

UPDATED 08/09/10

**PACKET #1
SAMPLE TEMPORARY GUARDIANSHIP
FORMS**

**FILL OUT THESE FORMS ONLY IF YOU NEED
GUARDIANSHIP ON AN EMERGENCY BASIS.**

**A background check will be done on YOU and all the
adults that live with you.
You will also have to talk to a Court Investigator before
a guardianship is approved.**

Self-Service Center
Superior Court, County of Santa Clara
99 Notre Dame Avenue, San Jose, CA 95113
408-882-2926

www.scservice.org
Santa Clara County
Self-Help website

www.sccsuperiorcourt.org
Santa Clara County
General website

www.courtinfo.ca.gov/selfhelp
State of California
Self-Help website

Petition for Appointment of Temporary Guardian of the Person

Clerk stamps date here when form is filed.

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

SAMPLE ONLY
Do not write on this copy!

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

Fill in court name and street address:

Superior Court of California,
County of Santa Clara
191 North First Street
191 North First Street
San Jose, CA 95113
Probate

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. Your Name
b. _____

Clerk fills in case number when form is filed.

Case Number:
LEAVE BLANK

2 Your address and telephone number:
Street: Your Address Apt.: Apt#
City: City
State: State Zip: Zip Code Phone: Your Phone #

3 Your lawyer (if you have one):
Name: _____ No.: _____
Firm name, if any: _____
Street: _____ Suite: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax (optional): _____ E-mail (optional): _____

LEAVE BLANK

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

Name(s): _____
Street: _____ Apt.: _____
City: _____ State: _____ Zip: _____
Phone: _____

LEAVE BLANK

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



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

Case Number:

LEAVE BLANK

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

- | | |
|--|--|
| <input type="checkbox"/> 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): _____ | |

Check how you are related to the child(ren)

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

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

- a. Child's full legal name: Child #1's Name
Child's current address: Child #1's Street Address
Child #1's City, State, Zip Code
Child's current phone number: Child #1's Phone #
- b. Child's full legal name: Child #2's Name
Child's current address: Child #2's Street Address
Child #2's City, State, Zip Code
Child's current phone number: Child #2's Phone #

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):

**LEAVE BLANK,
you will fill this out on the
attached form (Item 7)**

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



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

Case Number:
LEAVE BLANK

8 Do I/we believe the child or children in 6 will go to the court hearing? Yes No

9 I/We ask the court to:

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

b. Order that I am/we are excused from being temporary guardian to (review the info) **Put parent's names only if you can't give them notice that you are asking to be guardian**

(1) The child or children in 6.

(2) The child's father (name): Child(ren)'s Father's Name

(3) The child's mother (name): Child(ren)'s Mother's Name

(4) A person other than a parent who has a court order for visitation with the child
(name): _____

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

Explain why you cannot give the parents a copy of these forms right away

Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-110(P) - Attachment 9: Request for a Good Cause Exception to Giving Notice" at the top of the paper and attach it to this form.

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

Case Number:
LEAVE BLANK

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 delivery to the child, the child's parents, and the person named in the title of this petition. You must give notice in a personal service appointment for temporary guardianship. There is much less time to complete this task when a petition for appointment of a temporary guardian is involved.

Read this information before signing the bottom of this form

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

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

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

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

Date: Today's Date Print Your Name Sign Your Name
Petitioner types or prints name here *Petitioner signs here*

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

Guardianship of minor(s):

Child(ren)'s Name

Case Number:

LEAVE BLANK

ATTACHMENT GC – 110 (P) – ITEM 7

Fill in the
blanks and
check the
correct
boxes

Most recently the child has lived with me for _____ years _____ months.

In the child's whole life s/he has lived with me for _____ years _____ months.

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

- to add child on health insurance policy,
- to enroll the child in school,
- to receive public benefits for the child,
- the father recently threatened to take the child to a dangerous situation,
- the mother recently threatened to take the child to a dangerous situation,
- the child has a medical emergency,
- Other: _____

Please explain all of your reasons:

LET THE JUDGE KNOW THE EXACT REASONS YOU FEEL YOU NEED TO BECOME GUARDIAN RIGHT AWAY!!!!

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
 Your Name
 Your Street Address
 Your City, State, Zip Code
 TELEPHONE NO.: Your Phone # FAX NO. (Optional):
 E-MAIL ADDRESS (Optional):
 ATTORNEY FOR (Name): In Pro Per

FOR COURT USE ONLY

**SAMPLE
ONLY**

**Do not write
on this copy!**

CASE NUMBER: **LEAVE BLANK**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara
 STREET ADDRESS: 191 North First Street
 MAILING ADDRESS: 191 North First Street
 CITY AND ZIP CODE: San Jose, CA 95113
 BRANCH NAME: Probate

TEMPORARY GUARDIANSHIP OF THE PERSON ESTATE OF
 (Name): Child(ren)'s Name(s)
 MINOR

ORDER APPOINTING TEMPORARY GUARDIAN

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

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

- a. Judicial officer (name): THOMAS CAIN
- b. Hearing date: Ex Parte Time: Dept.: 3 Room:
- c. Petitioner (name):
- d. Attorney for petitioner (name):
- e. Minor (name):
- f. Attorney for minor (name):
- g. Minor's parents (names):
- h. Attorney for minor's parents (names):
- i. Person with valid visitation order (name):
- j. Attorney for person with valid visitation order (name):
- k. Public Guardian (name):
- l. Attorney for Public Guardian (name):

THE COURT FINDS

2. a. Notice of the time and place of hearing has been should be dispensed with for (names):
 Mother's Name
 Father's Name

If they were not given a copy of the guardianship forms before the judge makes a decision about the guardianship

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

THE COURT ORDERS

4. a. (Name): Your Name (Telephone): Your Phone #
 (Address): Your Street Address
 Your City, State, Zip Code

is appointed temporary guardian of the PERSON of (name): Child(ren)'s Name(s) Here
 and Letters shall issue upon qualification.

