

## **VIII. APPENDIX: ADDITIONAL INFORMATION AND FORMS**

- A. Sample Case for Petition for Appointment of Guardian & Attachments
- B. Caregivers Authorization (for enrollment in school prior to guardianship)
- C. Notice Re: New Supervised Visitation Center
- D. Kinship Support Services Information
- E. Confidential Guardianship Status Report (to be filed at one year after Letters issue)
- F. Filing of Guardianship Petition-Information on Notification Requirements
- G. Instructions to Sherriff for Service of Process
- H. Local Rules: Chapter 12: Guardianships
- I. Guardianship Pamphlet (can be copied and given to clients)
- J. Petition for Termination of Guardianship
- K. Order Terminating Guardianship
- L. Notice of Reduction of Clerk's Office Hours
- M. Special Immigrant Juvenile Status - Sample Motion, Order and Fact Sheets
- N. PowerPoint Presentation from live guardianship training session



# FW-001 Request to Waive Court Fees

**CONFIDENTIAL**

*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:*

Superior Court of  
California,  
County of San Mateo  
Hall of Justice  
400 County Center  
Redwood City, CA 94063

*Fill in case number and name:*

Case Number:

P xxxxxxxx

Case Name:

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

Name: Jane Client

Street or mailing address: 123 3rd Street

City: San Mateo State: CA Zip: 94402

Phone number: 650/456-7890

**2 Your Job**, if you have one (job title): N/A

Name of employer: N/A

Employer's address: N/A

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

Alicia Attorney, Law Office of Pro & Bono Tel. # (650)123-4567 (SB # 171497)  
777 El Camino Real, Palo Alto, CA 94305

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	If more than 6 people at home, add \$412.50 for each extra person.
1	\$1,163.55	3	\$1,988.55	5	\$2,813.55	
2	\$1,576.05	4	\$2,401.05	6	\$3,226.05	

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: \_\_\_\_\_

Jane Client  
Print your name here

Sign here

Case Number:

P xxxxxxxx

Your name: Jane Client

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): \$ 2,000
List each payroll deduction and amount below:

- (1) 35
(2) 15
(3)
(4)

b. Total deductions (add 8a (1)-(4) above): \$ 50

c. Total monthly take-home pay (8a minus 8b): \$ 1,950

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): \$ 1,950

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.

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows (1) through (4).

b. Total monthly income of persons above: \$

Total monthly income and household income (8e plus 9b): \$ 1,950

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 \$ 100

b. All financial accounts (List bank name and amount):

- (1) Bank of America \$ 450
(2)
(3)
(4)

c. Cars, boats, and other vehicles

Table with columns: Make / Year, Fair Market Value, How Much You Still Owe. Row (1) 1992 Toyota \$ 750.

d. Real estate

Table with columns: Address, Fair Market Value, How Much You Still Owe. Rows (1) through (3).

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Table with columns: Describe, Fair Market Value, How Much You Still Owe. Rows (1) through (3).

11 Your Monthly Expenses

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

- a. Rent or house payment & maintenance \$ 1,200
b. Food and household supplies \$ 200
c. Utilities and telephone \$ 100
d. Clothing \$
e. Laundry and cleaning \$ 50
f. Medical and dental expenses \$
g. Insurance (life, health, accident, etc.) \$ 200
h. School, child care \$ 20
i. Child, spousal support (another marriage) \$
j. Transportation, gas, auto repair and insurance \$ 200
k. Installment payments (list each below):

Table for installment payments with columns: Paid to, (1) through (3).

l. Wages/earnings withheld by court order \$
m. Any other monthly expenses (list each below):

Table for other monthly expenses with columns: Paid to, How Much?, (1) through (3).

Total monthly expenses (add 11a-11m above): \$ 1,970

**Order on Court Fee Waiver  
(Superior Court)**

Clerk stamps date here when form is filed.

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

Name: Jane Client

Street or mailing address: 123 3rd Street

City: San Mateo State: CA Zip: 94401

**2 Lawyer, if person in 1 has one (name, address, phone number,**

**e-mail, and State Bar number):** Alicia Attorney, SB # 171497

Law Office of Pro & Bono

777 El Camino Real

Palo Alto, CA 94305 (650)123-4567

**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  
San Mateo  
Hall of Justice  
400 County Center  
Redwood City, CA 94063**

Fill in case number and case name:

Case Number:

P xxxxxxxx

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 order:**

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 court-appointed experts
- Reporter's daily fees (beyond the 60-day period following the fee waiver order)
- Other (specify): \_\_\_\_\_
- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness

(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:  
P xxxxxxxx \_\_\_\_\_

Your name: Jane Client

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:

<b>Hearing Date</b> →	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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Alicia Attorney (SB # 171497)</b> Law Firm of Pro & Bono 777 El Camino Real Palo Alto, CA 94305 TELEPHONE NO.: (650) 123-4567 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Jane Client</b>	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Mateo</b> STREET ADDRESS: <b>Hall of Justice</b> MAILING ADDRESS: <b>400 County Center</b> CITY AND ZIP CODE: <b>Redwood City, CA 94063</b> BRANCH NAME: <b>Southern</b>	
<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <b>Barbara Baby, a minor</b> <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
<b>NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP</b>	CASE NUMBER: <b>P XXXXXXXX</b>

**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.**

- NOTICE is given that (name): **Jane Client**  
 (representative capacity, if any):  
 has filed (specify): **PETITION FOR APPOINTMENT OF GUARDIANSHIP OF MINOR**
- 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.)
- 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.
- A HEARING on the matter will be held as follows:

a. Date: clerk will assign Time: 9:00     Dept.: probate     Room: 4 B

b. Address of court  same as noted above     is (specify):

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP    OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <u>Barbara Baby, a minor</u>	CASE NUMBER: P xxxxxxxx _____
<input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

**NOTE: \***

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

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

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

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*): 777 El Camino Real  
Palo Alto, CA 94305
3. I served the foregoing *Notice of Hearing—Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
  - a.  **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: \_\_\_\_\_ b. Place mailed (*city, state*): Palo Alto, CA
5.  I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date:

Liza Assistant  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

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

Name of person served	Address ( <i>number, street, city, state, and zip code</i> )
1. Molly Mom	717 Walden House Francisco, CA 94102
2. David Dad	Address Unknown, believed to be homeless
3. Grandfather Max	435 7TH Street Houston, Texas 12345
4. Sister Sally	567 10th Street Houston, Texas 12345

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address). Alicia Attorney (SB # 171497) Law Firm of Pro & Bono 777 El Camino Real Palo Alto, CA 94305 TELEPHONE NO.: (650)123-4567 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Jane Client		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO STREET ADDRESS: Hall of Justice MAILING ADDRESS: 400 County Center CITY AND ZIP CODE: Redwood City, CA 94063 BRANCH NAME:			
GUARDIANSHIP OF (Name): Barbara Baby MINOR		CASE NUMBER: P XXXXXXXX	
PETITION FOR APPOINTMENT OF GUARDIAN OF <input type="checkbox"/> MINOR <input type="checkbox"/> MINORS <input checked="" type="checkbox"/> Person* <input type="checkbox"/> Estate*		HEARING DATE AND TIME:	DEPT.:

1. Petitioner (name each): Jane Client

requests that

- a.  (Name): Jane Client  
 (Address 123 3rd Avenue, San Mateo, CA 94402  
 and telephone): 650-456-7890  
 be appointed guardian of the PERSON of the minor or minors named in item 2 and Letters issue upon qualification.
- b.  (Name):  
 (Address Requested guardianship is of the person only. Probate C 2322.  
 and telephone):  
 be appointed guardian of the ESTATE of the minor or minors named in item 2 and Letters issue upon qualification.
- c. (1)  bond not be required  because the petition is for guardian of the person only  because the proposed guardian is a corporate fiduciary or an exempt government agency  for the reasons stated in Attachment 1c.  
 (2)  \$ bond be fixed. It will be furnished by an authorized surety company or as otherwise provided by law. (Specify reasons in Attachment 1c if the amount is different from the minimum required by Prob. Code, § 8482.)  
 (3)  \$ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):
- d.  authorization be granted under Probate Code section 2590 to exercise the powers specified in Attachment 9.
- e.  orders relating to the powers and duties of the proposed guardian of the person under Probate Code sections 2351-2358 be granted (specify orders, facts, and reasons in Attachment 1e).
- f.  an order dispensing with notice to the persons named in Attachment 10 be granted.
- g.  other orders be granted (specify in Attachment 1g).

2. Attached is a copy of Guardianship Petition—Child Information Attachment (form GC-210(CA)) for each minor for whom this petition requests the appointment of a guardian. The full legal name and date of birth of each minor is:

- a. Name: Barbara Baby Date of Birth (month/day/year): 10-17-12
- b. Name: Date of Birth (month/day/year):
- c. Name: Date of Birth (month/day/year):
- d. Name: Date of Birth (month/day/year):

The names and dates of birth of additional minors are specified on Attachment 2 to this petition.

