

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN DIEGO**

**GUARDIANSHIP OF THE PERSON  
PACKET**



<b>FORMS INCLUDED IN THIS PACKET</b>	
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Information Sheet on Waiver of Superior Court Fees and Costs	Judicial Council Form #FW-001-INFO
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## SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101  
 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081

### GENERAL INFORMATION FOR SELF-REPRESENTED LITIGANTS

The following information is intended to answer general questions the self-represented litigant may have about guardianship of the person. This is not a complete reference or procedural guide nor is it intended as legal advice. It is your responsibility to read and comply with the applicable laws, use current forms, and be prepared to present your case.

#### **What is guardianship?**

Guardianship is a court proceeding in which a judge gives someone who is not the parent:

- custody of a child under the age of 18. This type of guardianship is called "Guardianship of the Person";
- power to manage the child's income, money, or other property until the child turns 18. This type of guardianship is called "Guardianship of the Estate"; or
- both.

More information about guardianship of the person and the estate can be found at [www.courtinfo.ca.gov/selfhelp/family/guardianship](http://www.courtinfo.ca.gov/selfhelp/family/guardianship) and [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov) (click on Probate).

If there is an open Juvenile Court case, contact the Child Protective Services (CPS) worker assigned to the case or go to Juvenile Court to find out what your next step is. When there is an open Juvenile Court case, the Probate Court generally does not have the authority to grant a guardianship petition.

If there is an open Family Court case with an order of custody to a parent, you will be required to join in that case to seek custody of the child.

#### **Guardianship of the Person**

A petition for guardianship of the person is filed when a minor child is living with an adult who is not the parent and the adult needs the legal right to make decisions on behalf of the child. When a guardian of the person is appointed, the guardian is awarded custody of the child and the natural parents no longer have the right to determine where the child will live or how he or she will be educated. Instead, the guardian has those rights, including the responsibility to determine medical treatment for the child.

#### **What do I have to do to become the guardian of the person?**

To become the legal guardian of a child, you first have to file a petition and other forms with the court. You must fill out the following forms, available in the Probate Department business office and online at [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov) (click on Forms, then Probate):

- Petition for Appointment of Guardian of the Person (JC Form #GC-210(P))
- Attachment to Guardianship Petition – Child Information Attachment (JC Form #GC-210(CA))
- Notice of Hearing – (Guardianship or Conservatorship) (JC Form #GC-020)
- Consent of Proposed Guardian, Nomination of Guardian and Consent to Appointment of Guardian and Waiver of Notice (JC Form #GC-211)
- Duties of Guardian and Acknowledgment of Receipt (JC Form #GC-248)
- Letters of Guardianship (JC form #GC-240)
- Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)(JC Form #FL-105)
- Confidential Guardianship Screening Form (JC Form #GC-212)
- Order Appointing Guardian of Minor (JC Form #GC-240)
- Order Directing or Waiving Investigation (SDSC Form #PR-63)
- Information Sheet on Indian Child Inquiry Attachment and Notice of Child Custody Proceeding for Indian Child (JC Form #ICWA-005-INFO)
- Indian Child Inquiry Attachment (JC Form #ICWA-010A)

## **What happens after I fill out the forms?**

After you fill out the required forms:

- ✓ Make at least three copies of each completed form.
- ✓ File your forms with the Probate Department at one of the courthouses listed on page 1. There is a filing fee due at the time you file your papers. (Refer to the sections “Is there a fee to file a guardianship?” and “What if I don’t have enough money to pay the fees?” on page 2 and 3.)
- ✓ The clerk will keep the original forms and return the copies to you. Your copies will be file stamped and have a hearing date on them.
- ✓ Serve a copy of the filed paperwork upon parents and relatives as required by law. (Refer to the section on “Serving Parents and Relatives” on page 3.)
- ✓ Follow the procedures for guardianship investigations below:
  1. Review the Instructions to Proposed Guardians (SDSC Form #PR-61).
  2. If you **are a relative** (related by blood, marriage, or adoption), immediately make an appointment with Family Court Services (FCS) in person as soon as you file your petition and receive a hearing date. The address for the FCS downtown is 1555 Sixth Avenue, San Diego, CA 92101. Family Court Services is located on the second floor. The hours are from 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. The phone number is (619) 450-7888. You may call for information as needed, however appointments will not be given over the phone. If you filed your petition at the North County Division, the address for FCS in North County is 325 S. Melrose Dr., Vista, CA 92081 and the phone number is (760) 201-8300. Again, no appointments are made over the phone. You must have copies of your filed paperwork with you when you make your appointment in person. Follow the instructions provided by FCS regarding your appointment. **In addition, you must serve a copy of the Notice of Hearing and Petition for Appointment of Guardian to:** Health & Human Services Agency (HHSA), Guardianship Unit, 8965 Balboa Avenue, San Diego, CA 92123.
  3. If you are **not a relative**, as soon as you file your petition and receive a hearing date, **serve a copy of the Notice of Hearing, Petition for Appointment of Guardian of the Person, and the Order Directing or Waiving Investigation (SDSC Form #PR-063)** to: Health & Human Services Agency (HHSA), Guardianship Unit, 8965 Balboa Avenue, San Diego, CA 92123 and State Department of Social Services, Director of Social Services, 744 P Street, Sacramento, CA 95814.
  4. Follow the directions of the investigating agency and keep your appointments.
  5. If you change your address before completion of the investigation, fill out and file a Notice of Change of Address form (JC Form #MC-040) and send a copy to the agency immediately. If a guardian fails to notify the court of a change of address, the court may order the guardian to pay the attorney’s fees of any attorney appointed to locate the guardian and the minor child.
  6. The investigating agency will prepare its report and file it directly with the court.

## **Is there a fee to file a guardianship?**

Yes. There are court costs – the court filing fee and the investigation fee. The current fee amounts can be found on the court’s Fee Schedule (SDSC Form #ADM-001), available on the court’s website, [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov), or you can ask staff at the Probate Department.

## **What if I don't have enough money to pay the fees?**

- If you cannot afford the **filing fee**, you can request a fee waiver from the court. The fee waiver forms are available at the Probate Department or online at [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov) and [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov). You will need the following forms:
  - Information Sheet on Waiver of Superior Court Fees and Costs (JC Form #FW-001-INFO)
  - Request to Waive Court Fees (JC Form #FW-001)
  - Order on Court Fee Waiver (Superior Court) (JC Form #FW-003)If the court approves your Request to Waive Court Fees, you won't have to pay the filing fee.
  
- If you cannot afford the **investigation fee, and you are a relative to the minor**, you may apply separately for a waiver or reduction of the investigation fee by completing:
  - Request to Waive Additional Court Fees (Superior Court)(JC Form #FW-002)If the court approves your Request to Waive Additional Court Fees, you won't have to pay the investigation fee.
  
- If you cannot afford the **investigation fee, and you are NOT a relative to the minor**, you must apply to the Department of Health & Human Services agency for a fee waiver. The Department of Health & Human Services agency conducts investigations in non-relative guardianship petitions. It is not a court agency and the court has no authority to waive its fee.

## **Serving parents and relatives**

The law requires that parents and certain relatives be served (given) a copy of the petition for guardianship and other court forms you filed with the court. This is sometimes referred to as "giving notice." **Someone else – NOT YOU – must serve the documents. There are rules for giving notice. You must follow them carefully, otherwise you have to start all over.**

**There are two types of service: personal service and service by mail.**

**Personal service** – parents (or any person having legal custody of the child or serving as guardian of the estate) **and the minor child(ren)** of the action (over the age of 12) **must be personally served**. This means someone else – **not you** – personally hands them a copy of the Notice of Hearing and Petition for Appointment of Guardian of the Person at least 15 days before the hearing.

**Service by mail** – Paternal and maternal **grandparents**, the child's **brothers** and **sisters**, including half-brothers and half-sisters, and any person having the care of the proposed child of the guardianship (if other than the person having legal custody) and any spouse named in the petition **may be served by mail**. This means someone else – **not you** – mails them a copy of the Notice of Hearing and Petition for Appointment of Guardian of the Person at least 15 days before the court hearing. (Note: The child's grandparents are the parents of the child's mother and parents of the child's father.)

**Additional notice requirements:** Don't forget to serve HHSA. Refer to Items 2 and 3 in the section "What happens after I fill out the forms?" on page 2.

