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Your Full Legal Name</p> <p>Your Street Address Apt#</p> <p>City State Zip</p> <p>Phone #</p> </div> <p>ATTORNEY FOR (name): Self-Represented</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</p> <p>STREET ADDRESS: 191 N. First Street</p> <p>MAILING ADDRESS: 191 N. First Street</p> <p>CITY AND ZIP CODE: San Jose, CA 95113</p> <p>BRANCH NAME: Probate Courthouse - DTS</p> <p>GUARDIANSHIP OF (name):</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Child(ren)'s Full Legal Name(s)</p> <p>(List all the children you want guardianship over)</p> </div> <p> <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate </p>	<p>FOR COURT USE ONLY</p> <p style="font-size: 2em; font-weight: bold; margin: 20px 0;">SAMPLE ONLY</p> <p style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">Do not write on this copy!</p> <p>CASE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px; text-align: center;">Leave Blank</div></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

LETTERS

1. ☒ (Name)

Your Full Name and Name of Any Proposed Co-Guardian

 guardian of the ☒ person ☐ estate
of (name):

Child(ren)'s Full Legal Name(s)
2. ☐ The appointee

(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

4.
5.
6.
WITN
(SEA

CASE NUMBER:

Leave Blank

When these *Letters of Guardianship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the guardian of the estate (1) to take possession or control of an asset of the minor named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to exercise the powers of the guardian of the estate, you must file this *Letter* with the court. If you are a financial institution, you must also file this *Letter* with the court. An officer or authorized representative of your institution must sign this *Letter* and file it with the court.

The guardian should
institution's responsibility
the correct form is not del
from the court. The forms
www.courts.ca.gov/forms
for an institution or form C
(nonfillable form) or may

An institution under (b)(1) is any person, including an insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

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

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

Executed on (date):

Today's Date

, at (*place*):

San Jose, CA

Print Your Name
(Co-Guardian prints their name)

Sign Your Name
(Co-Guardian signs their name)

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to

Leave Blank

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

The fo
 design
 appoin

Leave Blank



<p>Your Full Legal Name</p> <p>Your Street Address Apt#</p> <p>City State Zip</p> <p>Phone #</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name): Self-Represented</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</p> <p>STREET ADDRESS: 191 N. First Street</p> <p>MAILING ADDRESS: 191 N. First Street</p> <p>CITY AND ZIP CODE: San Jose, CA 95113</p> <p>BRANCH NAME: Probate Courthouse - DTS</p>	<p><small>FOR COURT USE ONLY</small></p> <p>SAMPLE ONLY</p> <p>Do not write on this copy!</p>
<p>GUARDIAN (Name): Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)</p>	<p>CASE NUMBER: Leave Blank</p>
<p align="center">CONFIDENTIAL GUARDIAN SCREENING FORM</p> <p align="center">Guardianship of: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate</p>	
<p>HEARING DATE AND TIME: DEPT.:</p>	

Each proposed guardian or co-guardian must complete this form.

Ask Staff for more forms, if needed.

This form is to be completed by the proposed guardian. The proposed guardian **must** respond to each item.

<p>1. a. Proposed guardian</p> <p>b. Date of birth</p> <p>c. Social security number</p> <p>e. Telephone number</p> <p>2. <input type="checkbox"/> I am</p> <p>3. <input type="checkbox"/> I have</p> <p>4. <input type="checkbox"/> I</p> <p>5. <input type="checkbox"/> I</p> <p>6. Do you</p> <p>7. Have you</p> <p>8. <input type="checkbox"/> I</p> <p>9. Have you, or has any other person living in your home, habitually used any illegal substances or abused alcohol?</p>	<p>Your Full Legal Name</p> <p>Birthday</p> <p>SSN#</p> <p>Your Phone #</p>	<p>Your Driver's License Info</p>	<p>ter as a sex offender under California Penal Code section 290.</p> <p>(If you checked "I am," explain in Attachment 2.)</p> <p>been charged with, arrested for, or convicted of a crime deemed to be a felony or a</p>
<p align="center">Answer each question "2."- "9."</p> <p align="center">If you answer "yes" to any questions, add a blank sheet of paper to explain your answer.</p> <p align="center"><small>explain in Attachment 8 and provide the name and address of each agency.)</small></p> <p align="center"><small>(If you checked "Yes," explain in Attachment 9.)</small></p>			

GUA	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	MINOR	CASE NUMBER: Leave Blank
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Answer each question "10."- "22."

If you answer "yes" to any questions, add a blank sheet of paper to explain your answer.

(If you checked "I have," explain in Attachment 19.)

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

Child(ren)'s Home #

Child(ren)'s School Name

Child(ren)'s School Phone #

Home telephone.
School telephone.
Other telephone.

☐ Information on additional minors is attached.