\* You MAY use this form or form GC-210(P) for a guardianship of the person. You MUST use this form for a guardianship of the estate or the person and estate. Do NOT use this form for a temporary guardianship.

GUARDIANSHIP OF (Name): <b>Barbara Baby</b>	CASE NUMBER: P XXXXXXXX
MINOR	

3. Petitioner is
- a.  related to the minor or minors named in item 2, as shown in item 7 of each minor's attached form GC-210(CA).
  - b.  the minor named in item 2, who is 12 years of age or older.
  - c.  other person on behalf of minor or minors named in item 2, as shown in item 7 of each minor's attached form GC-210(CA).
4. The proposed guardian is (check all that apply):
- a.  a nominee (affix a copy of nomination as Attachment 4a or file Nomination of Guardian (form GC-211, items 2 and 3) with this petition.
  - b.  related to the minor or minors named in item 2, as shown in item 3 of each minor's attached form GC-210(CA).
  - c.  other, as shown in item 3 of each minor's attached form GC-210(CA).
  - d.  a professional fiduciary within the meaning of the Professional Fiduciaries Act. The proposed guardian's license status is shown in item 1 on page 1 of the attached Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
5.  Petitioner, with intent to adopt, has accepted or intends to accept physical care or custody of the minor.
6.  A person other than the proposed guardian has been nominated as the guardian of the minor by  will  other writing. A copy of the nomination is affixed as Attachment 6. (Specify name and address of nominee in item 2 of minor's attached form GC-210(CA).)

7.  Character and estimated value of property of the estate (complete if petition requests appointment of a guardian of the estate or the person and estate):
- a. Personal property: \$ None
  - b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: \$ None
  - c. Total: \$ \_\_\_\_\_
  - d. Real property: \$ None

8. Appointment of a guardian of the  person  estate of the minor or minors named in item 2 is necessary or convenient for the following reasons: I Jane client, declare as follows: I have been caring for the minor, Barbara Baby, since she came to live with me in early June 2008. Before she came to live with me she lived with her mother Molly Mom, who is my daughter. However, the minor's mother asked me to care for the minor because she was unable to do so, because she has to enter a residential drug treatment program. My daughter has consented to the guardianship.

- Continued in Attachment 8.  Parental custody would be detrimental to the minor or minors named in item 2.
9.  Granting the proposed guardian of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the guardianship estate. Reasons for this request and the powers requested are specified in Attachment 9.
10.  Notice to the persons named in Attachment 10 should be dispensed with under Probate Code section 1511 because  they cannot with reasonable diligence be given notice (specify names and efforts to locate in Attachment 10).  giving notice to them would be contrary to the interest of justice (specify names and reasons in Attachment 10).

GUARDIANSHIP OF (Name): Barbara Baby  <div style="text-align: right;">MINOR</div>	CASE NUMBER: P XXXXXXXX
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11.  (Complete this item if this petition is filed by a person who is not related to a minor named in item 2 and is not a petition for appointment of a guardian of the estate only.)
- a.  Petitioner is the proposed guardian and will promptly furnish all information requested by any agency referred to in Probate Code section 1543.
- b.  Petitioner is not the proposed guardian. A statement by the proposed guardian that he or she will promptly furnish all information requested by any agency referred to in Probate Code section 1543 is affixed as Attachment 11b.
- c. The proposed guardian's home  is  is not a licensed foster family home.
- d.  The proposed guardian has never filed a petition for adoption of the minor  except as specified in Attachment 11d.
12.  Attached to this petition is a Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105/GC-120) concerning all children listed in Item 2. (Guardianship of the person or the person and estate.)
13. 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 (form GC-110)
  - Petition for Appointment of Temporary Guardian of the Person (form GC-110(P))
  - Confidential Guardianship Screening Form (form GC-212)

Other (specify):

14. All attachments to this form are incorporated by this reference as though placed here in this form. There are \_\_\_\_\_ pages attached to this form.

Date:

\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY\*)

\*(All petitioners must also sign (Prob. Code, § 1020).)

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

Date:

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

**Attachment 8 to CONFIDENTIAL GUARDIAN SCREENING FORM:  
Child Protective Services Reports**

I, Jane Client, declare as follows:

1. I have never been found by any agency to have committed child abuse.

2. However, I am aware of a report made by my daughter's school do the San Mateo  
County Child Protective Services.

3. This report was made many years ago, when my youngest daughter was 17 years old.  
I do not remember the exact date. My daughter was upset at school because of a conflict with  
me over house rules. Child Protective Services investigated and a social worker met with me.  
The social worker told me that she had not found any evidence of child abuse and that she was  
not going to open a case. I also met with the school counselors and other school personnel, who  
ultimately told me that they wanted to rescind their report, but that they had no way of doing so.  
They told me that they had "jumped the gun" in making the report.

3 **Attachment 9: Reasons Appointment of a Guardian of the Person of the Minor is Necessary**  
4 **and Convenient**

I, Jane Client, declare as follows:

5 1. I am the petitioner in this guardianship case. I am asking the court to appoint me to be  
6 the legal guardian of my granddaughter, Barbara Baby, DOB 10-17-07.

7 **I. The Guardianship is Necessary and Convenient For the Reasons Stated Below.**

8 2. I have been caring for the minor, Barbara, since she came to live with me in early  
9 June, 2008. Before she came to live with us, she lived with her mother, Mary Mom, who is my  
10 cousin. However, the minor's mother asked us to care for the minor because she was unable to  
11 do so. She has consented to the guardianship.

12 3. Since Barbara came to live with me in June 2008, I have been doing everything to care  
13 for her. When she came to me, she had no shoes that fit her and had not been to the doctor or  
14 received other appropriate care. I took her to the doctor, bought her shoes and clothes and  
15 everything she needed. I have been staying home from work recovering from surgery for thyroid  
16 cancer and have been taking care of Barbara full time. I love her very much.

17 4. I do not think either of Barbara's parents is in a position to care for her at this time.  
18 Her mother has significant problems and does not have stable residence. She has two other  
19 children, who are also not living with her. She asked me to take Barbara in because she was  
20 unable to care for her at this time and consented to the guardianship.

21 5. I do not know much about Barbara's father. I met him a few times at family functions  
22 years ago, before Barbara was born, but have not heard from him in well over a year. I believe  
23 that he and Barbara's mother were never married and separated over a year ago, when Barbara  
24 was very young. I believe he may have left California and returned to his family in the  
25 southeastern United States. Barbara's mother has told me that he has not seen Barbara for over a  
26

27 **Attachment 9 to PETITION**  
**FOR APPOINTMENT OF GUARDIAN**

28 **Legal Aid Society**  
**Guardianship Manual**

3 year before she came to live with me, and I have not heard from him at all during the year and a  
4 half that Barbara has lived with me – even though I have been living at the same address for  
5 many years and would be easy to find. I also understand from Barbara’s aunt (who is caring for  
6 Barbara’s sister) that he is also not caring for or in contact with Barbara’s sister.

7 6. I am willing and able to provide a home for Barbara and care for her until her  
8 mother’s situation changes or until she grows up. I have created a stable, loving home for  
9 Barbara, and she is very attached to me. She is thriving in my care.

10 7. I need legal guardianship so that I have legal authority to continue to care for Barbara  
11 as I have for the past seven months. Barbara’s mother is homeless and cannot be reached in an  
12 emergency; her father’s whereabouts are unknown. I need to be able to consent to medical care,  
13 school, and other issues. I also want to add Barbara to my health insurance. Also, especially  
14 because I will get back to work in the near future, I may need help paying for day care and  
15 preschool for Barbara when I go back to work. I therefore contacted various agencies looking  
16 for assistance with child care and was told that I was not a close enough relative to apply for  
17 benefits without a legal guardianship. I realized that I might not have the legal authority to do all  
18 of the things I need to care for her. I need a legal guardianship so that I can care for Barbara and  
19 ensure that she receives the care and stability she needs.

20 **II. Parental Custody Would Be Detrimental.**

21 8. Pursuant to Family Code section 3041, I may not include in the petition any factual  
22 allegations as to why I believe that parental custody would be detrimental for Barbara. However,  
23 I have provided additional information regarding this issue in [*a supplement attachment to local*  
24 *form PR-18, the Guardianship Declaration Confidential -OR- in a Confidential Guardianship*  
25 *Declaration pursuant to Local Rule 4.77.1)*

3 **Attachment 10: Notice to the Following Persons Should be Dispensed with**  
4 **Under Probate Code Section 1511 Because They Cannot with Due Diligence be Given**  
5 **Notice**

6 I, Jane Client, declare as follows:

7 1. I am not able to locate the minor's father, David Dad, her paternal grandparents,  
8 NAMES UNKNOWN, or her maternal grandfather, Grandpa Mom. I therefore ask that the  
9 Court waive the requirements that I notify them of this guardianship.