## **What if the parents and relatives agree I can be the guardian?**

If anyone who is required to receive notice of the guardianship petition (parents and relatives) agree you can be the guardian, they can sign the Consent of Proposed Guardian, Nomination of Guardian, and Consent to Appointment of Guardian, and Waiver of Notice form (JC Form #GC-211). You don't have to give notice to anyone who signs the consent portion of that form. If a person tells you verbally they agree you can be the guardian, but doesn't sign a written consent, you still have to give that person notice. Refer to "Serving Parents and Relatives" on page 3 for information about giving notice.

## **What if I don't know where the parents or relatives are?**

If you don't know where the parents or relatives are, you must make a reasonable and diligent effort to locate them. Try to find them by:

- ✓ Asking all family members, friends, acquaintances, and employers;
- ✓ Searching the real and personal property indexes in the recorder's and assessor's offices for the county where the person last resided;
- ✓ Looking in the phone book;
- ✓ Calling telephone information;
- ✓ Searching on the Internet; and
- ✓ Doing anything else you can think of to find them.

If you have done everything you can to locate the parents or relatives and you still can't locate them, you can ask the court to allow you to proceed without giving notice to those persons. To do this, fill out a Declaration of Diligent Search and Request to Dispense with Notice form (SDSC Form #FLF-002), available at the Probate Department business office and online at [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov), and file it with the Probate Department at least four days prior to your hearing.

## **What happens after the forms are served?**

If the forms were served by personal delivery to the parents or relatives, the person serving the forms fills out a Proof of Personal Service of Notice of Hearing form (JC Form #GC-020(P)). If the forms were served by mail (not allowed for parents or minor(s) in the case), the person serving the forms fills out the Proof of Service by Mail on the back side of the Notice of Hearing form (JC Form #GC-020).

After the forms have been properly filled out and signed, file the proof of service forms with the Probate Department at least four days prior to your hearing.

## **What happens before the court hearing date?**

Before your court hearing date, a probate examiner will review the paperwork submitted by you and make notes for the probate judge. A copy of these notes are available online at [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov) (click on the Probate tab, then Examiner Notes).

If there are defects (things that are missing and/or corrections to be made) they will be noted by the probate examiner. Ordinarily the defects need to be corrected before your petition will be granted by the judge. If defects are noted, attend the hearing to assure the judge you still want the guardianship. The court may continue the hearing to a later date to allow you time to correct the defects.

If the court grants your petition for guardianship at the hearing, submit the Order Appointing Guardian (JC Form #GC-240) and Letters of Guardianship (JC Form #GC-250) forms to the Probate Department. The Letters of Guardianship are evidence of your authority to act on behalf of the child. Obtaining a certified copy of the Letters of Guardianship is advisable.

## **What if there is a need for a temporary guardian before the hearing?**

The court may grant Letters of Temporary Guardianship under the following circumstances:

1. There is an immediate and compelling need for the appointment;
2. The Petition for Appointment of Guardian is filed at the same time;
3. There is good cause to waive notice to the parents, or they consent and waive notice for the temporary guardianship; and
4. The minor is residing with the petitioner at the time the request for temporary guardianship is made.

If the above criteria can be met, the petition for temporary guardianship may be submitted to the Probate Department for determination by the probate judge. This process usually takes two to five days. The required documents for temporary guardianship are:

- Petition for Appointment of Temporary Guardian (JC Form #GC-110(P)).
- Order Appointing Temporary Guardian (JC Form #GC-140).
- Letters of Temporary Guardianship (JC Form #GC-150).
- All the documents needed for the general guardianship (see pages 1 and 2).
- Probate Ex Parte Coversheet and Instructions (SDSC Form #PR-136). Instead of appearing ex parte, you may request the temporary guardianship petition be set for hearing five days from when you file the petition for temporary guardianship.
- Waivers of notice, if you have them.

## **What happens after the hearing?**

If the judge grants you guardianship, you will be the guardian of the minor child until the child turns age 18. When the child turns age 18, the guardianship terminates by operation of law. You must inform the court in writing if you move within the state. You can do so by filling out a Notice of Change of Address form (JC Form #MC-040) and filing it with the Probate Department. If you want to move out of the state, you must petition the court for permission to do so.

## **Do I need a lawyer to set up a guardianship?**

No, you can represent yourself. However, the forms for guardianship and the rules for notice can be complicated. If you don't follow the rules carefully and defects occur, you may have to come back to court more than once to have your guardianship approved, and it will take more time to process your case.

Talking to a lawyer is a good idea when:

- the child has extensive and/or valuable property;
- you live out of state;
- there are other legal cases going on at the same time (like adoption, custody in Family Court, or Juvenile Court involvement);
- the child has special needs (physically/emotionally disabled); or
- the child is Native American (because federal laws apply).

## **If you need legal advice:**

Contact an attorney of your choice. If you need help locating an attorney in San Diego County, you may contact the Lawyer Referral & Information Service of the San Diego County Bar Association at their website [www.sdcbba.org](http://www.sdcbba.org) or by calling (619) 231-8585.

**If you need general legal information or assistance with completing court forms:**

**Family Law Facilitator's Office - Guardianship Assistance Program**

This program is operated by the San Diego Superior Court. Orientation workshops are offered Tuesdays at Family Court and Fridays at the North County Courthouse; forms assistance is available by appointment. For further information inquire at the Probate Department or visit [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov) (click on Family, then Self-Help Services).

**San Diego Volunteer Lawyer Program**

This private, non-profit legal organization offers a guardianship clinic on a first come, first served basis to income qualified individuals. Call (619) 235-5656 or visit [www.sdvlp.org](http://www.sdvlp.org) for information about days and hours of operation.

**Legal Aid Society of San Diego**

This private, non-profit legal organization offers assistance to income qualified parents that object to guardianship petitions. Call (877) 534-2524 or visit [www.lassd.org](http://www.lassd.org) for information about days and hours of operation.

**If you are in the military and need assistance:**

Camp Pendleton Legal Office   (760) 725-6172  
North Island Legal Office       (619) 545-6437





## SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

### INSTRUCTIONS TO PROPOSED GUARDIANS RE: GUARDIANSHIP INVESTIGATIONS PROB. CODE 1513

Probate Code 1513 requires in each proposed appointment of guardian, an investigation of the proposed guardian(s) be made and submitted to the court. These investigations will be done by Family Court Services (FCS), the Court Investigator (Probate Department) or Department of Health and Human Services (HHSA) as follows:

<u>Guardianship Of</u>	<u>Proposed Guardian Is</u>	<u>Agency</u>
1. Person or person/estate	Relative	Family Court Services
2. Person or person/estate	Non-relative	Health & Human Services
3. Estate only	Relative or non-relative	Court Investigator
4. Estate only-waiver requested*	Relative or non-relative	

\*If there is sufficient cause for a waiver, no investigation

For these purposes, relative is defined in Prob. Code Section 1513(g) as a person who is a spouse, parent, stepparent, brother, sister, step-brother, step-sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of these persons even after the marriage has been terminated by death or dissolution.

