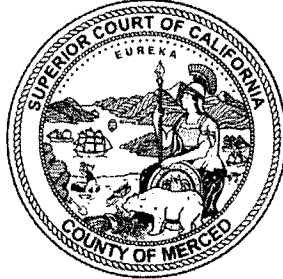


SUPERIOR COURT OF CALIFORNIA
COUNTY OF MERCED



GUARDIANSHIP PACKET
(with instructions)

FORMS INCLUDED IN THIS PACKET	
General Instructions	
FORMS FOR PETITIONER TO FILE TO START GUARDIANSHIP CASE:	
Petition for Appointment of Guardian of the Person	Judicial Council Form #GC-210(P)
Guardianship Petition - Child Information Attachment	Judicial Council Form #GC-210(CA)
Notice Of Hearing – Guardian of the Person	Judicial Council Form #GC-020
Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJA)	Judicial Council Form #FL-105/GC-120
Attachment to Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJA)	Judicial Council Form #FL-105(A)
Duties of Guardian	Judicial Council Form #GC-248
Consent of Proposed Guardian	Judicial Council Form #GC-211
Confidential Guardian Screening Form	Judicial Council Form #GC-212
Court Investigations Guardianship Questionnaire	Local Form #MSC-PR-001
Proof of Service for Personal Service or by Notice and Acknowledgement of Receipt	Local Form #MSC-PR-005
Proof of Service by Mail	Local Form #MSC-PR-004
FORMS TO USE TO FILE A PETITION FOR TEMPORARY GUARDIANSHIP	
Petition for Appointment of Temporary Guardian of the Person	Judicial Council Form #GC-110(P)
Notice Of Hearing – Temporary Guardian of the Person	Judicial Council Form #GC-020

Rev 3/05/2019

PRICE: \$9.00

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INSTRUCTIONS: GUARDIANSHIP OF THE PERSON

WHAT IS PROBATE GUARDIANSHIP OF THE PERSON?

Guardianship of the Person is a probate court proceeding in which a judge gives a responsible adult custody of a minor child, who is called the "ward." The person who is asking to be the guardian can request to be appointed, or the parent(s) of the child, or a child over the age of 12, can nominate and request that another person be appointed. The person who is asking for the guardianship will file certain application papers, attend a hearing (or two, if requesting temporary guardianship), and meet with the Investigator.

DO I NEED A GUARDIANSHIP?

Depending on your situation, you may not need to file for guardianship. If you are a relative and only want to enroll the child in school and/or obtain medical and dental care (including mental health care) for the child, you may only need a Caregiver's Authorization Affidavit (Family Code Section 6550). However, the Caregiver's Authorization Affidavit does not affect the rights of the minor's parents or legal guardian regarding care, custody and control of the minor and does not mean that the caregiver has legal custody of the minor. You can speak with your local Self-Help Office attorney about whether a Caregiver's Authorization Affidavit or a Guardianship is more appropriate for your situation.

WHAT IS THE DIFFERENCE BETWEEN TEMPORARY AND PERMANENT GUARDIANSHIP?

A Temporary Guardianship may be appropriate if there is an emergency and you need to establish guardianship quickly (for example, the child's parents are both dead, absent, incarcerated or incapacitated, or the child's parents are also minors). In those cases, you can request an order giving you temporary guardianship that lasts until the hearing on the permanent guardianship. You cannot file for only temporary guardianship.

HOW SOON CAN I GET A HEARING?

Typically, a Temporary Guardianship hearing will be set within about 5-10 days of filing. A permanent guardianship hearing is set about 60 -70 days from the date of filing, so that the Court Investigator has time to complete a background investigation on each proposed guardian and any other adult living in the home where the minor child will live. The judge will receive and review the report before the hearing.

WHAT RIGHTS AND RESPONSIBILITIES WILL I HAVE AS GUARDIAN?

The Duties of Guardian form explains in detail all of the rights and duties of a guardian. You will have legal custody of the child (your "ward") and will have responsibility for caring for your ward and making all the decisions that a parent would make. A legal guardian can also apply for a passport on behalf of his or her ward.

WHAT FORMS DO I FILL OUT?

