

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) or GOVERNMENTAL AGENCY: TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
PETITIONER: RESPONDENT: OTHER PARENT:	
APPLICATION AND ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM OF MINOR—FAMILY LAW <input type="checkbox"/> EX PARTE	CASE NUMBERS:
NOTE: This form is for use in family law proceedings with the exception of dissolution proceedings. For appointment of a guardian ad litem in civil proceedings, use form CIV-010. For appointment of a guardian ad litem in probate proceedings, use form DE-350/GC-100.	

1. I (name): _____ am the
- a. attorney for
- (1) minor.
- (2) parent of the minor.
- (3) other interested person (specify name and relationship):
- b. parent of the minor.
- c. other interested person.
- d. minor (answer all that apply to you):
- (1) My date of birth is (specify): _____
- (2) I live with my mother father legal guardian other (specify name and relationship): _____
- (3) My mother's name is (specify): _____, and her address is: _____
- (4) My father's name is (specify): _____, and his address is: _____
- (5) I have a legal guardian. My legal guardian's name is (specify): _____, and his or her address is: _____
- The guardianship was established in: _____ County, case no. (if known): _____
2. I ask the court to appoint the following personas guardian ad litem for the minor (state name, address, and telephone no.):
3. The relationship of the person listed in item 2 to the minor is
- a. parent
- b. other (specify): _____
4. Appointment of a guardian ad litem is necessary because (specify):

Continued on Attachment 4 (describe in detail, attach additional pages if necessary).

CHILD'S NAME: PETITIONER: RESPONDENT: OTHER PARENT:	CASE NUMBERS:
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5. The proposed guardian ad litem is fully competent to understand and protect the rights of the minor and has no interests conflicting with those of the minor.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF APPLICANT)
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CONSENT TO ACT AS GUARDIAN AD LITEM

I consent to the appointment as guardian ad litem and agree to assume the responsibilities.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PROPOSED GUARDIAN)
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CONSENT TO GUARDIAN BY MINOR 14 YEARS OF AGE OR OLDER

I, *(name)*: _____, am *(specify age)*: _____ years of age and hereby nominate
(name): _____ to be my guardian ad litem to represent my interests for the
 reasons set forth in items 4 and 5 of this application.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PETITIONER)
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ORDER **EX PARTE**

THE COURT FINDS

It is reasonable and necessary to appoint a guardian ad litem for the person named in the application, as requested above.

THE COURT ORDERS that *(name)*: _____ is hereby appointed guardian ad
 litem of *(name)*: _____ for the purposes set
 forth in item 4 of the application.

Application for Appointment of Guardian ad Litem filed *(date)*:

- a. is denied.
- b. is granted.
- c. is set for hearing on *(date)*: _____ at *(time)*: _____

Date:

	_____ JUDICIAL OFFICER <input type="checkbox"/> SIGNATURE FOLLOWS LAST ATTACHMENT
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