SUBMIT DOCUMENTS AND FOLLOW PROCEDURES BELOW FOR CORRESPONDING NUMBERS ABOVE:

1. RELATIVE GUARDIAN - PERSON OR PERSON/ESTATE
  - Submit Order Directing or Waiving Investigation (SDSC Form #PR-63). Fill out order, check #1.
  - Go to Family Court Services immediately to make an appointment. The investigation process will ordinarily take at minimum six weeks. TAKE COPIES OF ALL GUARDIANSHIP DOCUMENTS WITH YOU. The address for FCS in San Diego is 1555 6th Avenue, 2nd floor. Phone: (619) 450-7888. The address for North County is 325 S. Melrose Drive. Phone: (760) 201-8300. Appointments will only be made in person. Prior to the investigation the investigation fee must be paid or waiver of the investigation fee obtained. Payments are to be made at the probate court business office, with checks made out to Clerk of the Court. Family Court Services cannot accept payment of the investigation fee.
2. NON-RELATIVE GUARDIAN - PERSON OR PERSON/ESTATE
  - Submit the Order Directing or Waiving Investigation (SDSC Form #PR-63) to the Probate Department. Fill out order, check #2. Note: The probate department CANNOT waive the investigation fee payable to the Department of Health and Human Services.
  - Send a copy of the petition and the Order Directing or Waiving Investigation to: Health and Human Services Agency, Guardianship Unit, 8965 Balboa Avenue, San Diego, CA 92123. HHSA will send you a packet of material to complete and return prior to their investigation.
3. RELATIVE OR NON-RELATIVE GUARDIAN - ESTATE ONLY
  - Submit Order Directing or Waiving Investigation (SDSC Form #PR-63) to the Probate Department. Fill out order, check #3.
  - Send copy of order to Court Investigator to initiate investigation. Phone (619) 450-7676 in San Diego or (760) 201-8482 in Vista.
  - Pay the investigation fee to the probate department and send receipt with above to the Probate Department at 1409 4<sup>th</sup> Avenue, attention: Court Investigator.
4. RELATIVE OR NON-RELATIVE GUARDIAN - ESTATE - WAIVER REQUESTED
  - Submit a Probate Ex parte Coversheet and Instructions (SDSC Form# PR-136), Ex parte Petition for Waiver of Investigation (on pleading paper-no form), Guardianship Questionnaire (JC Form #FCS-039), and Order Directing or Waiving Investigation (SDSC Form #PR-63) to the Probate Department. Fill out order but do NOT check a box.
  - If waiver is denied, the party will receive a copy of the Order Directing or Waiving Investigation (SDSC Form #PR-63). The party will pay the investigation fee to the probate department.



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

This is an information sheet to help you fill out forms ICWA-010(A), *Indian Child Inquiry Attachment*, and ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

### **ICWA-010(A), *Indian Child Inquiry Attachment***

You are responsible for helping to find out if the child is or may be an Indian child and filling out the information requested on ICWA-010(A), *Indian Child Inquiry Attachment*. These are important responsibilities because if the child is an Indian child, you and the court will need to take specific steps to prevent the breakup of the child's Indian family. Also, if the child is an Indian child, he or she has a right to receive resources and services that are culturally specific to the Indian child's family. The court will check to make sure that the child is receiving these services.

#### Tips on how to fill out ICWA-010(A), *Indian Child Inquiry Attachment*

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

The court clerk's office cannot file your petition unless you have filled out and attached to the petition form ICWA-010(A), *Indian Child Inquiry Attachment*. This does not apply to a petition filed under Welf. & Inst. Code, sections 601 or 602.

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

After taking the steps to find out if the child is an Indian child, if you have reason to know that the child is an Indian child, then you (or the court investigator if you are related to the child and you are asking the court to appoint you as the child's guardian) must let the child's tribe or tribes know about the case. If you let the tribe or tribes know, they can investigate and let you and the court know if the child is in fact an Indian child and can then decide whether to get involved in the case or assume tribal jurisdiction.

#### Some tips to help you figure out if there is reason to know the child is an Indian child

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

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

**Who do you need to notify?**

If you have reason to know that the child is an Indian child, then you must give notice to the following:

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

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

The Secretary of the Interior periodically updates and publishes in the Federal Register (21 CFR 23.12) a list of tribe names and addresses. The Bureau of Indian Affairs also keeps a list. Another source is a list maintained by the California Department of Social Services on their Web site at:

[www.childsworld.ca.gov/Res/pdf/alphatribe.doc](http://www.childsworld.ca.gov/Res/pdf/alphatribe.doc). That list is very helpful, but not official, nor is there any authority to use the addresses in the state list over different agents for services listed in the Federal Register.

Be sure to complete ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, and file the form with the court.

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

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

**Copy to the Area Director of the Bureau of Indian Affairs**

If you do not know the identity and location of the parent, Indian custodian, and the tribe(s), then you must send a copy of the notice to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825. In order to establish tribal identity, provide as much information as possible, including name of child, birthdate, and birth place; name of tribe(s); all known relatives with addresses and other identifying information; and a copy of the petition.

**How do you notify everyone and prove to the court that you have?**

If you do not have an attorney and are representing yourself, the court clerk will do this for you.

If you do have an attorney, it is important that your attorney or you follow these steps exactly:

1. Someone over 18—not you or anyone else who signed the petition—needs to go to the post office and send by registered or certified mail, with return receipt requested the following forms:
  - a. Petition;
  - b. ICWA-010(A), *Indian Child Inquiry Attachment*; and
  - c. ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
2. The person who did step (1) above, must fill out the information requested on page 7 of form, ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
3. Go to the clerk's office and file with the court your proof that you have given notice to everyone listed above and on page 10 of ICWA-030, *Notice of Child Custody Proceeding for Indian Child*. Your proof must consist of the following:
  - a. Copies of what you sent (the petition, ICWA-010(A), *Indian Child Inquiry Attachment*, and ICWA-030, *Notice of Child Custody Proceeding for Indian Child*);
  - b. All return receipts both given to you by the post office and returned from the mailing; and
  - c. All responses you receive from the child's parents, the child's Indian custodian, the child's tribe or tribes, and the Bureau of Indian Affairs.

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

## INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs *and* your court fees, you may ask the court to waive all or part of your court fees.

- To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
  - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
  - Making and certifying copies
  - Sheriff's fee to give notice
  - Court fees for telephone hearings
  - Reporter's daily fee (*for up to 60 days after the grant of the fee waiver, at the court-approved daily rate*)
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal.
  - Giving notice and certificates
  - Sending papers to another court department
  - Having a court-appointed interpreter in small claims court
- You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
  - Jury fees and expenses
  - Fees for court-appointed experts
  - Reporter's daily fees (*beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate*)
  - Fees for a peace officer to testify in court
  - Court-appointed interpreter fees for a witness
  - Other necessary court fees
- If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

### IMPORTANT INFORMATION!

- You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.**
- The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).)
- If you settle your civil case for \$10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.

*Clerk stamps date here when form is filed.*

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

*Fill in court name and street address:*

*Fill in case number and name:*

<b>Case Number:</b>
<b>Case Name:</b>

**1 Your Information** *(person asking the court to waive the fees):*

Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

**2 Your Job**, if you have one *(job title):* \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**3 Your lawyer**, if you have one *(name, firm or affiliation, address, phone number, and State Bar number):*

\_\_\_\_\_

a. The lawyer has agreed to advance all or a portion of your fees or costs *(check one)*: Yes  No

b. *(If yes, your lawyer must sign here)* Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**4 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 and Costs (form APP-015/FW-015-INFO).)*

**5 Why are you asking the court to waive your court fees?**

a.  I receive *(check all that apply)*:  Medi-Cal  Food Stamps  SSI  SSP  County Relief/General Assistance  IHSS (In-Home Supportive Services)  CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)  CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below. *(If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)*

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	<i>If more than 6 people at home, add \$389.59 for each extra person.</i>
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

c.  I do not have enough income to pay for my household's basic needs *and* the court fees. I ask the court to *(check one)*:  waive all court fees  waive some of the court fees  let me make payments over time *(Explain)*: \_\_\_\_\_ *(If you check 5c, you must fill out page 2.)*

**6**  Check here if you asked the court to waive your 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:  )*

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
*Print your name here*

\_\_\_\_\_  
*Sign here*

Your name: \_\_\_\_\_

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7  Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

**8 Your Monthly Income**

- a. Gross monthly income (before deductions): \$ \_\_\_\_\_  
List each payroll deduction and amount below: \_\_\_\_\_
- (1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_
- b. Total deductions (add 8a (1)-(4) above): \$ \_\_\_\_\_
- c. Total monthly take-home pay (8a minus 8b): \$ \_\_\_\_\_
- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
- (1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_
- e. Your total monthly income is (8c plus 8d): \$ \_\_\_\_\_

**9 Household Income**

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.
- | Name      | Age   | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____        | \$ _____             |
| (2) _____ | _____ | _____        | \$ _____             |
| (3) _____ | _____ | _____        | \$ _____             |
| (4) _____ | _____ | _____        | \$ _____             |
- b. Total monthly income of persons above: \$ \_\_\_\_\_