Required Forms to Use to Start a Guardianship Case

- ☐ GC-210(P) - Petition for Appointment of Guardian of the Minor
- ☐ GC-210(CA) - Child Information Attachment (1 separate form for each child)
- ☐ ICWA-010(A) - Indian Child Inquiry Attachment
- ☐ GC-020 - Notice of Hearing of Petition for Appointment of Guardian of the Person
- ☐ GC-020(P) - Proof of Personal Service (attached to Notice of Hearing)
- ☐ DE-120(MA)/GC-020(MA – Attachment to Notice of Hearing Proof of Service By Mail
- ☐ FL-105GC-120 – Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act
- ☐ GC-211 – Consent of Proposed Guardian (includes nomination/consent to guardianship)
- ☐ GC-212 – Confidential Guardian Screening Form
- ☐ Local court form Court Investigations Guardianship Questionnaire
- ☐ GC-240 - Order Appointing Guardian of the Minor (your court may prepare these for you)
- ☐ GC-250 – Letters of Guardianship (your court may prepare these for you)

Forms to File for Temporary Guardianship:

- ☐ GC-110(P) - Petition for Appointment of Temporary Guardian
- ☐ GC-020 – Notice of Hearing

Forms to File to Waive Filing and Investigation Fees:

When you file your petition for guardianship, the Clerk's office will charge \$225 plus \$60 if you are requesting Temporary Guardianship, plus \$30 per hearing for court reporter services, plus a separate investigator fee of up to \$800. You may be able to waive these fees. To apply for a fee waiver, file the following documents with your Petition papers:

- ☐ FW-001-GC – Request to Waive Court Fees (Ward or Conservatee)
- ☐ FW-003-GC – Order on Court Fee Waiver (Superior Court)

WHAT DO I DO AFTER I COMPLETE MY FORMS?

Make sure that you have listed all of the people you will need to serve on your Proof of Service forms. Attach them to your Notice of Hearing (Guardianship). Make 3 copies of each form (except the Fee Waiver forms and the Court Investigations Guardianship Questionnaire) and take them to your court's Probate Clerk's Office. The clerk will file-stamp them and give you back your copies. You will then need to serve the forms before the hearing(s).

WHO DO I SERVE AND WHEN?

Temporary Guardianship:

At least 5 days before the hearing, serve Petition for Appointment of Temporary Guardian and Notice of Hearing (you can serve the Notice and Petition for Permanent Guardian at the same time)

- both parents
- the minor child (if over 12)
- anyone nominated as guardian in a will
- any existing guardian

Permanent Guardianship:

Immediately after filing for guardianship, you should serve the Petition and Notice of Hearing by mail on:

- all grandparents
- all siblings at least 12 years of age
- **Merced County Child Welfare Services**, Attn: Guardianship Dept.
2115 Wardrobe Ave, Merced, CA 95340
- **California Department of Social Services**
744 P Street, Sacramento, CA 95814-6413

At least 16 court days before the hearing, you must personally serve the Petition and Notice of Hearing (unless already served) on:

- both parents
- the minor child (if at least 12)
- anyone nominated as a guardian in a will
- persons nominated as guardians in a will (if any), and

** You should already have all of these people listed on the proof of service when you file your papers. Anyone who signs the consent form (GC-211) does not need to be served.*

WHAT IF I CAN'T FIND ALL OF THE PEOPLE I AM SUPPOSED TO SERVE?

You can request to waive service (not serve) for good cause, which means you have tried unsuccessfully to find them, you don't know who they are, or you are concerned that the minor child might be severely harmed (physically injured, or hidden away) if they know about the Petition for Temporary Guardianship ahead of the hearing. If you request to waive service, the judge will decide at the hearing whether you have demonstrated "good cause" for the waiver.

WHAT DO I DO AFTER I SERVE THE PAPERS?

Have the person who serves the papers sign and date the Proof of Service forms attached to the Notice of Hearing. Make one copy of the Notice of Hearing (with original signed Proofs of Service attached) and give the original and copy to the Probate Clerk. The Clerk will file the original and stamp your copy and return it to you for your records.

WHAT DO I DO NEXT?

Go to your scheduled hearings and cooperate with the Court Investigator's investigation. If you are appointed Guardian, you will receive signed Orders and Letters of Guardianship after court.