10 **A. Minor's Father: David Dad:**

11 2. I have not seen or heard from the minor's father in several years.

12 3. He has not contacted either the minor or me in the entire seven months that she has  
13 been living with me, although I believe he knows (or would have no trouble finding out) where I  
14 live. I have been living at the same address since back when I used to see him at family  
15 functions, and the relatives who are caring for his other children all know how to reach me.

16 4. I have no idea where to look for the minor's father. From seeing him years ago at  
17 family functions, I recall him having come from somewhere else in the Southern United States,  
18 but I am not sure where. The minor's birth record lists his place of birth as being Louisiana. I  
19 believe that after he and the minor's mother separated, he returned to his family in the Southern  
20 United States, but I do not know where they lived.

21 5. I have made the following efforts to locate the minor's father"

22 (A) On September 29, 2008, I spoke with the minor's mother, Molly Mom. She told  
23 me that she had not seen the minor's father in over a year and had no idea where  
24 he was.

25 (B) In September 2008 and on other occasions, I spoke with the minor's aunt, Molly

3 Mom, who is caring for the minor's sister. She also said she hadn't seen or heard  
4 from the minor's father in over a year and had no idea where he was.

5 (C) In September 2008, I spoke with the minor's grandmother, Grandma Mom, who  
6 is caring for the minor's half sister. She said she did not know where the minor's  
7 father was.

8 (D) In September 2008, I spoke with the minor's great grandmother, Betty. She also  
9 had not heard from the minor's father and did not know his whereabouts.

10 (E) In January 2009, I asked Alicia Attorney, the lawyer who has been helping me  
11 prepare these papers, to contact Grandma Mom, the minor's grandmother. She  
12 faxed Grandma Mom a letter asking if she knew anything about the whereabouts  
13 of the minor's father, David Dad. Grandma Mom faxed back stating that she did  
14 not know anything about his whereabouts.

15 6. Before she came to me, the minor received Medi-Cal in Santa Clara County. Her  
16 siblings (the father's other children) also received Medi-Cal and public assistance when they  
17 lived with their mother. Therefore I believe that the District Attorney – Family Support Division  
18 of Santa Clara County has made efforts to locate the minor's father and collect child support,  
19 medical support, and reimbursement of public assistance. To the best of my knowledge, the  
20 District Attorney – Family Support Division has been unable to locate the minor's father.

21 7. Since she has come to live with me, the minor has been receiving Medi-Cal in San  
22 Mateo County. Therefore the San Mateo County District Attorney – Family Support Division  
23 has opened a case to establish paternity and obtain medical support and child support. To the  
24 best of my knowledge, the San Mateo County District Attorney – Family Support Division has  
25 been unable to locate the minor's father.



3 8. I do not know of any other reasonable means by which I might locate the minor's  
4 father. I do not know any other relatives who might know his location, and I think calling  
5 directory assistance without knowing what state or town in which he might be living would be  
6 futile. I also expect that the San Mateo and Santa Clara County Division District Attorney –  
7 Family Support Divisions would have accessed social security records, employment records,  
8 department of motor vehicle records, voter records, and parent locator services and that further  
9 efforts to locate the minor's father through these means would be futile. If I am able to locate the  
10 minor's father, I will promptly notify him of this action.

11 **B. Minor's Paternal Grandparents: Names Unknown.**

12 9. I do not know the names or locations of the minor's father's parents/

13 10. I have never met or had any contact with of from the minor's father's parents and do  
14 not have any information as to their location.

15 11. I have made the following efforts to locate the minor's paternal grandparents"

16 (A) On September 29, 2008, I spoke with the minor's mother, Molly Mom. She told  
17 me that she does not know the minor's father's parents and has no information  
18 about their location.

19 (B) In September 2008 and on other occasions, I spoke with the minor's aunt, Aunt  
20 Sally (who is the mother's sister and who is caring for the minor's sister, Bob  
21 Brother, whose father is also David Dad). Molly Mom also said she did not have  
22 any knowledge of the minor's father's parents or their location.

23 (C) In January 2004, I asked Alicia Attorney, the lawyer who has been helping me  
24 prepare these papers, to contact Grandma mom, the minor's grandmother. She  
25 faxed Grandma Mom a letter asking if she knew anything about the whereabouts  
26

3 of the minor's paternal grandparents. Grandma Mom Faxed back stating that she  
4 did not know their names, addresses, phone numbers, or location.

5 12. I do not know of any other reasonable means by which I might locate the minor's  
6 father's parents. I do not know any other relatives who might know their names or locations. If  
7 I am able to locate the minor's father's parents, I will promptly notify them of this action.

8 **C. Minor's Maternal Grandfather: Grandpa Mom**

9 13. I have not seen or heard from the minor's maternal grandfather (mother's father) in  
10 over fifteen years. To the best of my knowledge, he never lived with the minor's maternal  
11 grandmother, Grandma Mom, who became pregnant with the minor's mother and her sister,  
12 Molly Mom, when she was in her teens. I believe he has had only sporadic contact with the  
13 minor's mother and her sister, Molly Mom.

14 14. I have no idea where to look for the minor's maternal grandfather. Way back when I  
15 used to see him at family functions, I believe he lived in San Jose.

16 15. I have made the following efforts to locate the minor's maternal grandfather:

17 (A) In September 2003, I spoke with the minor's mother, Mary Mom. She told me  
18 that she had not seen or heard from her father in over a year and had no idea  
19 where he was.

20 (B) In September 2003 and on other occasions, I spoke with the minor's aunt, Molly  
21 Mom, who is the mother's sister and also a child of Grandma Mom. She also said  
22 she hadn't seen or heard from her father in over a year and had no idea where he  
23 was.

24 (C) In September 2003, I spoke with the minor's grandmother, Grandma Mom, who  
25 is caring for the minor's half sister. She said she did not know where the minor's  
26 grandfather was.

3 (D) In September 2003, I asked the minor's aunt, Molly Mom, to talk to the minor's  
4 great grandmother, Betty, who is Grandpa Mom's mother. Molly told me that  
5 Betty said she had not heard from her son, the minor's maternal grandfather and  
6 did not know his whereabouts.

7 (E) In January 2004, I asked Alicia Attorney, the lawyer who has been helping me  
8 prepare these papers, to contact Grandma Mom, the minor's grandmother. She  
9 faxed Grandma Mom a letter asking if she knew anything about the whereabouts  
10 of the minor's father, David Dad. Grandma Mom faxed back stating that she did  
11 not know anything about his whereabouts and this his whereabouts were  
12 "unknown since my children were babies."

13 16. I do not know of any other reasonable means by which I can locate the minor's  
14 maternal grandfather, Grandpa Mom. If I am able to locate the minor's paternal grandfather, I  
15 will promptly notify him of this action.

16 17. I respectfully request an order waiving the requirement that I give notice of this  
17 guardianship petition to the minor's father, David Dad, the minor's paternal grandparents, whose  
18 names are unknown to me, and the minor's maternal grandfather, Grandpa Mom. I am unable to  
19 locate these individuals despite due diligence.

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In re Guardianship of  
BARBARA, A Minor

Case No. \_\_\_\_\_

**Residence Addresses, and Relationships of the Minor's Relatives**

- e. Paternal grandparents: Names Unknown                      Address Unknown
- f. Sister: Sally Sister    567 10<sup>th</sup> Street  
Houston, Texas 12345

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In re Guardianship of  
BARBARA, A Minor

Case No. \_\_\_\_\_

**Attachment 17**

I am not registered with the Statewide Registry of Conservators/Guardians/Trustees because I only intend to go through guardianship proceedings once, with the intention of being appointed Barbra Baby's legal guardian.

**Attachment 17 to PETITION  
FOR APPOINTMENT OF GUARDIAN**

**Legal Aid Society  
Guardianship Manual**

Guardianship of (all children's names): Barbara Baby

This child's name: Barbara Baby

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: Barbara Baby Date of birth: 10-17-2007  
First Middle Last Month/Day/Year
- b. Child's current address: 123 3rd Avenue, San Mateo, CA 94402

c. (If the Petition to which this form is attached asks for the appointment of a guardian of this child's estate only, skip this item 1c, select item 8 a on page 5, and answer the rest of the items in this form. If the Petition asks for the appointment of a guardian of this child's person or this child's person and estate, complete the steps described here. Ask the child, if he or she is old enough, and the child's parents or any other legal guardian, and any Indian custodian, whether the child is or may be an Indian (Native American) child. You may not rely merely on your own knowledge and belief about the child. If possible, ask these persons before you file your petition, including this form, so you can use the information you receive to answer questions (1) and (2) below. Answer those questions, item 8 a on page 5, and the rest of the items in this form.)

(For more information about your duties concerning a child who is or may be an Indian child involved in a guardianship of the person under the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901 et seq.) and California law, including making the inquiry described above and completing this form, see the Information Sheet on Indian Child Inquiry Attachments and Notice of Child Custody Proceeding For Indian Child (form ICWA-005-INFO).)