**Total monthly income and household income (8e plus 9b):** \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

**Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.**

**10 Your Money and Property**

- a. Cash ----- \$ \_\_\_\_\_
- b. All financial accounts (List bank name and amount):
- (1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_
- c. Cars, boats, and other vehicles
- | Make / Year | Fair Market Value | How Much You Still Owe |
|-------------|-------------------|------------------------|
| (1) _____   | \$ _____          | \$ _____               |
| (2) _____   | \$ _____          | \$ _____               |
| (3) _____   | \$ _____          | \$ _____               |
- d. Real estate
- | Address   | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____          | \$ _____               |
| (2) _____ | \$ _____          | \$ _____               |
| (3) _____ | \$ _____          | \$ _____               |
- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe  | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____          | \$ _____               |
| (2) _____ | \$ _____          | \$ _____               |
| (3) _____ | \$ _____          | \$ _____               |

**11 Your Monthly Expenses**

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ \_\_\_\_\_
- b. Food and household supplies \$ \_\_\_\_\_
- c. Utilities and telephone \$ \_\_\_\_\_
- d. Clothing \$ \_\_\_\_\_
- e. Laundry and cleaning \$ \_\_\_\_\_
- f. Medical and dental expenses \$ \_\_\_\_\_
- g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
- h. School, child care \$ \_\_\_\_\_
- i. Child, spousal support (another marriage) \$ \_\_\_\_\_
- j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_
- k. Installment payments (list each below):
- Paid to:
- (1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_
- l. Wages/earnings withheld by court order \$ \_\_\_\_\_
- m. Any other monthly expenses (list each below):
- Paid to: \_\_\_\_\_ How Much?
- (1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_
- Total monthly expenses (add 11a –11m above):** \$ \_\_\_\_\_

*Clerk stamps date here when form is filed.*

This form asks the court to waive *additional* court fees that are not covered in a current order. If you have not already received an order that waived or reduced your court fees, you must complete and file a *Request to Waive Court Fees (Superior Court)*, form FW-001, along with this form.

**1 Your Information** (*person asking the court to waive the fees*):

Name: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of**

**2 Your lawyer**, if you have one (*name, firm or affiliation, address, phone number, and State Bar number*): \_\_\_\_\_

*Fill in case number and case name:*

**Case Number:**

**Case Name:**

- a. The lawyer has agreed to advance all or a portion of your fees or costs (*check one*):  Yes  No
- b. (*If yes, your lawyer must sign here*):  
 Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**3** Date your *last* court fee waiver order, if any, was granted: \_\_\_\_\_

**4** Has your financial situation improved since your last *Request to Waive Court Fees*?  No  Yes (*If yes, you must fill out a new Request to Waive Court Fees, form FW-001, and attach it to this form.*)

**5** What other fees do you want your court fee waiver order to cover? (*Check all that apply*):

- a.  Jury fees and expenses
- b.  Court-appointed interpreter fees for a witness
- c.  Fees for a peace officer to testify in court
- d.  Reporter's daily fees (*beyond 60-days after grant of a fee waiver, at court-approved daily rate*)
- e.  Fees for court-appointed experts
- f.  Other (*specify*): \_\_\_\_\_

**6** Why do you need these other services? (*Explain*): \_\_\_\_\_

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case 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.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Print your name here*

\_\_\_\_\_  
*Sign here*

Clerk stamps date here when form is filed.

**1 Person who asked the court to waive court fees:**

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 A request to waive court fees was filed on (date):** \_\_\_\_\_

The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number and case name:

**Case Number:**

**Case Name:**

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

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case 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.

**4 After reviewing your (check one):**  Request to Waive Court Fees  Request to Waive Additional Court Fees **the court makes the following orders:**

a.  The court **grants** your request, as follows:

- (1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:
- Filing papers in Superior Court
  - Making copies and certifying copies
  - Sheriff's fee to give notice
  - Reporter's daily fee (*for up to 60 days following the fee waiver order at the court-approved daily rate*)
  - Preparing and certifying the clerk's transcript on appeal
  - Giving notice and certificates
  - Sending papers to another court department
  - Court-appointed interpreter in small claims court
  - Court fees for phone hearings

- (2)  **Additional Fee Waiver.** The court grants your request and waives your 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
  - Reporter's daily fees (*beyond the 60-day period following the fee waiver order*)
  - Other (*specify*): \_\_\_\_\_

- (3)  **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.
- Preparing and certifying clerk's transcript for appeal
  - Other (*specify*): \_\_\_\_\_



Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

b.  The court **denies** your 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 below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

\_\_\_\_\_

(2)  The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): \_\_\_\_\_

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:


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

c.  The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): \_\_\_\_\_

\_\_\_\_\_

Bring the following proof to support your request if reasonably available: \_\_\_\_\_

\_\_\_\_\_

	Date: _____	Time: _____	Name and address of court if different from page 1:
	Dept.: _____	Rm.: _____	_____
	_____	_____	_____

**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 your 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.

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*):  A certificate of mailing is attached.

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.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

*Clerk stamps date here when form is filed.*

**1 Person who asked the court to waive court fees:**  
 Name: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3 A request to waive court fees was filed on (date):** \_\_\_\_\_  
 The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

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

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case 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.

**4 After reviewing your (check one):**  Request to Waive Court Fees  Request to Waive Additional Court Fees **the court makes the following orders:**

a.  The court **grants** your request, as follows:

(1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff’s fee to give notice
- Reporter’s daily fee (*for up to 60 days following the fee waiver order at the court-approved daily rate*)
- Preparing and certifying the clerk’s transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(2)  **Additional Fee Waiver.** The court grants your request and waives your 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
- Reporter’s daily fees (*beyond the 60-day period following the fee waiver order*)
- Other (*specify*): \_\_\_\_\_

(3)  **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.

- Preparing and certifying clerk’s transcript for appeal
- Other (*specify*): \_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of**

---

*Fill in case number and case name:*

**Case Number:**

---

**Case Name:**

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

b.  The court **denies** your 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 below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

\_\_\_\_\_

(2)  The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): \_\_\_\_\_

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

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

c.  The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): \_\_\_\_\_

\_\_\_\_\_

Bring the following proof to support your request if reasonably available: \_\_\_\_\_

**Hearing Date** →

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name and address of court if different from page 1: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

**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 your 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.

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*):  A certificate of mailing is attached.  
 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.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**Petition for Appointment of Guardian of the Person**

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

Clerk stamps date here when form is filed.

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

Fill in court name and street address:  
**Superior Court of California,**  
**County of** \_\_\_\_\_

Clerk fills in information below when form is filed.  
**Case Number:** \_\_\_\_\_  
**Hearing Date and Time:** \_\_\_\_\_ **Dept.:** \_\_\_\_\_

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

**2** **Your address and telephone number:**  
*Street:* \_\_\_\_\_ *Apt.:* \_\_\_\_\_  
*City:* \_\_\_\_\_  
*State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

**3**  **Your lawyer** (if you have one):  
*Name:* \_\_\_\_\_ *Bar No.:* \_\_\_\_\_  
*Firm Name, if any:* \_\_\_\_\_  
*Street:* \_\_\_\_\_ *Suite:* \_\_\_\_\_  
*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_  
*Phone:* \_\_\_\_\_ *Fax (optional):* \_\_\_\_\_ *e-mail (optional):* \_\_\_\_\_

**4**  **I/We want to be guardian of the child or children named in 8** (Go to **5** ).  
 **I/We want the person or persons named here to be the guardian of the child or children named in 8**. Tell the court about the proposed guardian(s) below.  
*Name(s):* \_\_\_\_\_  
*Street:* \_\_\_\_\_ *Apt.:* \_\_\_\_\_  
*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_  
*Phone:* \_\_\_\_\_

**I am the child or one of the children named in 8 and a person named in 1**.  
**I am at least 12 years old. I want the person or persons named here to be my guardian.**  
**My date of birth is (month/day/year):** \_\_\_\_\_

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

Case Number: \_\_\_\_\_

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

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

**6 Check this box if you checked the box in item 5b (guardian unrelated to child or children).**

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

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

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

**8 Tell the court about the child or children who need a guardian:**

Fill out and attach to this form a separate copy of *Guardianship Petition—Child Information Attachment* (form GC-210(CA)) for each child named below. Show all children's names at the top of all pages of this form.

Fill out and attach to this form a *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105/GC-120) concerning all children listed below.