OTHER RESOURCES:

1. This video put out by Solano County and Contra Costa County Superior Courts provides excellent information on duties, procedures, and paperwork for guardianships:

<https://www.youtube.com/watch?v=3pt2tLk8Fk0&list=PLnMJyjNWwPW4nfPaeke3MvFvvdjga-knB&index=9>

2. The Superior Court of Contra Costa County also has excellent interactive site regarding guardianships in its California Online Self-Help Law Center:

<http://cc-courthelp.org/?Lang=ENG&Parent=241>

3. You can also find information at the Judicial Council's California Courts Online Self-Help Center:

<http://www.courts.ca.gov/selfhelp-guardianship.htm>

GC-210(P)**Petition for Appointment of
Guardian of the Person**Guardianship of the person of *(all children's names)*:

Clerk stamps date here when form is filed.

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

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

a. _____
b. _____
c. _____

- 2 Your address and telephone number:**

Street: _____ Apt.: _____
City: _____
State: _____ Zip: _____ Phone: _____

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

Name: _____ Bar No.: _____
Firm name, if any: _____
Street: _____ Suite: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____

- 4** ☐ **I/We want to be guardian of the child or children named in ⑧** *(Go to ⑤.)*
☐ **I/We want the person or persons named here to be the guardian of the child or children named in ⑧. Tell the court about the proposed guardian(s) below.**

Name(s): _____

Street: _____ Apt.: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

- ☐ **I am the child or one of the children named in ⑧ and a person named in ①. I am at least 12 years old. I want the person or persons named here to be my guardian.**
My date of birth is *(month/day/year)*: _____ *Tell the court about the proposed guardian(s) below.*

Name(s): _____

Street: _____ Apt.: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

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



Guardianship of the person of <i>(all children's names)</i> :	Case Number:

⑩ c. ☐ Make the following additional orders *(specify)*:

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

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

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

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

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

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

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

Date: _____ *Petitioner types or prints name here* *Petitioner signs here*

Date: _____ *Petitioner types or prints name here* *Petitioner signs here*

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

Date: _____ *Proposed ward types or prints name here* *Proposed ward signs here*

Guardianship of (all children's names): _____

This child's name: _____

Fill out a separate copy of this form for **each** child for whom you want the court to appoint a guardian.This form is attached to the Petition, ☐ item 2 of form GC-210, or ☒ item 8 of form GC-210(P).The Petition asks for the appointment of a guardian of this child's (specify): ☒ person ☐ estate ☐ person and estate**1 Tell the court about this child**a. Child's full legal name: _____ Date of birth: _____
First Middle Last Month/Day/Year

b. Child's current address: _____

c. (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** 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): _____

Case Number: _____

This child's name: _____

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): _____

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

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

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

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

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



Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

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

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

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

☐ Relative (specify relationships of all proposed guardians to the child): _____

☐ Not a relative (explain interest in or connection to this child): _____

Guardianship of (all children's names): _____

Case Number: _____

This child's name: _____

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

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

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: _____

This child's name: _____

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.

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1. NOTICE is given that (name):
(representative capacity, if any):
has filed (specify):

Petition for Appointment of Guardian of the Person

2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)

3. ☐ The petition includes an application for the independent exercise of powers by a guardian or conservator under ☐ Probate Code section 2108 ☐ Probate Code section 2590.
Powers requested are ☐ specified below ☐ specified in Attachment 3.

a. Date: _____ Time: _____ Dept.: _____ Room: _____

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



<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (Name): _____	OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	CASE NUMBER: _____
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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*): _____
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*): _____
5. ☐ I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

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

1.		
2.		
3.		
4.		

☐ 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): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: Probate	
PETITIONER: <i>(This section applies only to family law cases.)</i> RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i> GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.

2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.

3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence <div style="display: flex; justify-content: space-between;"> <div>to present</div> <div> <input type="checkbox"/> Confidential </div> <div> <input type="checkbox"/> Confidential </div> <div>Relationship</div> </div>	Address 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)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>			
Period of residence <div style="display: flex; justify-content: space-between;"> <div>to present</div> <div> <input type="checkbox"/> Confidential </div> <div> <input type="checkbox"/> Confidential </div> <div>Relationship</div> </div>	Address 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)	
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.)

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

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

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

Proceeding	Case number	Court (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:

(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.