DECLARATION

Today's Date

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

Sign Your Name

Print Your Name

▶

Sign Your Name

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

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

Your Full Legal Name Your Street Address Apt# City State Zip Phone #		<p style="text-align: center;"><small>FOR COURT USE ONLY</small></p> <p style="text-align: center; font-size: 2em;">SAMPLE ONLY</p> <p style="text-align: center; font-size: 1.5em;">Do not write on this copy!</p>
<small>E-MAIL ADDRESS (Optional):</small> <small>ATTORNEY FOR (Name):</small> Self-Represented		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA <small>COURT ADDRESS:</small> 191 North First Street, San José, California 95113 <small>PHONE NUMBER:</small> (408) 882-2651 <small>FAX NUMBER:</small> (408) 882-2693 <small>BRANCH NAME:</small> Downtown Courthouse – Probate Division		
In the Matter of the Guardianship of: <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>		
AUTHORIZATION FOR RELEASE OF INFORMATION		<small>CASE NUMBER:</small> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Leave Blank </div>

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: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Today's Date </div>	Sign Your Name <hr style="border: 0; border-top: 1px solid black;"/>
Dated: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Today's Date </div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Co-Guardian Signs Name </div> <hr style="border: 0; border-top: 1px solid black;"/>

Original to: Probate Court Investigator

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Your Full Legal Name Your Street Address Apt# City State Zip Phone # </div>		FOR COURT USE ONLY <div style="font-size: 24pt; font-weight: bold; margin: 10px 0;">SAMPLE ONLY</div> <div style="font-size: 18pt; font-weight: bold; margin: 10px 0;">Do not write on this copy!</div>
E-MAIL ADDRESS (Optional): 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) <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 5px;"> Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over) </div>		
and Acknowledgment of Receipt		<div style="border: 1px solid black; padding: 10px; text-align: center; font-weight: bold; font-size: 14pt;"> Leave Blank </div>

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.

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.
- f. **Community resources** - The guardian must meet the needs of children with special needs, you must strive to meet the child's needs.
- g. **Financial support** - The guardian must provide for the child. The guardian may receive Aid for Needy Families benefits, Indian child benefits, etc.
- h. **Visitation** - The court may allow the child to visit with parents. The child's best interests are the primary consideration. 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)

(List all the children you want guardianship over)

INOR

CASE NUMBER

Leave Blank

- p. T 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 money and other assets is taken very seriously and make an inventory with the court.

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

The state collect

- a. **Prudent investment** - A prudent person dealing with the property should 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)**

GUARDIAN	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	NOR	CASE	Leave Blank
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- g. **Determine the value of the property** - As guardian of the estate, you must arrange to have a court-appointed referee determine the value of the estate property unless the appointment is waived by the court. You-not the referee-must determine the value of certain "cash items." An attorney can advise you about how to do this.
- h. **File an inventory and appraisal** - As guardian of the estate, you must file an inventory and appraisal within 90 days after your appointment. You may be required to return to court 90 days after your appointment as guardian of the estate to ensure that you have properly filed the inventory and appraisal.

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

- i. **Insurance coverage** - As guardian of the estate, you must ensure that the estate has sufficient insurance coverage for the entire period of your guardianship.
- j. **Records** - As guardian of the estate, you must keep accurate records of the estate's income and expenses. 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.
- 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)

GUARDIAN	Child(ren)'s Full Legal Name(s) (List all the children you want guardianship over)	OR	CASE NO. 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

(TYPE OR PRINT NAME)

➔ **Sign Your Name**

(SIGNATURE OF PETITIONER)

Date: **Today's Date**

Co-Guardian Prints Name

➔ **Co-Guardian Signs Name**

Date:

(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 (**Write (PR) Case #**) _____Guardianship of (name **Child(ren)'s Full Legal Name**) ☐ Person ☐ Estate

(List all the children you want guardianship over)

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

If yes, who? Name: **Answer this Question** Telephone number: _____

- Has Child Protective Services (CPS) ever been called about the children in this case? ☐ Yes ☐ No

If yes, which County: **Answer this Question** Other (County name): _____Are there any other children in this case? ☐ Yes ☐ NoIf yes, which County: ☐ Santa Clara ☐ Other (County name): _____What is the **Answer this Question** in the home? _____

Information about the CHILDREN

- Child **1** **Child #1's Full Legal Name**
- Birth Date **Child's Birthday (MM/DD/YYYY)**
- Social Security # **Child's SSN #**
- School, **Child's School Name | Grade | Child's School Phone #**

- Child **2** **Child #2's Full Legal Name**
- Birth Date **Child's Birthday (MM/DD/YYYY)**
- Social Security # **Child's SSN #**
- School, **Child's School Name | Grade | Child's School Phone #**

- Child **3** **Child #3's Full Legal Name**
- Birth Date **Child's Birthday (MM/DD/YYYY)**
- Social Security # **Child's SSN #**
- School, **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.

