

**CONFIDENTIAL (DO NOT ATTACH TO PETITION)**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)  TELEPHONE NO: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	Reserved for Clerk's Office Stamp
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> Hall of Justice, Probate Division, 1 <sup>st</sup> Floor400 County Center Redwood City, CA 94063	
GUARDIANSHIP OF (Name): _____	
<b>Notification to Court of Addresses for Guardianship</b>	<b>CASE NUMBER:</b> _____

Date of Original Appointment: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_  Original  Accounting  Address Change

Indicate any special issues relating to a guardianship investigation (Examples: language spoken, personal safety, communication issues, etc.): \_\_\_\_\_

**(Proposed) Ward:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_

**(Proposed) Guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

**(Proposed) Co-Guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

NOTE: This form shall be filed at the following times:

1. By the Proposed Guardian with the Petition for Guardianship
2. By the Guardian when filing a Petition for Accounting
3. By the Guardian upon change of location (address) by the Ward and/or Guardian

**Notification to Court of Addresses for Guardianship**

GUARDIANSHIP OF (Name):	CASE NUMBER:
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**Attorney for (Proposed) Ward:**

Name/Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_

**Attorney for (Proposed) Guardian: (if applicable)**

Name/Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_

**Attorney for Parents: (if applicable)**

Name/Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_

**(Proposed) Ward's Physician/Practitioner:**

Name: \_\_\_\_\_  
Institution (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

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GUARDIANSHIP OF (Name):	CASE NUMBER:
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**LIST OF WARD'S RELATIVES/FRIENDS**

**Mother:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Father:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Maternal Grandmother:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Maternal Grandfather:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Paternal Grandmother:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Paternal Grandfather:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Notification to Court of Addresses for Guardianship**

GUARDIANSHIP OF <i>(Name)</i> :	CASE NUMBER:
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**Sibling (Over age 12):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Sibling (Over age 12):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Sibling (Over age 12):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Sibling (Over age 12):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Sibling (Over age 12):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

**Sibling (Over age 12):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

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