CASE NAME: 	CASE NUMBER:
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	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)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 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)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 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)		

Page ____ of ____

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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 MERCED STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: Probate	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ MINOR	
DUTIES OF GUARDIAN and Acknowledgment of Receipt	CASE NUMBER: _____

DUTIES OF GUARDIAN

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

1. GUARDIANSHIP OF THE PERSON

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

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

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

(Continued on reverse)

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

(Continued on page three)

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

INSURANCE

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

RECORD KEEPING AND ACCOUNTING

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

3. OTHER GENERAL INFORMATION

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

(Continued on page five)

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

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

ACKNOWLEDGMENT OF RECEIPT

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

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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 MERCED STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: Probate	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____	
<input checked="" type="checkbox"/> CONSENT OF PROPOSED GUARDIAN <input type="checkbox"/> NOMINATION OF GUARDIAN <input type="checkbox"/> CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE	CASE NUMBER: _____

CONSENT OF PROPOSED GUARDIAN

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

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF PROPOSED GUARDIAN)

NOMINATION OF GUARDIAN

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

as guardian of the ☐ person ☐ estate of the minor.

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

as guardian of the ☐ person ☐ estate of the minor.

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE)

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

CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE

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



DATE

(TYPE OR PRINT NAME)

(SIGNATURE)

RELATIONSHIP TO MINOR



DATE

(TYPE OR PRINT NAME)

(SIGNATURE)

RELATIONSHIP TO MINOR



DATE

(TYPE OR PRINT NAME)

(SIGNATURE)

RELATIONSHIP TO MINOR

☐ Continued on Attachment 4.

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CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

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 MERCED STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: Probate		CASE NUMBER: _____ HEARING DATE AND TIME: _____ DEPT.: _____	
GUARDIANSHIP OF _____ (Name): _____ MINOR			
CONFIDENTIAL GUARDIAN SCREENING FORM 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):**
 b. Date of birth: _____
 c. Social security number: _____ d. Driver's license number: _____ State: _____
 e. Telephone numbers: Home: _____ Work: _____ Other: _____
2. ☐ I am ☐ I am not required to register as a sex offender under California Penal Code section 290.
 (If you checked "I am," explain in Attachment 2.)
3. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor. (If you checked "I have," explain in Attachment 3.)
☐ (Check here if you have been arrested for drug or alcohol-related offenses.)
4. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years.
 (If you checked "I have," explain in Attachment 4.)
5. ☐ I am ☐ I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue.
 (If you checked "I am," explain in Attachment 5.)
6. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
☐ Yes ☐ No (If you checked "Yes," explain in Attachment 6 and provide the name and address of each social worker, parole officer, or probation officer.)
7. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of any form of child abuse, neglect, or molestation? ☐ Yes ☐ No (If you checked "Yes," explain in Attachment 7.)
8. ☐ I am ☐ I am not aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding me or any other person living in my home. (If you checked "I am," explain in Attachment 8 and provide the name and address of each agency.)
9. Have you, or has any other person living in your home, habitually used any illegal substances or abused alcohol?
☐ Yes ☐ No (If you checked "Yes," explain in Attachment 9.)

Page 1 of 2

GC-212

GUARDIANSHIP OF (<i>Name</i>):	CASE NUMBER:
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: | School (name): | |
| | Home telephone: | School telephone: | 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: |
| | <input type="checkbox"/> Information on additional minors is attached. | | |

DECLARATION

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

Date:

(TYPE OR PRINT NAME OF PROPOSED GUARDIAN)

(SIGNATURE OF PROPOSED GUARDIAN)*

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

MERCED COUNTY SUPERIOR COURT
COURT INVESTIGATIONS GUARDIANSHIP QUESTIONNAIRE

Minor's Name

Case No.

Hearing Date:

Petitioner's (paternal or maternal) relationship to the minor:

This questionnaire **MUST** be completed and served to the Court Investigator with the Petition for Appointment of Guardianship. If you find there is not enough room to complete your answer, use the reverse of the page or attach a separate sheet of paper clearly identifying the question. **DO NOT** leave any question blank. State **N/A** if the question does not apply to you.

IF THERE IS A PROPOSED CO-GUARDIAN WHO IS NOT LISTED AS SPOUSE OR SIGNIFICANT OTHER, AN ADDITIONAL FORM **MUST** BE COMPLETED FOR THAT PERSON.

FAILURE TO SERVE THE COURT INVESTIGATOR WITH THIS FORM AND COPIES OF ALL DOCUMENTS FILED IN THIS MATTER MAY RESULT IN DELAYS.