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

(If you checked "Yes" to item (1), this guardianship case is subject to ICWA. 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(a), Welf. & Inst. Code, § 224.3(b), and Cal. Rules of Court, rule 7.1015), whether this child is or may be an Indian child?  No  Yes (If you checked "Yes" to either item (1) or (2), you must file and serve a Notice of Child Custody Proceeding for Indian Child (form ICWA-030), in addition to service of any other notices required in this case. For information about what is "reason to know whether the child is or may be an Indian child" and the notice requirement, including who must be served, how to serve them, and how to prove to the court that you have done so, and how to fill out and file the Notice, see the Information Sheet on Indian Child Inquiry Attachments and Notice of Child Custody Proceeding For Indian Child (form ICWA-005-INFO).)

- d. Is this child married?  Yes  No  Never married If you checked "No," was this child 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.)



Guardianship of (all children's names): Barbara Baby

Case Number:  
P xxxxxxxx

This child's name: Barbara Baby

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

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 (explain):	\$
<input type="checkbox"/> Social Security	\$	<input type="checkbox"/> Other (explain):	\$
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$		

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

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): Jane Client, 123  
3rd Avenue, San Mateo, CA 94402

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	<u>David Dad</u>	<u>Address Unknown Believed to be Homeless</u>
Mother	<u>Molly Mom</u>	<u>717 Walden House San Francisco, CA</u>
Grandfather (Father's father)	<u>Unknown Name</u>	<u>Whereabouts unknown</u>
Grandmother (Father's mother)	<u>unknown Name</u>	<u>Where Abouts Unknown</u>
Grandfather (Mother's father)	<u>Granfather Max</u>	<u>435 7th Street Houston, Texas 12345</u>
Grandmother (Mother's mother)	<u>Jane Client</u>	<u>123 3rd Avenue San Mateo, CA 94402</u>



Guardianship of (all children's names): Barbara Baby

Case Number:

P xxxxxxxx

This child's name: Barbara Baby

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

Relationship	Name	Home Address (Street, City, State, Zip)
Brother/Sister	<u>Sister Sally</u>	<u>435 7th Street</u> <u>Houston, Texas 12345</u>
Brother/Sister	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____
Brother/Sister	_____	_____
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): Jane Client

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

Relative (specify relationships of all proposed guardians to the child): Maternal Grandmother

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





Guardianship of (all children's names): Barbara Baby

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

This child's name: Barbara Baby

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

(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.)

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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Case Number:

P xxxxxxxx

This child's name: Barbara Baby

- 8 An Indian child inquiry concerning the child named above:
- a.  is not required; this is a guardianship of the estate only. (If you check this box, skip the rest of item 8.)
- b.  has not been made or completed for the following reasons (check all that apply):
- (1)  Petitioner knows the child is an Indian child and has identified the child's tribe or tribes in item 1.
  - (2)  Petitioner (or the proposed guardian if he or she is not the petitioner) is the child's Indian custodian.
  - (3)  Petitioner has been unable to communicate with the child's parents, other legal guardian, or Indian custodian for the following reasons and despite the following efforts to do so (describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (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 8b(3)—Indian Child Inquiry" at the top of the paper and attach it to this form.)
- c.  has been made and the following information was obtained (check all that apply):
- (1) The names, relationships to the child named above, addresses, and telephone numbers, of the persons interviewed by Petitioner to collect or confirm the information given below, and the date or dates the interviews took place, are provided on one or more separate sheets of paper attached to this form. (Write "Form GC-210(CA)," the name of this child, and "Attachment 8c(1)—Indian Child Inquiry" at the top of each page of paper you attach to this form to complete this item.)
  - (2)  The child is or may be a member of or eligible for membership in a tribe.  
Tribe or tribes: \_\_\_\_\_  
Band (if applicable): \_\_\_\_\_
  - (3)  The child's parents, grandparents, or great-grandparents are or were members of a tribe or tribes.  
Tribe or tribes: \_\_\_\_\_  
Band (if applicable): \_\_\_\_\_
  - (4)  The residence or domicile of the child, the child's parents, or the child's Indian custodian is in a predominantly Indian community.
  - (5)  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).
  - (6)  The child may have Indian ancestry.
  - (7)  Other reason or reasons to know the child is or may be an Indian child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - (8)  The child has no known Indian ancestry.

9 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: Barbara Baby	CASE NUMBER: P xxxxxxxx _____
----------------------------	----------------------------------

1. Name of child: Barbara Baby

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: _____ _____ _____ _____
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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:

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

▶ \_\_\_\_\_  
(SIGNATURE)

SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

**Guardianship Declaration  
Confidential**

**Return To:**

Probate Court Clerk's Office  
400 County Center, Redwood City, CA 94063

**Name of Proposed Ward(s):** \_\_\_\_\_  
\_\_\_\_\_

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

**Proposed Guardian(s) Information Form**

Please complete this entire form and return it to the Probate Court Clerk within 5 days.  
Use additional sheets when necessary to answer questions.

**Social History of the Minor(s)**

Legal name of 1<sup>st</sup> minor (as on birth certificate): \_\_\_\_\_

Name minor is known by: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Present age: \_\_\_\_\_ Sex: M  F

**Health** Current health problems? Yes  No  If yes, please explain: \_\_\_\_\_

Name of minor's physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of minor's last examination: \_\_\_\_\_ Is minor in counseling? Yes  No

Counselor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**School/Day Care** Name of school/day care facility: \_\_\_\_\_

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

Teacher's name: \_\_\_\_\_ Grade level: \_\_\_\_\_

Are there special educational needs? Yes  No  If yes, please explain: \_\_\_\_\_

Are you guardian of any other children? \_\_\_\_\_

**Legal Custody** Is the child subject to any legal custody orders? Yes  No   
If yes, describe type of orders (guardianship, dissolution, paternity, adoption proceedings,  
hearing dates and county.

Minor's Income: \_\_\_\_\_ Savings: \_\_\_\_\_

**Social History of the 2<sup>nd</sup> Minor**

Legal name of 2<sup>nd</sup> minor (as on birth certificate): \_\_\_\_\_

Name minor is known by: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Present age: \_\_\_\_\_ Sex: M  F

SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

**Health** Current health problems? Yes  No  If yes, please explain: \_\_\_\_\_

Name of minor's physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of minor's last examination: \_\_\_\_\_ Is minor in counseling? Yes  No

Counselor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**School/Day Care** Name of school/day care facility: \_\_\_\_\_

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

Teacher's name: \_\_\_\_\_ Grade level: \_\_\_\_\_

Are there special educational needs? Yes  No  If yes, please explain: \_\_\_\_\_

Are you guardian of any other children?

**Legal Custody** Is the child subject to any legal custody orders? Yes  No   
If yes, describe type of orders (guardianship, dissolution, paternity, adoption proceedings, hearing dates and county): \_\_\_\_\_

Minor's income: \_\_\_\_\_ Savings: \_\_\_\_\_

**List additional minor(s) on separate sheet(s) and include the same information as requested above.**

**Relationship of Proposed Ward(s) to Proposed Guardians** \_\_\_\_\_

How long have you known the proposed ward(s): \_\_\_\_\_

Briefly explain the circumstances that led to this proceeding and why the proposed ward(s) should be in your home or care: \_\_\_\_\_

How long do you expect to be the guardian of the proposed ward(s)? \_\_\_\_\_

**Social History of the Proposed Guardian(s)**

Legal name: \_\_\_\_\_ AKA's (aliases): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Present age: \_\_\_\_\_

Residence: \_\_\_\_\_  
(House No.) (Street) (City) (State) (Zip)

Telephone number: \_\_\_\_\_ Message/ cell phone: \_\_\_\_\_

SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

**Health** Current health problems? Yes  No  If yes, please explain: \_\_\_\_\_

**Education** Highest grade or educational level completed: \_\_\_\_\_

List any additional training or education: \_\_\_\_\_

**Military Service** Branch: \_\_\_\_\_ Type/Date of Discharge: \_\_\_\_\_

**Employment** Occupation \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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

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

Can you be contacted at work? Yes  No  Contact Number: \_\_\_\_\_

**Financial** Monthly income: \_\_\_\_\_ Additional income: \_\_\_\_\_

Number of dependents: \_\_\_\_\_ Rent/mortgage payment: \_\_\_\_\_

Other total monthly expenses (include child support payments): \_\_\_\_\_

Are you planning on filing for AFDC? Yes  No  Are you planning on filing for Medi-Cal? Yes  No

**Housing** Rent  Own  Length of time in current residence? \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Is residence a house or an apartment? \_\_\_\_\_

Do you plan to remain in this location or are you looking for other accommodations? Explain: \_\_\_\_\_

