



SUPERIOR COURT OF CALIFORNIA
County of Kings
1640 Kings County Drive, Hanford, CA 93230
(559) 582-1010

TERMINATION OF GUARDIANSHIP PACKET



Online Assistance: www.courts.ca.gov/selfhelp.htm

The California Courts Self-Help Center

E-file California: <https://www.kings.courts.ca.gov/online-services/online-case-filing>

Kings County Superior Court: www.kings.courts.ca.gov

Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET

Petition for Termination Guardianship	Judicial Council Form GC-255
Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)	Judicial Council Form GC-120
Attachment to Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)	Judicial Council Form GC120(A)
Order Terminating Guardianship	Judicial Council Form GC-260
Notice of Hearing Guardianship or Conservatorship	Judicial Council Form GC-020
Attachment to Notice of Hearing Proof of Service by Mail	Judicial Council Form GC-020(MA)
Proof of Personal Service of Notice of Hearing	Judicial Council Form GC-020(P)
Declaration of Diligent Search	Local Form
Proof of Service for Personal Service or by Notice and Acknowledgment of Receipt	Local Form
Filing Fee: <ul style="list-style-type: none">• Petition for Termination of Guardian of a Person• Petition for Termination of Guardian of a Person and Estate• Court Reporter Fee• Investigation Fee	No Fee \$ 60.00 30.00 600.00

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>):		FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO. (<i>Optional</i>):		
E-MAIL ADDRESS (<i>Optional</i>):			
ATTORNEY FOR (<i>Name</i>):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF		CASE NUMBER:	
<i>(Name)</i> :			
		MINOR	
PETITION FOR TERMINATION OF GUARDIANSHIP		HEARING DATE AND TIME:	DEPT.:

1. Petitioner (*name*): _____ requests that
- a. the guardianship of the PERSON of (*minor*): _____ be terminated.
- b. the guardianship of the ESTATE of (*minor*): _____ be terminated.
- (1) The estate has been entirely exhausted through expenditures or disbursements (Probate Code, § 2626).
- (2) The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
- (3) Other (*specify*): _____
2. Petitioner is the minor minor's guardian minor's parent.
3. (*Name*): _____ was appointed guardian of the PERSON
of the minor named in item 1a on (*date*): _____
4. (*Name*): _____ was appointed guardian of the ESTATE
of the minor named in item 1b on (*date*): _____
5. It is in the best interest of the minor that the guardianship of the person estate be terminated for the reasons
 stated in Attachment 5 stated below (*specify*): _____
6. A request for special notice
- a. has not been filed.
- b. has been filed and notice will be given to (*names*): _____
7. Notice to the persons identified in Attachment 7 should be dispensed with because
- a. they cannot with reasonable diligence be given notice (*specify names and efforts to locate in Attachment 7*).
- b. other good cause exists to dispense with notice (*specify names and reasons in Attachment 7*).
8. Petitioner is the minor's guardian. Petitioner requests reasonable visitation with the minor after termination of the guardianship as specified in Attachment 8. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105/GC-120) is also attached.

NOTICE: This guardianship will terminate automatically when the child reaches age 18. No petition or court order is necessary to terminate the guardianship at that time. Nevertheless, if this is a guardianship of the estate, termination of the guardianship does not eliminate the requirement that a final report or account must be filed. (See Prob. Code, § 1600.)

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER: _____
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9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are (specify):

- | | |
|---|--|
| a. Guardian:

b. Minor:

c. Father:

d. Mother:

e. Brother or sister:

f. Brother or sister: | g. Brother or sister:

h. Maternal grandfather:

i. Maternal grandmother:

j. Paternal grandfather:

k. Paternal grandmother:

l. <input type="checkbox"/> Additional names and addresses continued on Attachment 9. |
|---|--|

10. Number of pages attached: _____

Date: _____

(SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY *)

* (Signature of all petitioners also required (Prob. Code, § 1020).)