For clarification or questions regarding this questionnaire or the guardianship procedure please contact:

Merced County Superior Court Investigator
(209) 725-4190
Monday through Friday 8:00 a.m. to 4:00 p.m.

PERSONAL HISTORY

PROPOSED GUARDIAN

FULL NAME		OTHER NAMES/MAIDEN	
DATE OF BIRTH/BIRTHPLACE		CA ID/DL NO.	
SOCIAL SECURITY NO.			
LIST ALL ADDRESSES FOR THE PAST 5 YEARS 1.		2.	
PHONE NO. FROM TO <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ /MONTH		PHONE NO. FROM TO <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ /MONTH	
3.		PHONE NO. FROM TO <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ /MONTH	
LAST GRADE OF SCHOOL ATTENDED <input type="checkbox"/> 1-7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRADUATE <input type="checkbox"/> MASTERS			
FATHER'S NAME		MOTHER'S NAME	
YOUR HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR NAME OF YOUR PHYSICIAN:			
STATE ANY MEDICAL CONDITIONS YOU ARE CURRENTLY BEING TREATED FOR:			
MEDICATIONS - NAME, AMOUNT, REASON, HOW OFTEN TAKEN:			
ATTENDING COUNSELING? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: COUNSELOR:			
HAVE YOU EVER BEEN CONVICTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE LIST: DATE CITY VIOLATION OUTCOME	
HAVE YOU EVER BEEN OR ARE YOU ON PROBATION/PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE LIST: DATE CITY OFFICER/AGENT/TELEPHONE NO.	
DO YOU DRINK ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MUCH/OFTEN?			
WHAT DRUGS DO/DID YOU USE?		WHEN DID YOU LAST USE?	
HOW MUCH/OFTEN? <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY COST?			
HAVE YOU EVER ENTERED OR COMPLETED AN ALCOHOL OR DRUG TREATMENT PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS:	
HAVE YOU EVER HAD CONTACT WITH A CHILD PROTECTIVE SERVICE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS AND COUNTY:	
ARE YOU <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> LIVING TOGETHER			

DATES AND PLACE OF ALL MARRIAGES: CHILDREN OF THE MARRIAGE: DATE/REASON FOR END OF MARRIAGE:

PERSONAL HISTORY

SPOUSE OR SIGNIFICANT OTHER

FULL NAME		OTHER NAMES/MAIDEN	
DATE OF BIRTH/BIRTHPLACE	CA ID/DL NO.	SOCIAL SECURITY NO.	
LIST ALL ADDRESSES FOR THE PAST 5 YEARS			
1.	2.	3.	
PHONE NO. FROM TO <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ /MONTH	PHONE NO. FROM TO <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ /MONTH	PHONE NO. FROM TO <input type="checkbox"/> OWN <input type="checkbox"/> RENT RENT/MORTGAGE \$ /MONTH	
LAST GRADE OF SCHOOL ATTENDED <input type="checkbox"/> 1-7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRADUATE <input type="checkbox"/> MASTERS			
FATHER'S NAME		MOTHER'S NAME	
YOUR HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR NAME OF YOUR PHYSICIAN:			
STATE ANY MEDICAL CONDITIONS YOU ARE CURRENTLY BEING TREATED FOR:			
MEDICATIONS-NAME, AMOUNT, REASON, HOW OFTEN TAKEN:			
ATTENDING COUNSELING? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE: COUNSELOR:	
HAVE YOU EVER BEEN CONVICTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST: DATE CITY VIOLATION OUTCOME		
HAVE YOU EVER BEEN OR ARE YOU ON PROBATION/PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST: DATE CITY OFFICER/AGENT/TELEPHONE NO.		
DO YOU DRINK ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MUCH/OFTEN?			
WHAT DRUGS DO/DID YOU USE?		WHEN DID YOU LAST USE?	
HOW MUCH/OFTEN? <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY COST?			
HAVE YOU EVER ENTERED OR COMPLETED AN ALCOHOL OR DRUG TREATMENT PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DETAILS:		
HAVE YOU EVER HAD CONTACT WITH A CHILD PROTECTIVE SERVICE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DETAILS AND COUNTY:		
ARE YOU <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> LIVING TOGETHER			
DATES AND PLACE OF ALL MARRIAGES:		CHILDREN OF THE MARRIAGE: DATE/REASON FOR END OF MARRIAGE:	

EMPLOYMENT / FINANCIAL**PROPOSED GUARDIAN**

NAME/ADDRESS/PHONE OF EMPLOYER

TITLE:

HOW LONG?