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

- a. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last Month/Day/Year*
- b. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last Month/Day/Year*
- c. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last Month/Day/Year*
- d. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last Month/Day/Year*
- e. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last Month/Day/Year*

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



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

Case Number: \_\_\_\_\_

9 The guardianship is necessary or convenient for the reasons given below.  
(Explain why the child or children need a guardian.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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



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

Case Number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Date: \_\_\_\_\_

*Petitioner's attorney types or prints name here*

*Petitioner's attorney signs here*

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

Date: \_\_\_\_\_

*Petitioner types or prints name here*

*Petitioner signs here*

Date: \_\_\_\_\_

*Petitioner types or prints name here*

*Petitioner signs here*

Date: \_\_\_\_\_

*Petitioner types or prints name here*

*Petitioner signs here*



Guardianship of (*all children's names*): \_\_\_\_\_

**This child's name:** \_\_\_\_\_

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

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

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

**1 Tell the court about this child**

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

b. Child's current address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

(1) Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government?  No  Not sure  Yes, (*specify tribe*): \_\_\_\_\_

*(If you checked "Yes" to item (1), this guardianship case is subject to the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901, et seq.). If you checked "Not sure" or "No" to item 1, answer item (2)).*

(2) Do you know or have reason to know (within the meaning of Prob. Code, § 1460.2, Welf. & Inst. Code, § 224.3, and rule 7.1015 of the Cal. Rules of Court), that this child may be an Indian child?

No  Yes (*If you checked "Yes" to either item (1) or item (2), you must fill out a Notice of Child Custody Proceeding for Indian Child (Form ICWA-030) ("Notice"). Your attorney must serve copies of the Notice, together with copies of your petition and all attachments, including this form, on the child's parents; any Indian custodian (as defined in ICWA, at 25 U.S.C. § 1903, and Probate Code section 1449); any Indian tribe that may have a connection to the child; the Bureau of Indian Affairs; and possibly the U. S. Secretary of the Interior, by certified or registered U. S. Mail, return receipt requested. If you are not represented by an attorney in this case, the court will serve copies of these papers, but you must first fill out the original Notice and deliver it to the court. After service, the original Notice and all return receipts must be filed with the court. Service of the Notice is in addition to service of any other notices required in this case.*)

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

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

e. Is this child receiving public assistance?  Yes  No  Unknown (*If you checked "Yes," fill out below.*)

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Asst. for Needy Families)	\$ _____	<input type="checkbox"/> Other ( <i>explain</i> ):	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Other ( <i>explain</i> ):	\$ _____
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$ _____		

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



Guardianship of (*all children's names*): \_\_\_\_\_  
\_\_\_\_\_

**Case Number:**

**This child's name:** \_\_\_\_\_

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

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

Name and address of the person this child lives with (has the care of the child): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Type of Case	Court District or County and State	Case Number (if known)

i.  (*Check this box if this child is in or on leave from an institution supervised by the California Department of Developmental Services or the California Department of Mental Health.*) Write the name of the institution here: \_\_\_\_\_

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

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



Guardianship of (all children's names): \_\_\_\_\_

Case Number: \_\_\_\_\_

This child's name: \_\_\_\_\_

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

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

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

Spouse (Guardianship of the estate only)	_____	_____
Person nominated as guardian of this child (Other than a proposed guardian listed in 3)	_____	_____

**3 Information about the proposed guardian:**

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

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

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

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

**4 Explain why appointing the person in 3 guardian would be best for this child:** \_\_\_\_\_

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



Guardianship of (all children's names): \_\_\_\_\_

Case Number: \_\_\_\_\_

This child's name: \_\_\_\_\_

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

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

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

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

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

1. Name of child:

Indian child inquiry  made  not made and (check all that apply):

a.  The child is or may be a member of or eligible for membership in a tribe.

Name of tribe(s): \_\_\_\_\_

Name of band (if applicable): \_\_\_\_\_

b.  The child's parents, grandparents, or great-grandparents are or were members of a tribe.

Name of tribe(s): \_\_\_\_\_

Name of band (if applicable): \_\_\_\_\_

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

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

e.  The child may have Indian ancestry.

f.  The child has no known Indian ancestry.

g.  Other reason to know the child may be an Indian child: \_\_\_\_\_

Person(s) questioned: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date questioned: \_\_\_\_\_

Means of communication: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Summary of information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person(s) questioned: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date questioned: \_\_\_\_\_

Means of communication: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Summary of information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

h.  Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:

The child is in foster care.

It is probable the child will be entering foster care.

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

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)



\_\_\_\_\_

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>	
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <i>(This section applies only to family law cases.)</i> RESPONDENT: OTHER PARTY:	
GUARDIANSHIP OF <i>(Name):</i> _____ <i>(This section applies only to guardianship cases.)</i> <span style="float: right;">Minor</span>	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	
CASE NUMBER: _____	

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

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

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

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders (if you have one) and provide the following information):

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

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5.  One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?  Yes  No (If yes, provide the following information):

a. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  Name of each child	b. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  Name of each child	c. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  Name of each child
---	---	---

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

Date: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7.  Number of pages attached: \_\_\_\_\_

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**



# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

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

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

### How This Form Will Be Used

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

1. a. **Proposed guardian (*name*):**  
b. Date of birth: \_\_\_\_\_  
c. Social security number: \_\_\_\_\_ d. Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_  
e. Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_
2.  I am  I am not required to register as a sex offender under California Penal Code section 290.  
(If you checked "I am," explain in Attachment 2.)
3.  I have  I have not been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor. (If you checked "I have," explain in Attachment 3.)  
 (Check here if you have been arrested for drug or alcohol-related offenses.)
4.  I have  I have not had a restraining order or protective order filed against me in the last 10 years.  
(If you checked "I have," explain in Attachment 4.)
5.  I am  I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue.  
(If you checked "I am," explain in Attachment 5.)
6. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?  
 Yes  No (If you checked "Yes," explain in Attachment 6 and provide the name and address of each social worker, parole officer, or probation officer.)
7. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of any form of child abuse, neglect, or molestation?  Yes  No (If you checked "Yes," explain in Attachment 7.)
8.  I am  I am not aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding me or any other person living in my home. (If you checked "I am," explain in Attachment 8 and provide the name and address of each agency.)
9. Have you, or has any other person living in your home, habitually used any illegal substances or abused alcohol?  
 Yes  No (If you checked "Yes," explain in Attachment 9.)

Page 1 of 2





GUARDIAN OF (Name):	CASE NUMBER:
MINOR	

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

(Continued on page three)

GUARDIAN OF (Name):	CASE NUMBER:
MINOR	

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

## 2. GUARDIANSHIP OF THE ESTATE

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

### MANAGING THE ESTATE

- a. **Prudent investments** - As guardian of the estate, you must manage the child's assets with the care of a prudent person dealing with someone else's property. This means that you must be cautious and may not make speculative or risky investments.
- b. **Keeping estate assets separate** - As guardian of the estate, you must keep the money and property of the child's estate separate from everyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is a *guardianship* account and not your personal account. You should use the child's social security number when opening estate accounts. You should never deposit estate funds in your personal account or otherwise mix them with your own funds or anyone else's funds, even for brief periods. Securities in the estate must be held in a name that shows that they are estate property and not your personal property.
- c. **Interest-bearing accounts and other investments** - Except for checking accounts intended for ordinary expenses, you should place estate funds in interest-bearing accounts. You may deposit estate funds in insured accounts in federally insured financial institutions, but you should not put more than \$100,000 in any single institution. You should consult with an attorney before making other kinds of investments.
- d. **Blocked accounts** - A *blocked account* is an account with a financial institution in which money is placed. No person may withdraw funds from a blocked account without the court's permission. Depending on the amount and character of the child's property, the guardian may elect **or the court may require** that estate assets be placed in a blocked account. As guardian of the estate, you must follow the directions of the court and the procedures required to deposit funds in this type of account. The use of a blocked account is a safeguard and may save the estate the cost of a bond.
- e. **Other restrictions** - As guardian of the estate, you will have many other restrictions on your authority to deal with estate assets. Without prior court order, you **may not** pay fees to yourself or your attorney. You may not make a gift of estate assets to anyone. You may not borrow money from the estate. As guardian, you may not use estate funds to purchase real property without a prior court order. If you do not obtain the court's permission to spend estate funds, you may be compelled to reimburse the estate from your own personal funds and may be removed as guardian. You should consult with an attorney concerning the legal requirements relating to sales, leases, mortgages, and investment of estate property. If the child of whose estate you are the guardian has a living parent or if that child receives assets or is entitled to support from another source, you must obtain court approval before using guardianship assets for the child's support, maintenance, or education. You must file a petition or include a request for approval in the original petition, and set forth which exceptional circumstances justify any use of guardianship assets for the child's support. The court will ordinarily grant such a petition for only a limited period of time, usually not to exceed one year, and only for specific and limited purposes.

