

COURT OF SOUTHERN CALIFORNIA
 Road Valley Center, Cal
 Phone: (760) 751-4142
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B. Physical address: _____

1. Years at this address: _____

C. Mailing address: _____

D. Home telephone number: _____

Work telephone number: _____

Mobile telephone number: _____

E. Email address: _____

F. Do you have any health problems that will interfere with your ability to continue to serve as guardian in the next year? ☐ Yes ☐ No (if yes, explain in an attachment labeled Attachment I(F))

G. Since your appointment as guardian or your last guardianship status report, have you, or has any adult living in the minor's home, been arrested for, charged with, or convicted of (1) any felony or misdemeanor or (2) any other offense involving alcohol, illegal drugs, or sexual misconduct? ☐ Yes ☐ No (if yes, explain in an attachment labeled Attachment I(G))

Note: Traffic offenses that do not involve alcohol or illegal drugs need not be reported

H. Are you the court-appointed guardian or conservator for any other minor or adult?
☐ Yes ☐ No (if yes, list the full name of each minor or adult, the issuing court, and the relevant case number in an attachment labeled Attachment I(H))

II. Minor

A. Full name: _____

B. Date of birth: _____

C. Tribe: _____

1. The minor ☐ is ☐ is not an enrolled member of the tribe (if not, explain why in an attachment labeled Attachment II(C)(1))

2. Describe any contact pertaining to the guardianship that you have had with the tribe in the past year (continue if necessary in an attachment labeled

Attachment II(C)(2): _____

- a. List the full name, work mailing address, and work telephone number of each tribal employee with whom you have communicated (continue if necessary in an attachment labeled Attachment II(C)(2)(a)):

D. The minor ☐ is ☐ is not currently living in my home

1. If the minor is not currently living in your home, list the following information for the person in whose home the minor is currently living in an attachment labeled Attachment II(D)(1): (1) full name, (2) relationship to minor, (3) physical address, (4) mailing address, (5) home telephone number, (6) work telephone number, and (7) mobile telephone number
2. If the minor has previously lived in your home but is not currently living in your home, explain in an attachment labeled Attachment II(D)(2)
3. If the minor has never lived in your home, explain in an attachment labeled Attachment II(D)(3)

III. Minor's Education

A. Name and address of the minor's school: _____

B. The minor's grade level: _____

C. Describe the minor's current progress in school, including but not limited to grades earned, attendance recorded, behavioral problems identified, and tutoring programs recommended (continue if necessary in an attachment labeled Attachment III(C)):

-
-
- D. Include a copy of the minor's last report card, progress report, or other similar school record as an attachment labeled Attachment III(D)

IV. Minor's Physical and Emotional Health

- A. Does the minor currently have any medical or dental problems? ☐ Yes ☐ No (if yes, explain in an attachment labeled Attachment IV(A))

- B. The minor ☐ is ☐ is not current on immunizations (if not, explain why in an attachment labeled Attachment IV(B))

- C. List the full name, work mailing address, and work telephone number of each physician, dentist, or other health care provider currently treating the minor (continue if necessary in an attachment labeled Attachment IV(C)): _____

1. If the minor has not been treated by a health care provider for any problem identified in item IV(A), explain why in an attachment labeled Attachment IV(C)(1)

- D. Include a letter from the minor's primary health care provider stating the date of the minor's last examination and describing the overall health of the minor as an attachment labeled Attachment IV(D)

- E. Does the minor currently have any emotional or behavioral problems that cause you concern? ☐ Yes ☐ No (if yes, explain in an attachment labeled Attachment IV(E))

- F. Has the minor experienced a traumatic event, major disruption, or significant change in the past year, such as the death of a family member, abuse, or a major illness? ☐ Yes ☐ No (if yes, explain in an attachment labeled Attachment IV(F))

- G. List the full name, work mailing address, and work telephone number of each counselor or therapist currently seeing the minor (continue if necessary in an attachment labeled Attachment IV(G)): _____

1. If the minor has not been seen by a counselor or therapist for any problem identified in items IV(E)-(F), explain why in an attachment labeled Attachment IV(G)(1)

H. Describe the minor's current social activities, including but not limited to recreational, educational, religious, occupational, or cultural activities (continue if necessary in an attachment labeled Attachment IV(H): _____

