АТ	TORNEY OR PARTY WITHOUT ATTOR	RNEY	STATE BAR NUI	MBER:	FOR COURT U	SE ONLY	
NAI	ME:				POR COURT U.	SE UNL 1	
FIR	M NAME:						
STE	REET ADDRESS:						
СІТ	Y:		STATE:	ZIP CODE:			
TEL	LEPHONE NO.:	1	FAX NO.:				
EM.	AIL ADDRESS:						
ATT	TORNEY FOR (name):						
SI	IPERIOR COURT OF CALIFO	_					
1	STREET ADDRESS:						
	MAILING ADDRESS:						
CI	TY AND ZIP CODE:						
	BRANCH NAME:						
M/	ATTER OF (name):				CASE NUMBER:		
	. ,						
		DECEDENT	CON	SERVATEE MINOR	HEARING DATE AND TIME:		
	PETITION FOR APPO	INTMENT OF GUA	RDIAN AD	LITEM—PROBATE			
	EX PARTE				DEPT.: TIM	ME:	
.					1 6 11 (1)		
Use this form for proceedings under the Probate Code, except proceedings to request approval of the (1) compromise of a minor's							
disputed claim (Probate Code, § 3500), (2) compromise of a pending action or proceeding in which a party is a minor or person with a							
	disability, or (3) disposition of the proceeds of a judgment for a minor or person with a disability. (Probate Code, §§ 3600–3613.) A						
	guardian ad litem is not required in a proceeding under section 3500. A guardian ad litem in a pending action or proceeding may seek						
approval of a compromise of the action or proceeding or disposition of judgment proceeds without further order. NOTE: A guardian ad litem must be an attorney or be represented by an attorney. A guardian ad litem is not the same as a guardian of the person or estate.							
mon made 20 an alternoy of 20 reprocented by an alternoy. A guardian at months five the same as a guardian of the person of estate.							
1.	Petitioner (name):						
	is (check one):						
	a. personal represe	entative of the estate of	of <i>(name):</i>				
	b. guardian of (nan	ne):					
	c. conservator of (r	name):					
	d trustee of (exact	name of trust):					
	e other interested	person (name and inte	erest):				
2	2. This petition seeks appointment of the following person as guardian ad litem (name, address, phone number, and email address)						
2. This pennon seeks appointment of the following person as guardian ad litem (name, address, phone number, and email address						ia emaii address).	
2	The guardian ad litem will	range and the interest	of (name o	ddraga and if annligable	nhana number and amail	addrasa).	
٥.	The guardian ad litem will	represent the interest	oi (name, a	duress, and, ii applicable,	priorie number and email	auuress).	
,	The management of the						
4.	The person named or des		eck one):				
	a. A minor (date of	,					
	b. A person who la	cks legal capacity to n	nake decisio	ns (explain basis for claim	ng lack of capacity):		
	c. An unborn perso	on.					
			ted class of	persons who are not ascer	tained or are not in being		
		identity or address is		por 00000 0000 0000000000000000000000000			
		.acrimy or address to	C WIII.				
5.	Representation of the inte	rest of the person nan	ned or descr	ibed in item 3 would be ina	dequate without appointn	nent of a guardian	
	ad litem because (give the	e reason or reasons b	elow; if nece	ssary, check the box and o	continue on page 2):		
	Continued (
	Continued on next p	age.					

DE-350/GC-100 MATTER OF (name): CASE NUMBER: DECEDENT CONSERVATEE **MINOR** 5. (continue explanation below if necessary): Continued on Attachment 5. The proposed guardian ad litem is fully competent and qualified to understand and protect the rights of the person named or described in item 3, as explained in Attachment 6. 7. Notice of this proceeding (check all that apply): Will be given to the persons named in Attachment 7a. Should not be given to the persons named below because (give names and reasons that notice should not be required): Continued on Attachment 7b. Date: (TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY) I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER) DISCLOSURES AND CONSENT TO ACT AS GUARDIAN AD LITEM 8. I have the following relationship with the person named or described in item 3 (check one): No relationship. A familial relationship (specify): An affiliate (nonfamilial) relationship (specify): 9. I have (check one): No known actual or potential conflicts of interest with the person named or described in item 3. a. One or more actual or potential conflicts of interest with the person named or described in item 3. All conflicts of interest b. are fully described in Attachment 9b. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I consent to the appointment as guardian ad litem in this proceeding. If I become aware that a potential conflict of interest has become an actual conflict, or that a new potential or actual conflict exists, I will promptly disclose the conflict of interest to the court. Date: (TYPE OR PRINT NAME) **CONSENT OF MINOR 12 YEARS OF AGE OR OLDER (Optional)** I, (name): , am (specify age): years of age. I consent to the

appointment of (name):
represent my interest in this proceeding for the reasons set forth in item 5 of this petition.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF MINOR 12 YEARS OF AGE OR OLDER)