### INVENTORY OF ESTATE PROPERTY

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

(Continued on reverse)

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

### INSURANCE

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

### RECORD KEEPING AND ACCOUNTING

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

### 3. OTHER GENERAL INFORMATION

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

(Continued on page five)

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

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

**ACKNOWLEDGMENT OF RECEIPT**

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

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

▶

\_\_\_\_\_

(SIGNATURE OF PETITIONER)

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

▶

\_\_\_\_\_

(SIGNATURE OF PETITIONER)

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

▶

\_\_\_\_\_

(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
GUARDIANSHIP OF (Name): _____  <div style="text-align: right;">MINOR(S)</div>	
<b>ORDER DIRECTING OR WAIVING INVESTIGATION</b>	CASE NUMBER _____

After review by the court of the petition for appointment of guardian on file in the above-entitled case, and it appearing to the court that:

- The proposed guardianship is for **the person only**.
- The proposed guardianship is for **the person and estate**.
- The proposed guardianship is for **the estate only**.

**IT IS HEREBY ORDERED:**

1.  **The proposed guardian is a relative.** Family Court Services (FCS) shall conduct the investigation of the person and prepare the report. Petitioner must contact FCS within three days of the date of this order.
2.  **The proposed guardian is not a relative.** Health and Human Services Agency (HHSA) shall conduct the investigation and prepare the report pursuant to Prob. Code §1543. Petitioner must contact HHSA within three days of the date of this order.
3.  The Court Investigator shall conduct the investigation of the estate and prepare a report. The attorney or the proposed guardian shall provide a copy of this order to the Court Investigator.
4.  Sufficient cause having been shown, the court waives the investigation and report required by Prob. Code § 1513.

A petition for termination of the guardianship or for modification of visitation having been filed and reviewed by the court, **IT IS ORDERED** that a follow-up investigation shall be made by:

- Family Court Services.
- Health and Human Services Agency.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge of the Superior Court



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

**CONSENT OF PROPOSED GUARDIAN**

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

Date:

\_\_\_\_\_ ▶ \_\_\_\_\_

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

**NOMINATION OF GUARDIAN**

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

as guardian of the  person  estate of the minor.

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

as guardian of the  person  estate of the minor.

Date:

\_\_\_\_\_ ▶ \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE)

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

**CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE**

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

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

Continued on Attachment 4.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
GUARDIANSHIP OF (Name): _____   <div style="text-align: right;">MINOR(S)</div>	
<b>PROOF OF PERSONAL SERVICE (GUARDIANSHIP)</b>	CASE NUMBER _____

I, \_\_\_\_\_, declare:

1. At the time of service I was at least 18 years of age and not a party to this case.
2. I am a resident of or employed in the county where service occurred.
3. My business or residence address is: \_\_\_\_\_  
\_\_\_\_\_

4. I served copies of the following paper(s) in the manner shown below:

- Petition for Appointment of Guardian of Minor (JC Form #GC-210(P))
- Petition for Appointment of Temporary Guardian of the Person (JC Form #GC-110(P))
- Guardianship Petition – Child Information Attachment (JC Form #GC-210(CA))
- Indian Child Inquiry Attachment (JC Form #ICWA-010A)
- Information Sheet on Child Inquiry Attachment and Notice of Child Custody Proceeding For Indian Child (JC Form #ICWA-005-INFO)
- Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (JC Form #FL-105/GC-120)
- Notice of Hearing (Guardianship) (JC Form #GC-020)
- Other (list exact titles of paper(s) served): \_\_\_\_\_

5. I personally delivered these papers to:

- (1) Name of person served: \_\_\_\_\_
- (2) Address where served: \_\_\_\_\_
- (3) Date served: \_\_\_\_\_ Time served: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

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

**This notice is required by law.  
This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (*name*):  
(*representative capacity, if any*):  
has filed (*specify*):
  
2. You may refer to documents on file in this proceeding for more information. (*Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.*)
  
3.  The petition includes an application for the independent exercise of powers by a guardian or conservator under  
 Probate Code section 2108    Probate Code section 2590.  
 Powers requested are  specified below    specified in Attachment 3.
  
4. A HEARING on the matter will be held as follows:

a. Date:	Time:	Dept.:	Room:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> is ( <i>specify</i> ):			

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.)





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

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

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

**THE COURT FINDS**

- 2. a.  All notices required by law have been given.
- b.  Notice of hearing to the following persons  has been  should be dispensed with (*names*):
- 3.  Appointment of a guardian of the  person  estate of the minor is necessary and convenient.
- 4.  Granting the guardian powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and is in the best interest of the guardianship estate.
- 5.  Attorney (*name*): \_\_\_\_\_ has been appointed by the court as legal counsel to represent the minor in these proceedings. The cost for representation is: \$ \_\_\_\_\_
- 6.  The appointed court investigator, probation officer, or domestic relations investigator is (*name, title, address, and telephone*):

**THE COURT ORDERS**

- 7. a. (*Name*): \_\_\_\_\_  
       (*Address*): \_\_\_\_\_ (*Telephone*): \_\_\_\_\_

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

Do NOT use this form for a temporary guardianship. (Continued on reverse)



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

**LETTERS**

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

2.  Other powers have been granted and conditions have been imposed as follows:
- a.  Powers to be exercised independently under Probate Code section 2590 are specified in attachment 2a *(specify powers, restrictions, conditions, and limitations)*.
  - b.  Conditions relating to the care and custody of the property under Probate Code section 2402 are specified in attachment 2b.
  - c.  Conditions relating to the care, treatment, education, and welfare of the minor under Probate Code section 2358 are specified in attachment 2c.
  - d.  Other powers granted or conditions imposed are  specified on attachment 2d.  specified below.

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

4. Number of pages attached: \_\_\_\_\_

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

(SEAL)

Date: \_\_\_\_\_  
 Clerk, by \_\_\_\_\_, Deputy

GUARDIANSHIP OF _____ (Name):  MINOR	CASE NUMBER:  
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**NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS**  
**(Probate Code sections 2890–2893)**

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

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

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is [www.courtinfo.ca.gov/forms/](http://www.courtinfo.ca.gov/forms/). Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form) or may be filled out online and printed out ready for signature and filing (fillable form).

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

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

**LETTERS OF GUARDIANSHIP**  
**AFFIRMATION**

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

Executed on (date): \_\_\_\_\_, at (place): \_\_\_\_\_



\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF APPOINTEE)

**CERTIFICATION**

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

(SEAL)

Date:

Clerk, by \_\_\_\_\_, Deputy



# GC-110(P)

## Petition for Appointment of Temporary Guardian of the Person

Clerk stamps date here when form is filed.

Temporary guardianship of (all children's names): \_\_\_\_\_

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

Fill in court name and street address:

Superior Court of California,  
County of \_\_\_\_\_

Clerk fills in case number when form is filed.

Case Number: \_\_\_\_\_

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_

2 Your address and telephone number:

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

3  Your lawyer (if you have one):

Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_

Firm name, if any: \_\_\_\_\_

Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax (optional): \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

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

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

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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



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

Case Number: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

a. Child's full legal name: \_\_\_\_\_

Child's current address: \_\_\_\_\_

Child's current phone number: \_\_\_\_\_

b. Child's full legal name: \_\_\_\_\_

Child's current address: \_\_\_\_\_

Child's current phone number: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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





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

Case Number: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

Date: \_\_\_\_\_  
*Petitioner types or prints name here* *Petitioner signs here*

Date: \_\_\_\_\_  
*Petitioner types or prints name here* *Petitioner signs here*

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

1. The petition for appointment of a temporary conservator came on for hearing as follows *(check boxes c-j to indicate personal presence):*
- a. Judicial officer *(name):* \_\_\_\_\_
  - b. Hearing date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.:  Room:
  - c.  Petitioner *(name):* \_\_\_\_\_
  - d.  Attorney for petitioner *(name):* \_\_\_\_\_
  - e.  Conservatee *(name):* \_\_\_\_\_
  - f.  Attorney for conservatee *(name):* \_\_\_\_\_
  - g.  Conservatee's spouse or registered domestic partner, and relatives *(names and relationships):* \_\_\_\_\_
  
  - h.  Attorneys for persons listed in item g *(names and persons represented):* \_\_\_\_\_
  
  - i.  Public Guardian *(name):* \_\_\_\_\_
  - j.  Attorney for Public Guardian *(name):* \_\_\_\_\_

**THE COURT FINDS**

- 2. a.  Notice of time and place of hearing has been given as required by law.
- b.  Notice of time and place of hearing has been modified or dispensed with under *Order on Ex Parte Application for Good Cause Exception to Notice on Petition for Appointment of Temporary Conservator* filed on *(date):* \_\_\_\_\_
- 3.  It is necessary that a temporary conservator be appointed to  provide for temporary care, maintenance, and support  
      protect property from loss or injury
  - a.  pending the hearing on the petition for appointment of a general conservator.
  - b.  pending an appeal under Probate Code section 1301.
  - c.  during the suspension of powers of the conservator.
- 4.  To prevent irreparable harm, the residence of the conservatee must be changed. No means less restrictive of the conservatee's liberty will prevent irreparable harm.