Accommodations for proposed ward: \_\_\_\_\_

**Marital History** Number of previous marriages: \_\_\_\_\_

Date and place of current marriage: \_\_\_\_\_

Names of your children	Birthdate(s)	Drivers License:	Address:	Phone:

Please provide the following information for other persons 16 years of age and above residing in the home:

Names	Birthdate(s)	Drivers License:	Relationship:

SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

**Social History of the Present Spouse/Cohabitant**

Legal name: \_\_\_\_\_ AKA's (aliases): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Present age: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Residence: \_\_\_\_\_  
(House No.) (Street) (City) (State) (Zip)

Telephone number (day): \_\_\_\_\_ Telephone number (evening): \_\_\_\_\_

**Health** Current health problems? Yes  No  If yes, please explain: \_\_\_\_\_

**Education** Highest grade or educational level completed: \_\_\_\_\_

List any additional training or education: \_\_\_\_\_

**Military Service** Branch: \_\_\_\_\_ Type/Date of Discharge: \_\_\_\_\_

**Employment** Occupation \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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

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

Can spouse/cohabitant be contacted at work? Yes  No  Contact Number: \_\_\_\_\_

**Marital History** Number of previous marriages: \_\_\_\_\_

Names of Spouse's /Cohabitant's Children: Birthdate(s) Drivers License: Address: Phone:

Names of Spouse's /Cohabitant's Children:	Birthdate(s)	Drivers License:	Address:	Phone:

List persons who are familiar with the history of the minor's parents:

(Name & Relationship) (Street) (City) (State) (Zip) (Daytime Phone #)

(Name & Relationship) (Street) (City) (State) (Zip) (Daytime Phone #)

(Name & Relationship) (Street) (City) (State) (Zip) (Daytime Phone #)

**Birth/Legal Parents** The Court Investigator may attempt to contact the parents, if current information is needed.

continued on next page

SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

**Birth/Legal Father's Name** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Residence: \_\_\_\_\_  
(House No.) (Street) (City) (State) (Zip)

Telephone number: \_\_\_\_\_ SS#: \_\_\_\_\_ DL# \_\_\_\_\_

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

Does the minor(s) see the father? Yes  No  Explain: \_\_\_\_\_

Has the father provided any financial support for the child(ren)? Yes  No

If yes, how much? \_\_\_\_\_ Date of payments: \_\_\_\_\_

Is the father in agreement with this proceeding? Yes  No

**Birth/Legal Mother's Name** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Residence: \_\_\_\_\_  
(House No.) (Street) (City) (State) (Zip)

Telephone number: \_\_\_\_\_ SS#: \_\_\_\_\_ DL# \_\_\_\_\_

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

Does the minor(s) see the mother? Yes  No  Explain: \_\_\_\_\_

Has the mother provided any financial support for the child(ren)? Yes  No

If yes, how much? \_\_\_\_\_ Date of payments: \_\_\_\_\_

Is the mother in agreement with this proceeding? Yes  No

**You may be charged for the cost of this investigation pursuant to Probate Code Section 1513.1**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Dated: \_\_\_\_\_ at: \_\_\_\_\_, California

Signature: \_\_\_\_\_

Print or type your name: \_\_\_\_\_

Note: If another person filled out this document for you, that person must also sign the acknowledgment under penalty of perjury.

Dated: \_\_\_\_\_ at: \_\_\_\_\_, California

Signature: \_\_\_\_\_

Print or type your name: \_\_\_\_\_



SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO

**Release of Information - Consent Form  
(Please Print)**

I, \_\_\_\_\_, DOB: \_\_\_\_\_ hereby give my consent  
\_\_\_\_\_, DOB: \_\_\_\_\_ hereby give my consent  
\_\_\_\_\_, DOB: \_\_\_\_\_ hereby give my consent  
to \_\_\_\_\_, Court Investigator of the Superior Court of San Mateo  
County, to obtain information from Children and Family Services regarding any records that agency may have  
pertaining to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Case Name - Minor(s) \_\_\_\_\_

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

Court Hearing Date: \_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address). <b>Alicia Attorney (SB # 171497)</b> <b>LAW FIRM OF PRO &amp; BONO</b> 12 California Avenue Palo Alto, CA 94305 TELEPHONE NO.: (650)123-4567      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>JANE CLIENT</b>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>SAN MATEO</b> STREET ADDRESS: <b>Hall of Justice</b> MAILING ADDRESS: <b>400 County Center</b> CITY AND ZIP CODE: <b>Redwood City, CA 94063</b> BRANCH NAME:	
PETITIONER:  RESPONDENT: OTHER PARTY:	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: P _____
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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 <b>BARBARA BABY</b>	Place of birth <b>San Jose, CA</b>	Date of birth <b>3-05-00</b>	Sex <b>F</b>
Period of residence <b>6/01</b> to present	Address <b>123 3rd Street San Mateo, CA 94401</b> <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <b>Jane Client, same address</b> <input type="checkbox"/> Confidential	Relationship proposed guardian, 2nd
birth to <b>6/01</b>	Child's residence (City, State) <b>various addresses in San Jose, unknown to declarant</b>	Person child lived with (name and complete current address) <b>Mary Mom, address unknown</b>	mother
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name <input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

c.  Additional residence information for a child listed in item a or b is continued on attachment 3c.  
 d.  Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.) Page 1 of 2

SHORT TITLE: In Re Guardianship of BARBARA BABY, A Minor	CASE NUMBER:  P _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders (if you have one) and provide the following information):

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

Proceeding	Case Number	Court (name, state, location)
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 (if known)	Orders expire (date)
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):

<p>a. Name and address of person</p>    <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p>    <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p>    <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

JANE CLIENT

(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.**

**SAMPLE LETTER TO PARENT TO ENCLOSE WITH COPY  
OF NOTICE AND ACKNOWLEDGEMENT OF RECEIPT**

March 22, 2013

Molly Mom  
123 2<sup>nd</sup> Street  
Anytown, FL 93047

Dear Ms. Mom:

As you may know, we are helping your mother, \_\_\_\_\_ asking that the Court appoint her the legal guardian of your daughter \_\_\_\_\_, who has been living with \_\_\_\_\_ for some time. Everything has been going well except that she is unable to consent to routine medical treatment, school issues, and other routine matters.

Legal guardianship would allow \_\_\_\_\_ to continue to live with \_\_\_\_\_ and would authorize \_\_\_\_\_ to do such things as enroll her in school and consent to certain types of medical treatment. It would NOT terminate your parental rights.

\_\_\_\_\_ understands that you want her to care for \_\_\_\_\_, and I have seen the consent letter that you wrote. However, your letter is not sufficient to give \_\_\_\_\_ legal guardianship. \_\_\_\_\_ has therefore filed for a court order giving her legal guardianship of Barbara. I have enclosed copies of the NOTICE OF HEARING and PETITION FOR GUARDIANSHIP she filed as well as two forms to sign and return to me.

1. NOMINATION OF GUARDIAN & CONSENT AND WAIVER form. This form is to sign if you agree that \_\_\_\_\_ be your daughter's legal guardian and wish to nominate her to be \_\_\_\_\_'s legal guardian. There are two places to sign: The first signature indicates that you are nominating \_\_\_\_\_ to be your daughter's legal guardian; the second indicates that you consent that she be her guardian and waive formal notice. If you want Jane to be your daughter's legal guardian, please sign in both places.
2. NOTICE & ACKNOWLEDGEMENT OF RECEIPT form. Signing this form does not indicate that you consent to the guardianship or waive your legal right to object to the petition; it simply acknowledges that you have received the above documents. I am sending this form to you because, if you do not consent, the law requires us to serve you personally with the NOTICE and PETITION. Jane does not want to hire a private process server or ask the sheriff to serve you. She therefore asked me to instead mail you the documents and the NOTICE AND ACKNOWLEDGEMENT OF RECEIPT form. If you sign and return the NOTICE AND ACKNOWLEDGEMENT OF RECEIPT form to me, neither Jane or I will need to have someone come to your home and hand you the documents

For your convenience, I have enclosed several copies of both forms as well as several self-addressed stamped envelopes. Thank you for your help. Please feel free to call me or \_\_\_\_\_ Client if you have any questions or would like to discuss this matter with us.

Sincerely,

Attorney

**SAMPLE LETTER TO RELATIVE  
TO ENCLOSE WITH COPY OF CONSENT FORM**

March 10, 2013

Grandma Granny  
123 2<sup>nd</sup> Street  
Anytown, FL 93047

Dear Ms. Mom:

As you may know, Jane Client has contacted us for help in being appointed the legal guardian of your granddaughter, Barbara Baby. Barbara has been living with Jane Client for some time. Everything has been going well except that she is unable to consent to routine medical treatment, school issues, and other routine matters.

Legal guardianship would allow Barbara to continue to live with Jane Client and would authorize Jane to do such things as enroll her in school and consent to certain types of medical treatment. It would NOT terminate her parents' parental rights or your rights as a grandparent.