DAYS/HOURS YOU WORK

GROSS SALARY/MO.

OTHER INCOME ☐ TANF ☐ SOCIAL SECURITY ☐ UNEMPLOYMENT ☐ CHILD SUPPORT ☐ MEDI-CAL

AMOUNT \$

MO/WK

RECEIVED FROM:

NAME/ADDRESS/PHONE OF PREVIOUS EMPLOYERS:

(GIVE DATES OF EMPLOYMENT AND REASON FOR TERMINATION)

WHERE DO YOU BANK? (COMPLETE ADDRESS)

TYPES OF ACCOUNTS:

ACCOUNT NUMBERS:

HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, GIVE DATE PLACE AND RESULT:

☐ YES ☐ NODO YOU SUPPORT ANYONE OUTSIDE OF YOUR RESIDENCE? IF YES GIVE NAME/RELATIONSHIP AND REASON:
☐ YES ☐ NO**SPOUSE/SIGNIFICANT OTHER**

NAME/ADDRESS/PHONE OF EMPLOYER

TITLE:

HOW LONG?

DAYS/HOURS YOU WORK

GROSS SALARY/MO.

OTHER INCOME ☐ TANF ☐ SOCIAL SECURITY ☐ UNEMPLOYMENT ☐ CHILD SUPPORT ☐ MEDI-CAL

AMOUNT \$

MO/WK

RECEIVED FROM:

NAME/ADDRESS/PHONE OF PREVIOUS EMPLOYERS:

(GIVE DATES OF EMPLOYMENT AND REASON FOR TERMINATION)

WHERE DO YOU BANK? (COMPLETE ADDRESS)

TYPES OF ACCOUNTS:

ACCOUNT NUMBERS:

HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, GIVE DATE PLACE AND RESULT:

☐ YES ☐ NODO YOU SUPPORT ANYONE OUTSIDE OF YOUR RESIDENCE? IF YES GIVE NAME/RELATIONSHIP AND REASON:
☐ YES ☐ NO

RESIDENCE

ARE THERE ANY OTHER ADULTS RESIDING IN THE HOME? ☐ YES ☐ NO

IF YES:

NAME	DOB	CA ID/DL NO.	SOCIAL SECURITY NO.	RELATIONSHIP
------	-----	--------------	---------------------	--------------

ARE THERE ANY OTHER CHILDREN RESIDING IN THE HOME? ☐ YES ☐ NO

IF YES:

NAME	DOB	RELATIONSHIP
------	-----	--------------

GUARDIANSHIP CHILD

CHILD TO BE UNDER GUARDIANSHIP:

NAME	DOB	RELATIONSHIP
------	-----	--------------

ANY NATIVE AMERICAN BLOOD? PERCENTAGE? TRIBE?

NAME/ADDRESS OF SCHOOL GRADE:
TEACHER:

NAME/ADDRESS OF PHYSICIAN

DID MOTHER RECEIVE PRENATAL CARE? ☐ YES ☐ NO FULL TERM BIRTH? ☐ YES ☐ NO

DOES CHILD HAVE MEDICAL PROBLEMS? ☐ YES ☐ NO IF YES, EXPLAIN:

WAS THERE A DRUG TEST AT BIRTH? ☐ YES ☐ NO IF YES, RESULTS:

DOES CHILD HAVE BEHAVIORAL PROBLEMS? ☐ YES ☐ NO IF YES, EXPLAIN:

DIFFICULTIES IN SCHOOL? ☐ YES ☐ NO IF YES, EXPLAIN:

SPECIAL EDUCATION NEEDS? ☐ YES ☐ NO IF YES, EXPLAIN:

CRIMINAL INVOLVEMENT? ☐ YES ☐ NO IF YES, EXPLAIN:

CURRENT SOCIAL WORKER? ☐ YES ☐ NO IF YES, NAME:

IS CHILD IN A DAYCARE PROGRAM? ☐ YES ☐ NO IF YES, PROVIDER:

GIVE ALL OF THE ABOVE INFORMATION ON ALL CHILDREN PROPOSED TO BE UNDER GUARDIANSHIP. YOU CAN USE THE REVERSE OF THIS PAGE OR A SEPARATE SHEET. ATTACH COPIES OF BIRTH CERTIFICATES FOR EACH CHILD PROPOSED TO BE UNDER GUARDIANSHIP.