TEMPORARY CONSERVATORSHIP OF (Name): _____ <div style="text-align: right; margin-top: 10px;">CONSERVATEE</div>	CASE NUMBER: _____
--	-----------------------

5.  The conservatee must be removed from the State of California to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival. The conservatee consents to this medical treatment.
6.  The conservatee need not attend the hearing.

**THE COURT ORDERS**

7. a.  (Name): \_\_\_\_\_ (Telephone): \_\_\_\_\_  
 (Address): \_\_\_\_\_

is appointed temporary conservator of the PERSON of (name): \_\_\_\_\_  
 and Letters shall issue upon qualification.

b.  (Name): \_\_\_\_\_ (Telephone): \_\_\_\_\_  
 (Address): \_\_\_\_\_

is appointed temporary conservator of the ESTATE of (name): \_\_\_\_\_  
 and Letters shall issue upon qualification.

8. a.  Bond is not required.
- b.  Bond is fixed at: \$ \_\_\_\_\_ to be furnished by an authorized surety company or as otherwise provided by law.
- c.  Deposits of: \$ \_\_\_\_\_ are ordered to be placed in a blocked account at (specify institution and location): \_\_\_\_\_

and receipts shall be filed. No withdrawals shall be made without a court order.  Additional orders in attachment 8c.

- d.  The temporary conservator is not authorized to take possession of money or any other property without a specific court order.
9.  The temporary conservator is authorized to change the residence of the conservatee to (address): \_\_\_\_\_
10.  The temporary conservator is authorized to remove the conservatee from the State of California to the following address to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival (address): \_\_\_\_\_
11.  The conservatee need not attend the hearing.
12.  In addition to the powers granted by law, the temporary conservator is granted other powers. These powers are specified  in attachment 12  below (specify): \_\_\_\_\_

13.  Other orders as specified in attachment 13 are granted.
14.  Unless modified by further order of the court, this order expires on (date): \_\_\_\_\_
15. Number of boxes checked in items 7-14: \_\_\_\_\_
16. Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
 After recording return to:

---

TELEPHONE NO.:  
 FAX NO. (Optional):  
 E-MAIL ADDRESS (Optional):  
 ATTORNEY FOR (Name):

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

TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP  
 OF (Name):  MINOR  CONSERVATEE

FOR RECORDER'S USE ONLY

CASE NUMBER:

**LETTERS OF TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP**  
 Person  Estate

FOR COURT USE ONLY

**LETTERS**

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

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

3. These Letters shall expire  
 a.  on (date): \_\_\_\_\_ or upon earlier issuance of Letters to a general guardian or conservator.  
 b.  on other date (specify): \_\_\_\_\_

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

5. Number of pages attached: \_\_\_\_\_

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

(SEAL)

Date: \_\_\_\_\_  
 Clerk, by \_\_\_\_\_, Deputy

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

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

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

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

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

The temporary guardian or temporary conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is [www.courtinfo.ca.gov/forms/](http://www.courtinfo.ca.gov/forms/). Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form), or may be filled out online and printed out ready for signature and filing (fillable form).

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

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

**LETTERS OF TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP**  
**AFFIRMATION**

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

Executed on (date): \_\_\_\_\_, at (place): \_\_\_\_\_

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

**CERTIFICATION**

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

(SEAL)	Date: _____  Clerk, by _____, Deputy
--------	--



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
IN THE MATTER OF: _____  _____	
<b>SUPPLEMENT TO PETITION FOR APPOINTMENT OF GUARDIAN OF THE PERSON</b>	CASE NUMBER _____

Petitioner supplements the Petition for Appointment of Guardian of the Person filed \_\_\_\_\_, Registrar of Action \_\_\_\_\_, as follows:

Correction of defects - Defects listed in the Probate Examiner's notes dated \_\_\_\_\_, is/are corrected with the submission of the following information:

Defect # \_\_\_\_\_: \_\_\_\_\_

Defect # \_\_\_\_\_: \_\_\_\_\_

Defect # \_\_\_\_\_: \_\_\_\_\_

Defect # \_\_\_\_\_: \_\_\_\_\_

Additional defects as set forth in Attachment \_\_\_\_\_ hereto.

Attachments - Item #(s) \_\_\_\_\_ indicated there were attachments to the petition when in fact no attachments were included. The missing attachments are hereby submitted.

Notice – Item #(s) \_\_\_\_\_, is/are amended to request the court dispense with notice to the persons, and for the reasons, set forth in Attachment \_\_\_\_\_ hereto.

Additions – Item #(s) \_\_\_\_\_, is/are amended to add the following information: \_\_\_\_\_

All amendments are incorporated into the Petition for Appointment of Guardian of the Person as though set forth in full. The Petition for Appointment of Guardian of the Person shall remain unchanged in all other respects.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  <hr style="width: 20%; margin-left: 0;"/>  TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	CASE NUMBER:  JUDICIAL OFFICER:
<b>NOTICE OF CHANGE OF ADDRESS</b>	DEPT.:

1. **Please take notice** that, as of *(date)*:

- the following party or
- the attorney for:
  - a.  plaintiff *(name)*:
  - b.  defendant *(name)*:
  - c.  petitioner *(name)*:
  - d.  respondent *(name)*:
  - e.  other *(describe)*:

has **changed his or her address** for service of notices and documents in the above-captioned action.

A list of additional parties represented is provided in Attachment 1.

2. The **new address** of *(name)*:

is as follows:

- a. Street:
- b. City:
- c. Mailing address *(if different from above)*:
- d. State and zip code:
- e. Telephone number:
- f. Fax number *(optional)*:
- g. E-mail address *(optional)*:

3. **All notices and documents** regarding the action should be sent to the above address.

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)

▶

\_\_\_\_\_

(SIGNATURE OF PARTY OR ATTORNEY)

PLAINTIFF:	CASE NUMBER:
DEFENDANT:	

**PROOF OF SERVICE BY FIRST-CLASS MAIL  
NOTICE OF CHANGE OF ADDRESS**

**(NOTE: You cannot serve the Notice of Change of Address if you are a party in the action. The person who served the notice must complete this proof of service.)**

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):

2. I served a copy of the *Notice of Change of Address* by enclosing it in a sealed envelope with postage fully prepaid and (*check one*):

a.  deposited the sealed envelope with the United States Postal Service.

b.  placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Change of Address* was mailed:

a. on (*date*):

b. from (*city and state*):

4. The envelope was addressed and mailed as follows:

a. Name of person served:	c. Name of person served:
Street address:	Street address:
City:	City:
State and zip code:	State and zip code:
b. Name of person served:	d. Name of person served:
Street address:	Street address:
City:	City:
State and zip code:	State and zip code:

Names and addresses of additional persons served are attached. (*You may use form POS-030(P).*)

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

Date:

\_\_\_\_\_  \_\_\_\_\_  
 (TYPE OR PRINT NAME OF DECLARANT) (SIGNATURE OF DECLARANT)



## SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 (619) 450-7888  
 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 (760) 201-8300

### NOTICE TO PETITIONERS IN GUARDIANSHIP MATTERS

When seeking guardianship of a child(ren) to whom you are related, you must file several documents and pay an \$800.00 investigation fee in order for Family Court Services to begin the guardianship investigation. The fee may be waived by the court, reduced or payments arranged in cases of extreme hardship. In order to begin the investigation process, copies of the following filed documents, from your initial guardianship packet, must be submitted to Family Court Services at the corresponding address listed above, prior to scheduling an investigation date:

1. Petition for Appointment of Guardian of Minor(s) (JC Form #GC-210P)
2. Order Directing or Waiving Investigation signed by Judge of the Superior Court (SDSC Form #PR-63)
3. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (JC Form #FL-105/GC-120)
4. Confidential Guardian Screening Form (JC Form #GC-212)
5. Guardianship Questionnaire (SDSC Form #FCS-045) (Provided only to Family Court Services)
6. Receipt from the probate business office for payment of the \$800 investigation fee or an order indicating that the court has waived the FCS investigation fees. Fees must be paid at the Probate Business Office. FCS investigation appointment cannot be scheduled without receipt of payment or an order waiving the fees.