Under the law, Jane is required to notify Barbara's relatives within the second degree (parents, grandparents, and siblings). I am therefore sending you two forms: (1) a WAIVER OF NOTICE form to sign indicating that you consent to Jane being appointed Barbara's legal guardian and (2) a form to provide us with any information you have regarding Barbara's parents, grandparents, and siblings.

If you consent to the guardianship, please sign the Consent to Appointment of Guardian and Waiver of Notice form and return it to me. If you have any information about Barbara's other relatives or have information that would help Jane convince the Court that she would not have to notify them (if, for example, Barbara's dad has never contacted you to ask about her whereabouts) please so indicate on the information form and return it to me. For your convenience, I have enclosed several copies of both forms as well as several self-addressed stamped envelopes.

Thank you for your help. Please feel free to call me or Jane Client if you have any questions or would like to discuss this matter with us.

Sincerely,

Alicia Attorney  
Attorney for Jane Client

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <u>Alicia Attorney (SB # 171497)</u> Law Firm of Pro & Bono 777 El Camino Real Palo Alto, CA 94305 TELEPHONE NO.: (650)123-4567      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <u>Jane Client</u>	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Mateo</b> STREET ADDRESS: <u>Hall of Justice</u> MAILING ADDRESS: <u>400 County Center</u> CITY AND ZIP CODE: <u>Redwood City, CA 94063</u> BRANCH NAME: <u>Southern</u>	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <u>Barbara Baby</u>	
<input checked="" type="checkbox"/> CONSENT OF PROPOSED GUARDIAN <input checked="" type="checkbox"/> NOMINATION OF GUARDIAN <input checked="" type="checkbox"/> CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE	CASE NUMBER: P xxxxxxxx _____

**CONSENT OF PROPOSED GUARDIAN**

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

Date:

Jane Client  
(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):  
Molly Mom 303 South B Street, Redwood City, 94065

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:

Molly Mom  
(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): to be filed. 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.

Molly Mom  
DATE (TYPE OR PRINT NAME)

Mother  
(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): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____	
<b>NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL</b>	CASE NUMBER: _____

TO (insert name of party being served): \_\_\_\_\_

**NOTICE**

The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons on you in any other manner permitted by law.

If you are being served on behalf of a corporation, an unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of such entity or by a person authorized to receive service of process on behalf of such entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of summons. If you return this form to the sender, service of a summons is deemed complete on the day you sign the acknowledgment of receipt below.

Date of mailing: \_\_\_\_\_

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

▶

\_\_\_\_\_  
 (SIGNATURE OF SENDER - MUST NOT BE A PARTY IN THIS CASE)

**ACKNOWLEDGMENT OF RECEIPT**

This acknowledges receipt of (to be completed by sender before mailing):

1.  A copy of the summons and of the complaint.
2.  Other (specify): \_\_\_\_\_

**(To be completed by recipient):**

Date this form is signed: \_\_\_\_\_

\_\_\_\_\_  
 TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY,  
 ON WHOSE BEHALF THIS FORM IS SIGNED)

▶

\_\_\_\_\_  
 (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF  
 ACKNOWLEDGMENT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)



**CONFIDENTIAL (DO NOT ATTACH TO PETITION)**

GC-212

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Alicia Attorney (SB # 171497)</b> Law Firm of Pro & Bono 777 El Camino Real Palo Alto, CA 94305 TELEPHONE NO.: (650)123-4567 FAX NO (Optional) E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Jane Client</b>		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Mateo</b> STREET ADDRESS: <b>Hall of Justice</b> MAILING ADDRESS: <b>400 County Center</b> CITY AND ZIP CODE: <b>Redwood City, CA 94063</b> BRANCH NAME: <b>Southern</b>			
GUARDIANSHIP OF (Name): <b>Barbara Baby</b>		CASE NUMBER: P xxxxxxxx _____	
<b>CONFIDENTIAL GUARDIAN SCREENING FORM</b> Guardianship of <input checked="" 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):** Jane Client  
 b. Date of birth:  
 c. Social security number: 12345678      d. Driver's license number: A 123456      State: CA  
 e. Telephone numbers: Home: (650) 456-7890 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.)

CONFIDENTIAL

GC-212

GUARDIANSHIP OF (Name): Barbara Baby	CASE NUMBER: P XXXXXXXX _____
MINOR	

10. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?  
 Yes  No (If you checked "Yes," explain in Attachment 10.)
11. Do you or does any other person living in your home suffer from mental illness?  
 Yes  No (If you checked "Yes," explain in Attachment 11.)
12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?  
 Yes  No (If you checked "Yes," explain in Attachment 12.)
13.  I have or may have  I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of guardian.  
 (If you checked "I have or may have," explain in Attachment 13.)
14.  I have  I have not previously been appointed guardian, conservator, executor, or fiduciary in another proceeding.  
 (If you checked "I have," explain in Attachment 14.)
15.  I have  I have not been removed as guardian, conservator, executor, or fiduciary in any other proceeding.  
 (If you checked "I have," explain in Attachment 15.)
16.  I am  I am not a private professional fiduciary, as defined in Business and Professions Code section 6501(f).  
 (If you checked "I am," respond to item 17. If you checked "I am not," go to item 18.)
17.  I am  I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as guardian in this matter. (Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 4d of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
18.  I am  I am not a responsible corporate officer authorized to act for (name of corporation):

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

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

MINORS' CONTACT INFORMATION


20. Minor's name: Barbara Baby School (name): Teddy Day Care  
 Home telephone: (650) 456-7890 School telephone: 650-717-7167 Other telephone:
21. Minor's name: School (name):  
 Home telephone: School telephone: Other telephone:
22. Minor's name: School (name):  
 Home telephone: School telephone: Other telephone:
- Information on additional minors is attached.

DECLARATION

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

Date:

Jane Client  
(TYPE OR PRINT NAME OF PROPOSED GUARDIAN)

  
(SIGNATURE OF PROPOSED GUARDIAN)\*

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address) Alicia Attorney (SB # 171497) LAW FIRM OF PRO & BONO 777 El Camino Real Palo Alto, CA 94305 TELEPHONE NO: (650) 123-4567    FAX NO.(Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): JANE CLIENT	Reserved for Clerk's Office Stamp
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> Hall of Justice, Probate Division, 1 <sup>st</sup> Floor 400 County Center Redwood City, CA 94063	
GUARDIANSHIP OF (Name): BARBARA BABY	
<b>Notification to Court of Addresses for Guardianship</b>	<b>CASE NUMBER:</b> P xxxxxxxx

Date of Original Appointment: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_  Original  Accounting  Address Change

Indicate any special issues relating to a guardianship investigation (Examples: language spoken, personal safety, communication issues, etc.): \_\_\_\_\_

(Proposed) **Ward** Name: BABARBARA BABY  
 Address: 123 3rd Street San Mateo, CA 94042  
 Phone No: (650) 456-7890

(Proposed) **Guardian**: JANE CLIENT Relationship: GRANDMOTHER  
 Address: 123 3rd Street San Mateo, CA 94042  
 Phone No: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(650) 456-7890

**Attorney for (proposed) Ward**: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No: \_\_\_\_\_

**Attorney for (proposed) Guardian**: ALICIA ATTORNEY  
 Address: 777 El Camino Real, Palo Alto, CA 94305  
 Phone No: (650) 123-4567

**Physician/Practitioner**: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No: \_\_\_\_\_

NOTE: This form shall be filed at the following times:

1. By the Proposed Guardian with the Petition for Guardianship
2. By the Guardian when filing a Petition for Accounting
3. By the Guardian upon change of location (address) by the Ward and/or Guardian

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) Alicia Attorney (SB # 171497) Law Firm of Pro & Bono 777 El Camino Real Palo Alto, CA 94305 TELEPHONE NO.: (650)123-4567      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Jane Client	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Mateo STREET ADDRESS: Hall of Justice MAILING ADDRESS: 400 County Center CITY AND ZIP CODE: Redwood City, CA 94063 BRANCH NAME: Southern	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE  OF (Name): Barbara Baby      MINOR	
<b>DUTIES OF GUARDIAN and Acknowledgment of Receipt</b>	CASE NUMBER: P xxxxxxxx_____

## DUTIES OF GUARDIAN

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

### 1. GUARDIANSHIP OF THE PERSON

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

- a. **Fundamental responsibilities** - The guardian of the person of a child has the care, custody, and control of the child. As guardian, you are responsible for providing for food, clothing, shelter, education, and all the medical and dental needs of the child. You must provide for the safety, protection, and physical and emotional growth of the child.
- b. **Custody** - As guardian of the person of the child, you have full legal and physical custody of the child and are responsible for **all** decisions relating to the child. The child's parents can no longer make decisions for the child while there is a guardianship. The parents' rights are suspended—not terminated—as long as a guardian is appointed for a minor.
- c. **Education** - As guardian of the person of the child, you are responsible for the child's education. You determine where the child should attend school. As the child's advocate within the school system, you should attend conferences and play an active role in the child's education. For younger children, you may want to consider enrolling the child in Head Start or other similar programs. For older children, you should consider their future educational needs such as college or a specialized school. You must assist the child in obtaining services if the child has special educational needs. You should help the child in setting and attaining his or her educational goals.
- d. **Residence** - As guardian, you have the right to determine where the child lives. The child will normally live with you, but when it is necessary, you are allowed to make other arrangements if they are in the best interest of the child. You should obtain court approval before placing the child back with his or her parents.

