

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA

600 Administration Drive,
Santa Rosa, CA 95403-2878

IN THE MATTER OF THE PROPOSED
GUARDIANSHIP OF:

Minor(s):

Case No.:

Hearing Date:

YOU MUST FOLLOW THESE INSTRUCTIONS

Please answer all questions on this form.

Please file the following documents when you file the Petition to be appointed as Guardian of the Person or Guardian of Person and Estate.

- Each minor's Birth Certificate
- Each minor's Immunization Record
- Each minor's most recent School Records

Please file the following when you file the Petition to be appointed as Guardian of the Estate only.

- Each minor's Birth Certificate

I. MINOR

- A. Birth name:
- B. Age:
- C. Date of Birth:
- D. School in which the minor is presently enrolled:
- E. Does the minor have a history of attendance, achievement, or adjustment problems in school?
- F. Does the minor have a history of involvement with the police, the Juvenile Court, the Probation Department, the Social Services Department of the Child Protective Services?
- G. How does the minor feel about your appointment as Guardian?

II. MINOR (2) if applicable

- A. Birth name:
- B. Age:
- C. Date of Birth:
- D. School in which the minor is presently enrolled:
- E. Does the minor have a history of attendance, achievement, or adjustment problems in school?
- F. Does the minor have a history of involvement with the police, the Juvenile Court, the Probation Department, the Social Services Department of the Child Protective Services?
- G. How does the minor feel about your appointment as Guardian?

III. MINOR'S BIRTH PARENTS

- A. Father's Name:
- B. Father's Date of Birth:
- C. Address:
- D. Phone:
- E. Email:
- F. Occupation:

G. Employer:

H. Does the father have a history of ongoing contact and involvement with the minor?

I. Do you have an agreement with Father about support?

J. Do you have an agreement with Father about visiting the minor?

IV. MINOR'S BIRTH PARENTS

A. Mother's Name:

B. Mother's Date of Birth:

C. Address:

D. Phone:

E. Email:

F. Occupation:

G. Employer:

H. Does the mother have a history of ongoing contact and involvement with the minor?

I. Do you have an agreement with Mother about support?

J. Do you have an agreement with Mother about visiting the minor?

V. PROPOSED GUARDIAN (1)

A. Name:

B. Physical Address:

C. Phone:

D. Email:

E. Occupation:

F. Employer:

G. Length of time employed:

H. What if your gross monthly income from all sources?

I. Will you need financial assistance to provide for the minor if appointed Guardian?

J. Is there a plan in place to receive financial support from either parent?

K. If you have children, please list their name, dates of birth, and addresses below:

1. Name: D.O.B:
Address:

2. Name: D.O.B:
Address:

3. Name: D.O.B:
Address:

L. Please list the name, date of birth, and your relation to all person residing in your home not listed above:

1. Name:	D.O.B:	Relation:
2. Name:	D.O.B:	Relation:
3. Name:	D.O.B:	Relation:

M. Are you willing and able to provide a stable and permanent home for the minor(s) with or without parental support until the Guardianship is terminated?

VI. PROPOSED GUARDIAN (2)

A. Name:

B. Physical Address:

C. Phone:

D. Email:

E. Occupation:

F. Employer:

G. Length of time employed:

H. What is your gross monthly income from all sources?

I. Will you need financial assistance to provide for the minor if appointed Guardian?

J. Will you be receiving financial support from either parent?

K. If you have children, please list their name, ages, and addresses below:

1. Name: Age:
Address:

2. Name: Age:
Address:

3. Name: Age:
Address:

L. Please list the name, date of birth, and your relation to all person residing in your home not listed above:

1. Name:	D.O.B:	Relation:
2. Name:	D.O.B:	Relation:
3. Name:	D.O.B:	Relation:

M. Are you willing and able to provide a stable and permanent home for the minor(s) with or without parental support until the Guardianship is terminated?

VII. EXPLANATION:

a. Please briefly explain why you believe a guardianship is necessary or convenient and include any other helpful information:

VIII. VERIFICATION:

I declare under penalty of perjury that the facts stated above are true and correct.

Name:

Date:

Signature:

Name:

Date:

Signature: