

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	_____	_____
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: \_\_\_\_\_

- 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.