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

(Continued on reverse)

GUARDIAN OF (Name): Barbara Baby	CASE NUMBER: P XXXXXXXX
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 support the child financially. 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): Barbara Baby	CASE NUMBER: P XXXXXXXX
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): Barbara Baby	MINOR	CASE NUMBER: P XXXXXXX
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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): Barbara Baby	CASE NUMBER: P XXXXXXXX
MINOR	

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:

Jane Client \_\_\_\_\_  
 (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 OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 <i>(Name, State Bar number, and address)</i> Alicia Attorney (SB # 171497) LAW FIRM OF PRO & BONO 12 California Avenue Palo Alto, CA 94305 TELEPHONE NO.: (650)123-4567 FAX NO.: ATTORNEY FOR (Name): JANE CLIENT		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO STREET ADDRESS: Hall of Justice MAILING ADDRESS: 400 County Center CITY AND ZIP CODE: Redwood City, CA 94063 BRANCH NAME:			
PETITIONER/PLAINTIFF: In Re Guardianship of BARBARA BABY, A Minor RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:		CASE NUMBER: P 12345 <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:	
<b>PROOF OF PERSONAL SERVICE</b>			

- 1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
- 2. Person served (name): MOLLY MOM
- 3. I served copies of the following documents (specify): NOTICE OF HEARING & PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR

- 4. By personally delivering copies to the person served, as follows:
  - a. Date: 07-04-02
  - b. Time: 10:00 AM
  - c. Address: 125 Heller Street, San Mateo, CA 94402

- 5. I am
  - a.  not a registered California process server.
  - b.  a registered California process server.
  - c.  an employee or independent contractor of a registered California process server.
  - d.  exempt from registration under Business & Profession Code section 22350(b).
  - e.  a California sheriff or marshal.

- 6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):  
 Friend of Petitioner, 12345 Helpful Street, Old Town, CA 94123

- 7.  I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- 8.  I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

FRIEND OF PETITIONER  
 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

  
 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP    OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): Barbara Baby	CASE NUMBER: P. xxxxxxxx _____
<input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

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

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

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

Continued on Attachment 4.

5. I am (*check all that apply*):
  - a.  not a registered California process server.
  - b.  a California sheriff or marshal.
  - c.  a registered California process server.
  - d.  an employee or independent contractor of a registered California process server.
  - e.  exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):  
 Family Friend  
 3500 Mission Street  
 San Francisco, CA 94110

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

	Name	Address where served ( <i>number, street, city, and state</i> )	Date and time service made
1.	Molly Mom	717 Walden House, San Francisco, CA 94102	Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

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

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

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

Date:

Date:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

Family Friend

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): (650)123-4567 Alicia Attorney (SB # 171497) Law Firm of Pro & Bono 12 California Avenue Palo Alto, CA 94305	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): Jane Client		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Mateo STREET ADDRESS: Hall of Justice MAILING ADDRESS: 400 County Center CITY AND ZIP CODE: Redwood City, CA 94063 BRANCH NAME: Southern		
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): Barbara Baby MINOR		
ORDER APPOINTING GUARDIAN OF <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MINORS		CASE NUMBER: P xxxxxxx
<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): Honorable Judge Judge  
b. Hearing date: Time:  Dept.:  Room:  
c.  Petitioner (name): Jane Client  
d.  Attorney for Petitioner (name): Alicia Attorney (SB # 171497)  
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):  
David Dad, paternal grandparents (names unknown)  
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): Jane Client  
(Address): 123 3rd Street San Mateo, CA 94401 (Telephone): (650) 456-7890

is appointed guardian of the PERSON of (name): Barbara Baby

and Letters shall issue upon qualification.

Do NOT use this form for a temporary guardianship.

(Continued on reverse)

GUARDIANSHIP OF (Name):  
Barbara Baby

CASE NUMBER:  
P \_XXXXXXX\_

MINOR

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

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

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

9. a.  Bond is not required.

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

c.  Deposits of: \$ \_\_\_\_\_ are ordered to be placed in a blocked account at (specify institution and location):

and receipts shall be filed. No withdrawals shall be made without a court order.  Additional orders in Attachment 9c.

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

10.  For legal services rendered on behalf of the minor,  parents of the minor  minor's estate shall pay to (name): \_\_\_\_\_ the sum of: \$ \_\_\_\_\_  
 forthwith  as follows (specify terms, including any combination of payors):

11.  The guardian of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 11  subject to the conditions provided.

12.  Orders are granted relating to the powers and duties of the guardian of the person under Probate Code sections 2351-2358 as specified in Attachment 12.

13.  Orders are granted relating to the conditions imposed under Probate Code section 2402 upon the guardian of the estate as specified in Attachment 13.

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

15.  The probate referee appointed is (name and address):

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

17. Number of pages attached: 0

Date:

JUDGE OF THE SUPERIOR COURT

Honorable Judge Judge

SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Alicia Attorney (SB # 171497)</b> Law Firm of Pro & Bono 777 El Camino Real Palo Alto, CA 94305 TELEPHONE NO.: (650)123-4567 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Jane Client</b>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Mateo</b> STREET ADDRESS: <b>Hall of Justice</b> MAILING ADDRESS: <b>400 County Center</b> CITY AND ZIP CODE: <b>Redwood City, CA 94063</b> BRANCH NAME: <b>Southern</b>	
GUARDIANSHIP OF <b>Barbara Baby</b> (Name):	MINOR
LETTERS OF GUARDIANSHIP <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER: P xxxxxxxx

**LETTERS**

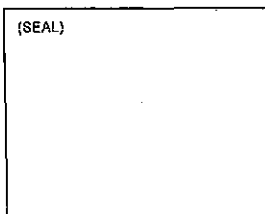
1. (Name): **Jane Client** is appointed guardian of the  person  estate  
 of (name): **Barbara Baby, a minor**

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: 0

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



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

GUARDIANSHIP OF (Name): Barbara Baby  MINOR	CASE NUMBER:  P XXXXXX
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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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): LAW FIRM OF LAW FIRM OF 12 California Avenue Palo Alto, CA 94305 (650)123-4567 TELEPHONE NO.: JANE CLIENT                      FAX NO. (Optional): SAN MATEO E-MAIL ADDRESS (Optional): Hall of Justice ATTORNEY FOR (Name): 400 County Center	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Redwood City, CA 94063  STREET ADDRESS: MAILING ADDRESS: X CITY AND ZIP CODE: BRANCH NAME: BARBARA BABY	
TEMPORARY GUARDIANSHIP OF (Name): BARBARA BABY  <div style="text-align: right;">MINOR</div>	CASE NUMBER: P _____  HEARING DATE:  DEPT.:                      TIME:
<b>PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN</b> <input checked="" type="checkbox"/> Person* <input type="checkbox"/> Estate* <input type="checkbox"/> Person and Estate*	

1. Petitioner (name each): JANE CLIENT

requests that

- a. (Name):  
(Address and telephone number):  
be appointed temporary guardian of the PERSON of the minor and Letters issue upon qualification.
- b. (Name):  
(Address and telephone number):  
be appointed temporary guardian of the ESTATE of the minor and Letters issue upon qualification.
- c. (1)  bond not be required because petition is for a temporary guardianship of the person only.  
 (2)  bond not be required for the reasons stated in attachment 1c. Guardianship of the Person only.  
 (3)  \$ \_\_\_\_\_ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.  
 (Specify reasons in Attachment 1c if the amount is different from maximum required by Probate Code section 2320 and Cal. Rules of Court, rule 7.207(c).)  
 (4)  \$ \_\_\_\_\_ in deposits in a blocked account be allowed. Receipts will be filed.  
 (Specify institution and location):
- d.  a request for an exception to notice of the hearing on this petition for good cause is filed with this petition.
- e.  the powers specified in attachment 1e be granted in addition to the powers provided by law.
- f.  other orders be granted (specify in attachment 1f).

2. The minor is (name): BARBARA BABY  
Current address: 1234 Harbor Blvd.

Current telephone no.: 650/123-4567

3. The minor requires a temporary guardian to  provide for temporary care, maintenance, and support  
 protect property from loss or injury because (facts are  specified in attachment 3  as follows):

[Note to Pro Bonos: you can either specify facts here or in an Attachment.]  
 Barbara Baby has been living with petitioner Jane Client for the past few months. Barbara Baby had not had any of her immunizations and I think she has asthma. I am very worried about her medical conditions, but I cannot add her to my medical insurance unless I am her legal guardian.  
 \*You MAY use this form or form GC-110(P) for a temporary guardianship of the person. You MUST use this form for a temporary guardianship of the estate or the person and estate.

