

Guardianship of (child/ren's name/s):

Case Number:

ATTACHMENT (Number): _____

Page ____ of ____
(Add pages as required)

1 I am the _____. I was born on _____.
(Relationship to minor) (Month/Day/Year)

2 The current state of my health is (please describe below):

Continued on attached page

3 The specific reason the parents are unable to care for the minor is (please describe below):

Mother

- is currently incarcerated,
- has passed away,
- is not mentally stable,
- is not financially stable,
- has never been in the child's life,
- wants me to have the child,
- Other: _____

Father

- is currently incarcerated,
- has passed away,
- is not mentally stable,
- is not financially stable,
- hasn't seen the child in ____ years ____ months
- wants me to have the child,
- Other: _____

Please explain below:

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4 Check the box that best describes the minor's needs:

Does the minor have special emotional, psychological, educational, or personal needs? No Yes
If yes, please list the needs and how you are able to provide for them (please describe below):

5 Will the minor have his/her own room? Yes No (if No, please list who he/she will be sharing with):

Full Legal Name:	Full Legal Name:
Relation. to Minor (if any):	Relation. to Minor (if any):
Date of Birth:	Date of Birth:

6 I declare under penalty of perjury under California State law that the information in this form is true and correct, which means if I/we lie on this form I/we am guilty of a crime.

Date: _____

(Petitioner) Print Name Here

▶ _____
(Petitioner) Sign Name Here