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REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP
(PROBATE)

Information about the PROPOSED GUARDIANS'S ATTORNEY

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

Information about the PROPOSED GUARDIAN(S)

Proposed Guardian ①:

- **Name:** _____
- **Relationship to Child** _____
- **Birth Date:** _____
- **Social Security #** _____
- **Driver's License #** _____
- **Home Address:** _____
- **Home Phone #** _____
- **Work Address:** _____
- **Work Phone Number:** _____ **Fax Number:** _____

Your Full Legal Name _____
Your Relationship to Child _____
Your Birthday (MM/DD/YYYY) _____
Your SSN # _____
Your Driver's License # _____
Your Street Address, City, State, Zip Code _____
Your Phone # _____
Your Work Street Address, City, State, Zip Code _____
Your Work # _____

Proposed Guardian ②:

- **Name:** _____
- **Relationship to Child** _____
- **Birth Date:** _____
- **Social Security #** _____
- **Driver's License #** _____
- **Home Address:** _____
- **Home Phone #** _____
- **Work Address:** _____
- **Work Phone Number:** _____ **Fax Number:** _____

Co-Guardian's Information (if any) _____

All proposed Guardians must answer this question:

1. Have you ever been convicted of a crime, offense? ☐ Yes ☐ No

If yes, what? **If yes, answer this question** _____

2. Is the proposed guardian currently on probation or parole officer supervising you or ANY person who lives with you?
☐ Yes **If yes, answer this question** _____

If yes, explain: **If yes, answer this question** _____

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**REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP
 (Probate)**

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

Fill out a box for EVERY adult who lives in your home (even if they are not related to this case or you)

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

CONFIDENTIAL – DO NOT PUT IN COURT FILE

**REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP
(Probate)**

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 their support, is a low-income person, or does not have enough income to pay for their 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, their 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 their estate, any collection costs.

Clerk sta

; filed.

**SAMPLE
ONLY****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****Mail: 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# _____

one: _____

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

low income,

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 Employer** (if working)

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

Zip: _____



Name of (Proposed) Ward or Conservatee:

Child(ren)'s Full Legal Name

Case

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?

- a. ☐ 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):

- 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.)*

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

- 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 them in family size in 8b, unless they are 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 parent: ☐ Child #1's Father's Full Legal Name death):

Street or mailing address: ☐ Child #1's Father's Street Address

City: ☐ City, State, Zip

Phone: ☐ Child's #1's Father's Phone #

b. Name of ward's parent: ☐ Child #1's Mother's Full Legal Name death):

Street or mailing address: ☐ Child #1's Mother's Street Address

City: ☐ 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 Pay ☐ 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 Child(ren) **Child(ren)'s Full Legal Name**

Leave Blank

Conservators or petitioners for their appointment must complete items 11–13.

11 **Conservator**
☐ Inventory

12 **Conservator**
Name of

Name of

Date of

Street of

City: _____

Name of

Employer

The conservator is

planning

If you submit

the income

☐ Divorce

Court: _____

Case Number

Date of

13 **The Conservator**
The conservator

a. ☐

b. ☐

If you submit

the current

value of

frequently

which you

☐ Partner

Conservator is

Do not include

By signing this Request, I agree to the terms of and conditions of the Request and the conservator of

All conservators must follow the instructions for completion of items 14–16 or items 14–18 on page 4, before signing below.

The information I have provided on this form and all attachments about the (proposed) ward or conservatee is true and correct to the best of my information and belief. The information I have provided on this form and all attachments concerning myself is true and correct. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Today's Date

Date: _____

Print Your Name

Print your name here

Sign Your Name

Sign here

Name of (Proposed) Ward or Conservatee:

Child(ren)'s Full Legal Name

Ca

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.

Leave Blank

14

☐ Check from average

15

Ward's
a. List the gets e before disab (BAQ annui relate

(1)

(2)

(3)

(4)

(5)

b. Total

16

Ward's
a. List the home they c

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

b. Total

Total monthly
hous

To list any oth
(proposed) wa
etc, attach form
“Financial Inf
conservatee’s

Important! If
ability to pay
within five da

Do not include income of guardian or conservator living in the household in item 16, their money and property in item 17, or their deductions and expenses in item 18 unless they are 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):

\$

**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: _____

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

Fill in court name and street address:

Superior Court of California, County of
Santa Clara

Street: 191 N. First Street

**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

• Making copies and certifying copies
• Sheriff's fee to give notice

• Sending papers to another court department
(List continued on next page.)

- 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.

- ☐ Jury fees and expenses ☐ Fees for a peace officer to testify in court
☐ Fees for court-appointed experts ☐ Court-appointed interpreter fees for a witness
☐ Other (*specify*): _____

- 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.

<div>Hearing Date</div>	→ Date: _____ Time: _____	Name and address of court if different from above:
	Dept.: _____ Room: _____	_____

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.