BIRTH PARENTS

MOTHER'S FULL NAME		OTHER NAMES/MAIDEN	
DATE OF BIRTH/BIRTHPLACE	CA ID/DL NO.	SOCIAL SECURITY NO.	
ADDRESS		TELEPHONE NO.	
NAME/ADDRESS OF EMPLOYER		TELEPHONE NO.	
IS MOTHER IN AGREEMENT WITH GUARDIANSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES MOTHER CONTRIBUTE TO THE SUPPORT OF CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES MOTHER VISIT WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES MOTHER HAVE ANY OTHER CHILDREN NOT A PARTY TO THIS ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES: NAME AGE		
HAS THE MOTHER EVER BEEN ARRESTED AND/OR CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:			
HAS CPS EVER INVESTIGATED THE MOTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:			
FATHER'S FULL NAME		OTHER NAMES	
DATE OF BIRTH/BIRTHPLACE	CA ID/DL NO.	SOCIAL SECURITY NO.	
ADDRESS		TELEPHONE NO.	
NAME/ADDRESS OF EMPLOYER		TELEPHONE NO.	
IS FATHER IN AGREEMENT WITH GUARDIANSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES FATHER CONTRIBUTE TO THE SUPPORT OF CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES FATHER VISIT WITH CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES FATHER HAVE ANY OTHER CHILDREN NOT A PARTY TO THIS ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES: NAME AGE		
HAS THE FATHER EVER BEEN ARRESTED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS: AND/OR CONVICTED?			
HAS CPS EVER INVESTIGATED THE FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:			

GENERAL INFORMATION

WERE THE PARENTS EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATUS?
IF NO, WAS PATERNITY EVER ESTABLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CASE NO. COUNTY/STATE
IS THERE AN ORDER FOR SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MUCH? PAID TO?
IS THERE A CUSTODY ORDER BETWEEN THE PARENTS FOR THE CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CASE NO.	

GENERAL INFORMATION CONT'D

HAVE YOU, YOUR SPOUSE, ANOTHER ADULT
IN THE HOME, OR THE PARENTS BEEN
INVOLVED IN ANY OF THE FOLLOWING?

RECEIVED COUNSELING FOR DOMESTIC VIOLENCE?

☐ YES

☐ NO

IF YES, WHO/WHY?

DOMESTIC DISPUTE WHERE LAW ENFORCEMENT WAS CALLED?

☐ YES

☐ NO

IF YES, WHO/WHY?

BEEN THE SUBJECT OF A DOMESTIC OR CIVIL RESTRAINING ORDER?

☐ YES

☐ NO

IF YES, WHO/WHY?

ADDITIONAL INFORMATION

LIST ANY OTHER INFORMATION YOU FEEL MAY BE HELPFUL TO THE INVESTIGATION.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE.

DATED:

NAME OF PETITIONER

SIGNATURE

This page intentionally left blank

PARTY WITHOUT AN ATTORNEY (Name and Address): <i>In Pro Per</i>	TELEPHONE NO:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 627 W. 21st STREET MAILING ADDRESS: 627 W. 21st STREET CITY AND ZIP CODE: MERCED, CA 95340 BRANCH NAME:		
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (NAME):	MINOR	
PROOF OF SERVICE FOR PERSONAL SERVICE OR BY NOTICE AND ACKNOWLEDGMENT OF RECEIPT		CASE NUMBER

I declare that:

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I am a resident of or employed in the county where the mailing occurred, if served by mail.
3. My business or residence address is: _____

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

<input type="checkbox"/> Petition for Appointment of Guardian of Minor	<input type="checkbox"/> Petition for Appointment of Temporary Guardian
<input type="checkbox"/> Notice of Hearing for _____	<input type="checkbox"/> UCCJEA
<input type="checkbox"/> Notice of Hearing for _____	<input type="checkbox"/> Waiver of Notice
<input type="checkbox"/> Consent of Guardian	<input type="checkbox"/> Nomination of Guardian
<input type="checkbox"/> Petition for Visitation – Guardianship	<input type="checkbox"/> Petition for Modification of Visitation - Guardianship
<input type="checkbox"/> Petition for Termination of Guardianship	<input type="checkbox"/> Other:

