GC-251(TC)

TRIBA	. SPOKESPERSON, ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Tribal/state bar number, and address):	FOR TRIBAL COURT USE ONLY					
_	TELEPHONE NO.						
E MAI	TELEPHONE NO.: FAX NO. (Optional):  ADDRESS (Optional):						
	TORNEY FOR (Name):						
	BAL COURT OF:	1					
'''	STREET ADDRESS:						
	MAILING ADDRESS:						
	CITY AND ZIP CODE:						
	BRANCH NAME:						
GU	RDIANSHIP OF THE PERSON ESTATE OF (Name):						
	MINO						
	MINO R	CASE NUMBER:					
CONFIDENTIAL GUARDIANSHIP STATUS REPORT							
	NOTICE TO GUARDIAN						
Yo	ı must complete, sign, and return to the court on orbefore <i>(date):</i>	,					
	eparate copy of this form for each child for whom you are guardian of the	person or estate under the above					
	e number. If you are the guardian of the child's estate only, you must co	mplete at least items 1–2, 6d, and					
	. All other guardians must complete the entire form.						
	ure to complete, sign, and return this form will result in further court act						
	loval as guardian. A guardian who willfully submits any material informa	tion required by this form that he					
	she knows to be false is guilty of a misdemeanor. "Attachment" is one or more separate sheets of paper attached to this fo	orm. You may use any letter-sized					
	er for this purpose, including copies of Judicial Council form MC-025(TC						
	rt. Label each attachment with the item or question number you are answer						
1. G	uardian* (Continue on Attachment 1 if necessary. If there is more than one guardian, e	each must provide the information					
	quested in items 1a–f, and each must sign thisform.):						
a.	(Name):						
b.	Present address (street address, including apartment number, city, state, and zip co	de, of each guardian):					
		,					
	Years at this address:						
C.	Telephone (home): Telephone (work):						
d.	Do you have any significant health problems that would interfere with your ability to	· ·					
	No Yes (If your answer is "Yes," please explain in Attachn	·					
e.	e. Since your appointment or your last report, have you, or has any adult living in the home where the child is living, 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?  No Yes						
	(If your answer is "Yes," please explain in Attachment 1e. You need not report mind	or traffic offenses that do not involve					
,	alcohol or illegal drugs.)						
f.	Are you a court-appointed guardian or conservator for any other child or adult under						
	No Yes (If your answer is "Yes," please identify in Attachme by name, court, and case number.)	ent 11 each other child or adult,					
* 1	•	the count in addition to this vancut					
	f you are the guardian of a child's estate, you must file regular accountings with ersonal Information on Child Under Guardianship (continue on Attachment 2 if nece						
2. Personal information on Child Under Guardianship (continue on Attachment 2 if necessary):  a. (Name):							
b.	(Birthdate):						
	The child is is not now living in my home.						
С. <i>d.</i>	(If the child lived in your home but has left, state when and why the child left. If the	child has never lived in your home					
u.	please explain. Complete on Attachment 2d if necessary.):	sima nao novo: nvoa in your nome,					
	• • • • • • • • • • • • • • • • • • • •						
e.	(If the child is not now living in your home, state the complete name, relationship to the person the child is living with. Complete on Attachment 2e if necessary.):	cniia, address, and telephone number of					
	and position and army with complete on Attachment 20 in hocessary.).						

GUARDIANSHIP OF THE PERSON ESTATE OF (Name):						
		MINOR				
3.	Chi	ld's Education (continue on Attachment 3 ifnecessary):				
	a.					
	b.	Child's grade:				
	C.	c. (Describe the child's current progress in school, including grades, attendance, behavior problems, tutoring programs, etc. Complete on Attachment 3c if necessary. Attach a copy of the child's last report card, progress report, or other similar school record received by you.):				
4.	Chi a.	Child's Physical and Emotional Health (continue on Attachment 4 if necessary):  a. Is the child having any current medical or dental problems? No Yes  (If your answer is "Yes," please explain. Continue on Attachment 4a if necessary.):				
	b. The child is is is not current on immunizations.  (If the child is not current, please explain. Continue on Attachment 4b if necessary.):					
	c. (Name, address, and telephone number of each physician, dentist, or other health care provider now seeing or treating the child. Please explain if the child has not been seen by a health care provider for any problem identified in item 4a above. Complete on Attachment 4c if necessary.):					
	d.	Is the child having any emotional or behavioral problems that cause you concern? (If your answer is "Yes," please explain. Continue on Attachment 4d if necessary.):	No Yes			
	e.	Has the child experienced any traumatic event, major disruption, or significant chardeath of a parent, abuse, or a major illness? No Yes Continue on Attachment 4e if necessary.):	ge during the past year, such as the (If your answer is "Yes," please explain.			
	f.	(Name, address, and telephone number of any therapist the child has been seeing a items 4d and 4e above. If the child has not been seeing a therapist for these proble Attachment 4f if necessary.):				
	g.	g. (Describe the child's social activities/services, including recreational, educational, church, social, occupational, or cultural activities. Continue on Attachment 4g if necessary.):				
	h.	(Describe your goals for the child for the next year. Continue on Attachment 4h if ne	ecessary.):			
5.	Oth	er Persons in the Child's Home (complete on Attachment 5 if necessary):				
	a.	(Name, age, and relationship to the child and to you of each person now living in th Attachment 5a if necessary.):	e child's home. Complete on			
	b.	(Name of each person identified in item 5a who moved into the child's home after th Continue on Attachment 5b if necessary.):	e guardianship was established.			

GUARDIANSHIP OF THE PERSON ESTATE OF (Name): CASE NUMBER:							
	MINOR						
6.							
	(2) (Name, address, and telephone number of child's father):						
	b.	Visits of child's mother: Yes No Fred  (1) Visits are are not supervised.	quency:	Average length:			
		(2) (Name and telephone number of person who is present du	ring visits):				
	(3) Overnight visits: Yes No (Address of overnight visits):						
		(4) Are there any problems during the visits? No Attachment 6b.)	Yes (If	you answered "Yes," please explain in			
	C.		equency:	Average length:			
		(1) Visits are are not supervised.					
		(2) (Name and telephone number of person who is present du	ring visits):				
		(3) Overnight visits: Yes No (Addr	ess of overnight visi	ts):			
		(4) Are there any problems during the visits? No Attachment 6c.)	Yes (If	you answered "Yes," please explain in			
	d. Financial contribution of either or both natural parents:						
		(1) Yes (2) No (3) Average monthly	amount: \$				
7.	Ne	eed for Guardianship					
	The	ne guardianship is is not still necessary (Sta	te reasons. Continu	e on Attachment 7 if necessary.):			
_							
8.	Co	ontinuation as Guardian	d obligations as the	child's quardian			
	I am am not able to continue my duties and obligations as the child's guardian.  (If you are not able to continue as guardian, state reasons. Continue on Attachment 8 if necessary. If you cannot continue as guardian, you must petition the court to relieve you of your duties.):						
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.							
Date:							
		(TYPE OR PRINT NAME)	(SIGNAT	URE OF GUARDIAN)			
		(TYPE OR PRINT NAME)	(SIGNAT	URE OF GUARDIAN)			