You can avoid delays in processing your guardianship matter by expeditiously returning these documents to Family Court Services. You may mail the information and receipt of to the San Diego office at 1555 6th Avenue, 2nd Floor, San Diego, California 92101 or to the Vista office at 325 S. Melrose Dr., Vista, California 92081. You may also walk-in and drop your paperwork off from 8 a.m. - 12 p.m. and 1 p.m. - 5 p.m. Monday through Friday.

Family Court Services will be seeking information regarding the social history of the proposed guardians, parents and child(ren) as is required by state law. Please complete the seven pages of Guardianship Questionnaire (SDSC Form #FCS-045) in its entirety. Information provided on this questionnaire, in the family interview(s), in other submitted comments and from investigative sources, will be used to prepare a family social history, evaluation and recommendation to the court. This report will then be placed in a sealed court file. Copies will be issued to the proposed guardians, parents and their respective attorneys.

If you have questions regarding the Family Court Services Investigation process, or concerns regarding appointments, you may call the guardianship clerk at the appropriate number listed above.

The proposed guardians are responsible for notifying the parents, if possible, regarding the Family Court Services intake appointment.

The parents do not have to be present unless they are contesting the guardianship or wish to provide information in support of it. Any adult living in the home and acting in a parental role should be present for the interview.

Please do not bring the child(ren). A subsequent appointment will be scheduled should the investigator need to interview the child(ren). Family Court Services cannot guarantee childcare so a caretaker should also accompany the child(ren).



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FAMILY COURT SERVICES GUARDIANSHIP QUESTIONNAIRE

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO FAMILY COURT SERVICES BY: \_\_\_\_\_

Your appointment will not be set until this form has been returned to Family Court Services.

COUNSELOR: \_\_\_\_\_ PROBATE CASE NUMBER: \_\_\_\_\_

COURT DATE: \_\_\_\_\_ FCS DATE: \_\_\_\_\_

I. MINOR CHILD(REN) LISTED ON GUARDIANSHIP PETITION:

Table with 5 columns: Full Legal Name, Birth Date, Social Security Number, School and Grade Level, Person with whom Residing

Is this child(ren) a member of, or eligible for membership in, and Indian tribe recognized by the federal government?

No Not sure Yes, (specify tribe): \_\_\_\_\_

Attorney for Minor(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt. City State Zip Code

II. (PROPOSED) GUARDIAN(S):

1. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt. City State Zip

Phone Numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: / / Place of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid: Yes No

Relationship to Child(ren) on Petition: \_\_\_\_\_ Maternal Paternal

2. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt. City State Zip

Phone Numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: / / Place of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid: Yes No

Relationship to Child(ren) on Petition: \_\_\_\_\_ Maternal Paternal

Attorney for Proposed Guardian(s):

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt. City State Zip

**III. PARENTS OF MINOR(S):** (Full legal names) If one of the natural parents has died, please mark "deceased" for that person's address and add the date of death, if known.

1. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Child(ren) on Petition: \_\_\_\_\_

Attorney:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

2. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Child(ren) on Petition: \_\_\_\_\_

Attorney:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

3. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Child(ren) on Petition: \_\_\_\_\_

Attorney:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

4. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No

Relationship to Child(ren) on Petition: \_\_\_\_\_

Attorney:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

**IV. HOUSEHOLD COMPOSITION:**

A. List other adults 18 or older residing in your home. Indicate if they are acting in a parental role with the child(ren).  
**\*\*\* (Any individuals acting in a parental role will be required to attend the investigation interview).**

1. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_  
 Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
 Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No  
 Relationship to Applicant: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_  
 Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
 Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No  
 Relationship to Applicant: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_  
 Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
 Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No  
 Relationship to Applicant: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

4. Full Legal Name: \_\_\_\_\_ AKA or Maiden Name: \_\_\_\_\_  
 Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
 Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid:  Yes  No  
 Relationship to Applicant: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

B. List other child(ren) under age 18 living in your household:

Name	Birth Date	Social Security Number	School

Your Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

**V. LAW ENFORCEMENT INFORMATION:**

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes  No If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation?  Yes  No

Parole or Probation Officer's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes  No If yes, please explain: \_\_\_\_\_

**VI. YOUR EDUCATION:**

Highest Grade Completed: \_\_\_\_\_ Graduated High School?  Yes  No Year: \_\_\_\_\_

License(s) or Credential(s) Received: \_\_\_\_\_

College Degree(s) Received: \_\_\_\_\_

**VII. YOUR EMPLOYMENT:** *Please bring confirmation of employment, including pay stubs to the investigation interview.*

Employer: \_\_\_\_\_ Capacity/Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name, Address and Phone Number: \_\_\_\_\_

**VIII. YOUR HEALTH:**

Name of Your Health Insurance Plan: \_\_\_\_\_

Present Health Status:  Good  Fair  Poor

If Your Health is Fair or Poor, Please Explain: \_\_\_\_\_

Are you taking any medication?  Yes  No

If yes, what kind and for what reason(s)? \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Have you ever had any problem with the following?

Alcohol:  Yes  No Drugs:  Yes  No Mental/Emotional Problems:  Yes  No

If yes, what is your current condition regarding this problem? (*Bring proof of treatment to investigation interview*)

Professional Practitioners: (*Medical doctors, psychotherapists, counselors who may have treated you within the past two years.*)

Name and Title	Date of Last	Address	Phone Number



Your Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Co -Petitioner (Please Print)

**V. LAW ENFORCEMENT INFORMATION:**

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes  No If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation?  Yes  No

Parole or Probation Officer's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes  No If yes, please explain: \_\_\_\_\_

**VI. YOUR EDUCATION:**

Highest Grade Completed: \_\_\_\_\_ Graduated High School?  Yes  No Year: \_\_\_\_\_

License(s) or Credential(s) Received: \_\_\_\_\_

College Degree(s) Received: \_\_\_\_\_

**VII. YOUR EMPLOYMENT:** *Please bring confirmation of employment, including pay stubs to the investigation interview.*

Employer: \_\_\_\_\_ Capacity/Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name, Address and Phone Number: \_\_\_\_\_

**VIII. YOUR HEALTH:**

Name of Your Health Insurance Plan: \_\_\_\_\_

Present Health Status:  Good  Fair  Poor

If Your Health is Fair or Poor, Please Explain: \_\_\_\_\_

Are you taking any medication?  Yes  No

If yes, what kind and for what reason(s)? \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Have you ever had any problem with the following?

Alcohol:  Yes  No Drugs:  Yes  No Mental/Emotional Problems:  Yes  No

If yes, what is your current condition regarding this problem? *(Bring proof of treatment to investigation interview)*

\_\_\_\_\_

Professional Practitioners: *(Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)*

<b>Name and Title</b>	<b>Date of Last</b>	<b>Address</b>	<b>Phone Number</b>

**IX. FAMILY FINANCES:**

Residence: Please provide proof of residence, i.e. rental agreement, at investigation interview.

The home you live in is:  owned  rented.

How long have you lived there? \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Approximate Size: \_\_\_\_\_ sq.ft.

Income: Please list source(s) of income and amount(s).

	<u>Income Source</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other Assets: Please list other major assets or real property.

	<u>Asset</u>	<u>Value</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**X. PLANS FOR CHILD CARE: (If necessary)**

Care Provider(s):

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Hours</b>	<b>Relationship to Child</b>

