

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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 bests 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 are you 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:  
Relation. to Minor (if any):  
Date of Birth:

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