TEMPORARY GUARDIANSHIP OF (Name): BARBARA BABY	CASE NUMBER: P _____
MINOR	

3.  (Facts supporting appointment of a temporary guardian (continued)):

4. Temporary guardianship is required

- a.  pending the hearing on the petition for appointment of a general guardian.
- b.  pending the appeal under Probate Code section 1301.
- c.  during the suspension of powers of the guardian.

5.  Character and estimated value of the property of the estate (complete if a temporary guardianship of the estate or person and estate is requested):

- a. Personal property: \$ \_\_\_\_\_
- b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: \$ \_\_\_\_\_
- c. Additional amount for cost of recovery on the bond, calculated as required under Cal. Rules of Court, rule 7.207(c): \$ \_\_\_\_\_
- d. Total: \_\_\_\_\_

6. Petitioner believes the minor  will  will not attend the hearing.

7. All attachments to this form are incorporated by this reference as though placed here in this form. There are One pages attached to this form.

LAW FIRM OF

NOTE to Pro Bono Attys: I would attach a page doing a due diligence declaration explaining why notice to the mother and father should be waived.

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

LAW FIRM OF

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

Date:

JANE CLIENT  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

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

\_\_\_\_\_  
(SIGNATURE OF PETITIONER)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
 After recording return to:  
 Alicia Attorney (SB # 171497)  
 LAW FIRM OF  
 PRO & BONO  
 12 California Avenue  
 Palo Alto, CA 94305  
 TELEPHONE NO.: (650)123-4567  
 FAX NO. (Optional):  
 E-MAIL ADDRESS (Optional):  
 ATTORNEY FOR (Name): JANE CLIENT

NOTE to Pro Bono Attys: Remember that you need to do a separate Order and Letters for each minor

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO  
 STREET ADDRESS: Hall of Justice  
 MAILING ADDRESS: 400 County Center  
 CITY AND ZIP CODE: Redwood City, CA 94063  
 BRANCH NAME:

TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP  
 OF (Name): BARBARA BABY  MINOR  CONSERVATEE

FOR RECORDER'S USE ONLY

CASE NUMBER:  
P

LETTERS OF TEMPORARY  GUARDIANSHIP  CONSERVATORSHIP  
 Person  Estate

FOR COURT USE ONLY

LETTERS

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

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: None

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

(SEAL)

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

TEMPORARY <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE                 </div>	CASE NUMBER: _____
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**NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS**  
(Probate Code sections 2890–2893)

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

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**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)
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**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): Alicia Attorney (SB # 171497) LAW FIRM OF: PRO & BONO 12 California Avenue Palo Alto, CA 94305 TELEPHONE NO.: (650) 123-4567      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): JANE CLIENT	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> STREET ADDRESS: Hall of Justice MAILING ADDRESS: 400 County Center CITY AND ZIP CODE: Redwood City, CA 94063 BRANCH NAME:	
TEMPORARY GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): Barbara Baby	
<b>ORDER APPOINTING TEMPORARY GUARDIAN</b>	CASE NUMBER: P
<b>WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.</b>	

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

- a. Judicial officer (name):  
 b. Hearing date: 5/13/03      Time: 9:00 AM       Dept.: 10       Room:  
 c.  Petitioner (name): JANE CLIENT  
 d.  Attorney for petitioner (name): Alicia Attorney (SB # 171497)  
 e.  Minor (name):  
 f.  Attorney for minor (name):  
 g.  Minor's parents (names):  
 h.  Attorney for minor's parents (names):  
 i.  Person with valid visitation order (name):  
 j.  Attorney for person with valid visitation order (name):  
 k.  Public Guardian (name):  
 l.  Attorney for Public Guardian (name):

#### THE COURT FINDS

2. a.  Notice of the time and place of hearing has been given as required by law.  
 b.  Notice of the time and place of hearing  has been  should be dispensed with for (names): Mother and father cannot be served despite due diligence.  
 3. It is necessary that a temporary guardian be appointed to  provide for temporary care, maintenance, and support  
 protect property from loss or injury  pending the hearing on the petition for appointment of a general guardian.  
 pending an appeal under Probate Code section 1301.  during the suspension of powers of the guardian.

#### THE COURT ORDERS

4. a.  (Name): Jane Client  
 (Address): 1234 Harbor Blvd.      (Telephone): 650/123-4567  
 San Mateo, CA 94402

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

- b.  (Name):  
 (Address):      (Telephone):

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

TEMPORARY GUARDIANSHIP OF (Name): Barbara Baby  MINOR	CASE NUMBER: P _____
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5.  Notice of hearing to the persons named in item 2b is dispensed with.
6. a.  Bond is not required.
- b.  Bond is fixed at: \$ \_\_\_\_\_ to be furnished by an authorized surety company or as otherwise provided by law.
- c.  Deposits of: \$ \_\_\_\_\_ are ordered to be placed in a blocked account at (*specify institution and location*): \_\_\_\_\_
- \_\_\_\_\_ and receipts shall be filed. No withdrawals shall be made without a court order.  Additional orders in attachment 6c.
- d.  The temporary guardian is not authorized to take possession of money or any other property without a specific court order.
7.  In addition to the powers granted by law, the temporary guardian is granted other powers. These powers are specified.  in attachment 7.  below (*specify*): \_\_\_\_\_

8.  Other orders as specified in attachment 8 are granted.
9.  Unless modified by further order of the court, this order expires on (*date*): \_\_\_\_\_
10. Number of boxes checked in items 4–9: Two
11. Number of pages attached: Non

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

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

SIGNATURE FOLLOWS LAST ATTACHMENT

**SAMPLE CLIENT CLOSING LETTER TO BE SENT  
AFTER FILING SUBSTITUTION OF ATTORNEY**

September 22, 2013

Jane Client  
123 3<sup>rd</sup> Street  
San Mateo, CA 94402

Dear Ms. Client:

Thank you for signing and returning the SUBSTITUTION OF ATTORNEY form I sent you. Enclosed is a filed copy for your records.

I have now closed your file here at \_\_\_\_\_. Closing your file means that neither I nor my office is now doing any legal work for you and will not do any legal work for you unless we sign a new written retainer agreeing that I will do something. You are still welcome to call Legal Aid at any time in the future should you wish help with anything.

I have also enclosed a blank Confidential Status Report Form that you must fill out and return to the court every year. If you return it a month prior to the annual review you do not need to appear in court.

Congratulations again on obtaining legal guardianship of \_\_\_\_\_! I have enjoyed meeting you very much, and I wish you the best of luck with \_\_\_\_\_ and everything you are doing. Take care of yourself!

Sincerely,

Attorney



**SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO**

**CAREGIVER AUTHORIZATION AFFIDAVIT**

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: \_\_\_\_\_

2. Minor's birth date: \_\_\_\_\_

3. My name (adult giving authorization): \_\_\_\_\_

4. My home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of a "qualified relative").

6. Check one or both (for example, if one parent was advised and the other cannot be located):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

7. My date of birth: \_\_\_\_\_

8. My California's driver license or identification card number: \_\_\_\_\_

**WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.**

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

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Notices:

**SUPERIOR COURT OF CALIFORNIA - COUNTY OF SAN MATEO**

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

**Additional Information:**

**TO CAREGIVERS:**

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, 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 the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information request in item 8 (California driver's license of I.D.), provide another form of identification such as your social security number or Medi-Cal number.

**TO SCHOOL OFFICIALS:**

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

**TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:**

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.



IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF SAN MATEO

SUPERIOR COURT OF THE )  
STATE OF CALIFORNIA IN )  
AND FOR THE COUNTY OF )  
SAN MATEO )  
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NOTICE TO PARTIES  
RE: SUPERVISED VISITATION  
AND EXCHANGE ORDERS

NOTICE IS HEREBY GIVEN THAT the contract for supervised visitation and exchange services between the court and Peninsula Family Services Family Visitation Center, formerly operated by Pyramid Alternatives, was terminated effective October 31, 2012.

Effective November 1, 2012, **Rally Family Visitation Services** is the new agency providing supervised visitation and exchange services on behalf of the court within the County of San Mateo. Rally Family Visitation Services is located at 1600 Trousdale Dr., Burlingame, CA. They can be contacted at (650) 259-7996.

Supervised visitation and exchange services referenced in existing San Mateo Superior Court Orders formerly conducted at "Peninsula Family Services Family Visitation Center" will hereafter be conducted through Rally Family Visitation Services as stated above.

Dated: NOV 09 2012

  
\_\_\_\_\_  
Judge of the Superior Court  
Supervising Family Law Judge