I. Describe your goals for the minor in the next year (continue if necessary in an attachment labeled Attachment IV(I): _____

V. Other Persons in Minor's Home

A. List the full name, age, and relationship to the minor of each person currently living in the minor's home (continue if necessary in an attachment labeled Attachment V(A):

B. List the full name of each person identified in item V(A) who moved into the minor's home after the guardianship was established (continue if necessary in an attachment labeled Attachment V(B)): _____

VI. Minor's Biological Parents

A. List the full name, physical address, mailing address, home telephone number, work telephone number, and mobile telephone number of the minor's biological mother (continue if necessary in an attachment labeled Attachment VI(A)): _____

B. List the full name, physical address, mailing address, home telephone number, work telephone number, and mobile telephone number of the minor's biological father (continue if necessary in an attachment labeled Attachment VI(B)): _____

C. Has the minor's biological mother visited the minor in the past year? ☐ Yes ☐ No (if no, skip to item VI(D))

1. Average frequency of visits: _____

2. Average duration of visits: _____

3. Were any of the visits supervised? ☐ Yes ☐ No (if yes, list the following information for each person who supervised a visit in an attachment labeled Attachment VI(C)(3): (1) full name, (2) relationship to minor and you, (3) home telephone number, (4) work telephone number, and (5) mobile telephone number)

4. Did any of the visits extend overnight? ☐ Yes ☐ No (if yes, list the following information for each person who hosted an overnight visit in an attachment labeled Attachment VI(C)(4): (1) full name, (2) relationship to minor and you, (3) home physical address, (4) home telephone number, (5) work telephone number, and (6) mobile telephone number)

5. Did any problems arise during a visit? ☐ Yes ☐ No (if yes, explain in an attachment labeled Attachment VI(C)(5))

D. Has the minor's biological father visited the minor in the past year? ☐ Yes ☐ No (if no, skip to item VI(E))

1. Average frequency of visits: _____

2. Average duration of visits: _____

3. Were any of the visits supervised? ☐ Yes ☐ No (if yes, list the following information for each person who supervised a visit in an attachment labeled Attachment VI(D)(3): (1) full name, (2) relationship to minor and you, (3) home telephone number, (4) work telephone number, and (5) mobile telephone number)

4. Did any of the visits extend overnight? ☐ Yes ☐ No (if yes, list the following

information for each person who hosted an overnight visit in an attachment labeled Attachment VI(D)(4): (1) full name, (2) relationship to minor and you, (3) home physical address, (4) home telephone number, (5) work telephone number, and (6) mobile telephone number)

5. Did any problems arise during a visit? ☐ Yes ☐ No (if yes, explain in an attachment labeled Attachment VI(D)(5))

E. Has the minor's biological mother provided financial support to the minor in the past year? ☐ Yes ☐ No (if no, skip to item VI(F))

1. Average monthly amount: \$ _____

F. Has the minor's biological father provided financial support to the minor in the past year? ☐ Yes ☐ No (if no, skip to item VII)

1. Average monthly amount: \$ _____

VII. Minor's Income

A. List the source and amount of any funds that you received on behalf of the minor in the past year (continue if necessary in an attachment labeled Attachment VII(A)):

B. Describe how the funds identified in item VII(A) were used (continue if necessary in an attachment labeled Attachment VII(B)):

C. Include a copy of the last statement for any bank account, life insurance policy, or other financial asset that you administer on behalf of the minor as an attachment labeled Attachment VII(C)

VIII. Need for Guardianship

A. The guardianship ☐ is ☐ is not still necessary for the following reasons:

B. Have you had trouble meeting any of the minor's needs in the past year? ☐ Yes ☐ No
(if yes, explain in an attachment labeled Attachment VIII(B))

IX. Continuation as Guardian

I ☐ am ☐ am not able to continue to fulfill my duties as guardian of the minor (if not, explain in an attachment labeled Attachment IX)

Note: If you cannot continue as guardian, you must petition the Court to relieve you of your duties

X. Guardian's Signature

I declare under penalty of perjury that the foregoing is true and correct

_____ Name	_____ Signature	_____ Date
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_____ Name	_____ Signature	_____ Date
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