5. Manner of service:

- a. Personal Service. I personally delivered the above papers to:

- (1) Name of person served: _____
- (2) Address where served: _____
- (3) Date served: _____
- (4) Time served: _____

- b. Mailed Service. I placed a sealed envelope containing the papers listed above, along with two copies of a Notice and Acknowledgement of Receipt and a self-addressed, stamped envelope, deposited with the United States Postal Service with postage fully prepaid to:

- (1) Name of person served: _____
- (2) Address to which documents were mailed: _____
- (3) Date documents were mailed: _____
- (4) City and State where mailing occurred: _____

I declare under the 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 Person who Served Papers)

This page intentionally left blank

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

4. I served copies of the following paper(s):

<input type="checkbox"/> Petition for Appointment of Guardian of Minor	<input type="checkbox"/> Petition for Appointment of Temporary Guardian
<input type="checkbox"/> Notice of Hearing for _____	<input type="checkbox"/> UCCJEA
<input type="checkbox"/> Notice of Hearing for _____	<input type="checkbox"/> Waiver of Notice
<input type="checkbox"/> Consent of Guardian	<input type="checkbox"/> Nomination of Guardian
<input type="checkbox"/> Petition for Visitation – Guardianship	<input type="checkbox"/> Petition for Modification of Visitation - Guardianship
<input type="checkbox"/> Petition for Termination of Guardianship	<input type="checkbox"/> Other: _____
5. I served the above listed documents 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 6 with the postage fully prepaid.
 - b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 6 following our ordinary business practices. I am readily familiar with this business's practices for collection 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.
6. a. Date Mailed: _____ b. Place mailed (city & state): _____

I declare under the 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 Person who Served Papers)

NAME AND ADDRESSES OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person served	Address (number, street, city, state, and zip code)
1.	Merced County Child Welfare Svcs. Attn: Guardianship Department	2115 Wardrobe Ave. Merced, CA 95340
2.	California Dept. of Social Services	744 P Street Sacramento, CA 95814-6413
3.		

☐ Continued on page 2.

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (NAME):	CASE NUMBER
MINOR	

ADDITIONAL PERSONS TO WHOM NOTICE WAS MAILED:

	Name of person served	Address (number, street, city, state, and zip code)
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>

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

Temporary guardianship of (all children's names): _____

Clerk stamps date here when form is filed.

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

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

a. _____
b. _____

- ② **Your address and telephone number:**

Street: _____ Apt.: _____

City: _____

State: _____ Zip: _____ Phone: _____

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

Name: _____ Bar No.: _____

Firm name, if any: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax (optional): _____ E-mail (optional): _____

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

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

Name(s): _____

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: _____

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

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

Fill in court name and street address:

Superior Court of California,
County of **MERCED**
627 W. 21st Street
Merced, CA 95340

Clerk fills in case number when form is filed.

Case Number: _____

Temporary guardianship of (all children's names): _____

Case Number: _____

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

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

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

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

a. Child's full legal name: _____

Child's current address: _____

Child's current phone number: _____

b. Child's full legal name: _____

Child's current address: _____

Child's current phone number: _____

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

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

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

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



Case Number:

Temporary guardianship of (all children's names): _____

Case Number: _____

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

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

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

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

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

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

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

Date: _____

Petitioner's Attorney types or prints name here *Petitioner's Attorney signs here*

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

Date: _____

Petitioner types or prints name here *Petitioner signs here*

Date: _____

Petitioner types or prints name here *Petitioner signs here*

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED

STREET ADDRESS: 627 W. 21st Street

MAILING ADDRESS: 627 W. 21st Street

CITY AND ZIP CODE: Merced, CA 95340

BRANCH NAME: **Probate**

☒ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☒ PERSON ☐ ESTATE
OF (Name):

☒ MINOR ☐ (PROPOSED) CONSERVATEE

CASE NUMBER:

This notice does not require you to appear in court, but you may attend the hearing if you wish.

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

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

a. Date: _____ Time: Dept.: Room:

b. Address of court ☒ 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): _____ <div style="text-align: right;"><input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE</div>	CASE NUMBER: _____
--	--------------------

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*): _____
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*): _____
5. ☐ I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)	 (SIGNATURE OF PERSON COMPLETING THIS FORM)
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NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.		
2.		
3.		
4.		

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