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

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

TEMPORARY GUARDIANSHIP OF (Name): Child(ren)'s Name(s)	CASE NUMBER: LEAVE BLANK
MINOR	

5. Notice of hearing Check this if you entered names in item "2b".

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

- _____ and receipts shall be filed. No withdrawals shall be made without a court order. Additional orders in attachment 6c.
 d. The temporary guardian is not authorized to take possession of money or any other property without a specific court order.
 7. In addition to the powers granted by law, the temporary guardian is granted other powers. These powers are specified in attachment 7. below (specify):

8. Other orders as specified in attachment 8 are granted.
 9. Unless modified by further order of the court, this order expires on (date):
 10. Number of boxes checked in items 4-9: 4
 11. Number of pages attached: 0

Date: Leave Blank

Leave Blank _____

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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

After recording return to:

Your Name
Your Street Address
Your City, State, and Zip Code

TELEPHONE NO.: Your Phone #

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): In Pro Per

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

STREET ADDRESS: 191 North First Street

MAILING ADDRESS: 191 North First Street

CITY AND ZIP CODE: San Jose, CA 95113

BRANCH NAME: Probate

TEMPORARY GUARDIANSHIP CONSERVATORSHIP

OF (Name): Child(ren)'s Name(s)

MINOR CONSERVATEE

FOR RECORDER'S USE ONLY

CASE NUMBER:

LEAVE BLANK

LETTERS OF TEMPORARY GUARDIANSHIP CONSERVATORSHIP

Person Estate

FOR COURT USE ONLY

**SAMPLE
ONLY
Do not write
on this copy!**

LETTERS

- (Name): Your Name is appointed temporary guardian conservator of the person estate of (name): Child(ren)'s Name(s)
- Other powers that have been granted or restrictions imposed on the temporary guardian conservator are specified in Attachment 2. specified below.

- These Letters shall expire
 - on (date): _____ or upon earlier issuance of Letters to a general guardian or conservator.
 - on other date (specify): _____
- The temporary guardian conservator is not authorized to take possession of money or any other property without a specific court order.
- Number of pages attached: _____ 0 _____

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

(SEAL)

Date: Leave Blank

Clerk, by Leave Blank _____, Deputy

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

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

Your Name
Your Address

TELEPHONE NO.: Your Phone Number FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): IN PRO PER

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

STREET ADDRESS: 191 North First Street

MAILING ADDRESS: 191 North First Street

CITY AND ZIP CODE: San Jose, CA 95113

BRANCH NAME: Probate

 GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE
OF (Name): Child(ren)'s Name(s) MINOR (PROPOSED) CONSERVATEE**NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP**CASE NUMBER:
LEAVE BLANK

FOR COURT USE ONLY

**SAMPLE
ONLY
Do not write
on this copy!****This notice is required by law.****This notice does not require you to appear in court, but you may attend the hearing if you wish.**

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

RECONSIDERATION OF TEMPORARY GUARDIANSHIP

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.)



NOTE:*

A copy of this *Notice of Hearing-Guardianship or Conservatorship* ("Notice") must be "served" on-delivered to each person who has a right under the law to be notified of the date, time, place and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on 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*):
SERVER'S ADDRESS HERE, *NOT* YOUR ADDRESS
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: **DATE SERVER MAILED** b. Place mailed (*city, state*): **CITY NAME, CA**
5. I served with the *Notice of Hearing-Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date: **SERVER DATES**

SERVER PRINTS NAME
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

▶ SERVER SIGNS NAME
(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.		

Write in the names and addresses of the relatives you are required to serve and Emergency Response Services.

ASK FOR AN ATTACHMENT IF ALL THE RELATIVES DO NOT FIT HERE

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

<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): Child(ren)'s Name(s)	CASE NUMBER: <div style="font-size: 2em; text-align: center;">Leave Blank</div>
<input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

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

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

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

 Continued on Attachment 4.
5. I am (*check all that apply*):
 - a. not a registered California process server.
 - b. a California sheriff or marshal.
 - c. a registered California process server.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration (Bus. & Prof. Code, § 22350(b)).

6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

***Server* writes their name,**
 address
 phone number

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

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.	Write Father's Name here	*Server* writes address where father was served here	Date: <u>date served</u> Time: <u>time served</u>
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

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

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

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

Date: SERVER DATES

Date: Leave Blank

▶ SERVER SIGNS NAME
(SIGNATURE)

▶ Leave Blank
(SIGNATURE)