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)

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING

11. I consent to the termination of the guardianship of the person estate of the minor and waive service of a copy of, and notice of the hearing on, this petition.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Additional signatures on Attachment 11.

* Minor over 12 years of age.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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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)



(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE NAME: 	CASE NUMBER:
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ MINOR	
ORDER TERMINATING GUARDIANSHIP	CASE NUMBER: _____

1. The petition to terminate the guardianship came on for hearing as follows (check boxes c-l to indicate personal presence):

- a. Judicial Officer (name): _____
- b. Hearing date: _____ Time: _____ Dept. _____ Rm.: _____
- c. Petitioner (name): _____
- d. Attorney for petitioner (name): _____
- e. Minor (name): _____
- f. Attorney for minor (name): _____
- g. Guardian of the person (name): _____
- h. Attorney for guardian of the person (name): _____
- i. Guardian of the estate (name): _____
- j. Attorney for guardian of the estate (name): _____
- k. Parent of minor (name): _____
- l. Attorney for parent (name): _____

THE COURT FINDS

- 2. a. All notices required by law have been given.
- b. Notice of hearing has been should be dispensed with to the following persons (specify): _____
- c. It is in the minor's best interest to terminate the guardianship of the PERSON.
- d. It is in the minor's best interest to terminate the guardianship of the ESTATE.
 - (1) The estate has been entirely exhausted through expenditures or disbursements (Prob. Code, § 2626).
 - (2) The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
 - (3) Other reasons (specify): _____

THE COURT ORDERS

- 3. The guardianship of the PERSON of (minor): _____ is terminated.
- 4. The guardianship of the ESTATE of (minor): _____ is terminated.
- 5. Notice of hearing to the persons named in item 2b is dispensed with.
- 6. Visitation between the minor and the guardian of the person of the estate is ordered as provided in Attachment 6.
- 7. Other (specify): _____

Continued on Attachment 7.

Date: _____

 JUDICIAL OFFICER
 Signature follows last attachment.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): <div style="text-align: right;"><input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE</div>	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER: _____

**This notice is required by law.
 This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (*name*):
 (*representative capacity, if any*):
 has filed (*specify*):

2. You may refer to documents on file in this proceeding for more information. (*Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.*)

3. The petition includes an application for the independent exercise of powers by a guardian or conservator under
 Probate Code section 2108 Probate Code section 2590.
 Powers requested are specified below specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date: _____ Time: _____ Dept.: _____ Room: _____

b. Address of court same as noted above is (*specify*): _____

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



<input type="checkbox"/> GUARDIANSHIP	<input type="checkbox"/> CONSERVATORSHIP	OF THE	<input type="checkbox"/> PERSON	<input type="checkbox"/> ESTATE	CASE NUMBER:
OF (Name):					
<input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE					

NOTE: *

A copy of this *Notice of Hearing—Guardianship or Conservatorship* ("Notice") must be "served" on—delivered to—each person who has the right under the law to be notified of the date, time, place, and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court.. You may use form GC-020(P) to show personal service of this Notice.

* (This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing—Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*):

3. I served the foregoing *Notice of Hearing—Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date mailed: _____ b. Place mailed (*city, state*): _____
5. I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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 OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

Address (number, street, city, state, and zip code)

1.		
2.		
3.		
4.		

Continued on an attachment. (*You may use form DE-120(MA)/GC-020(MA) to show additional persons served.*)

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	CASE NUMBER:
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PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (*specify*):

 Continued on Attachment 4.
5. I am (*check all that apply*):
 - a. not a registered California process server.
 - b. a California sheriff or marshal.
 - c. a registered California process server.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

List of names and addresses of persons personally served by the undersigned continued on an attachment. (*You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct

Date:

Date:

(SIGNATURE)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) _____ _____ _____ _____ TELEPHONE NO: () _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KINGS STREET ADDRESS: 1640 Kings County Drive CITY AND ZIP CODE: Hanford, CA 93230 BRANCH NAME: _____	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right;">MINOR</div>	
DECLARATION OF DILIGENT SEARCH (Guardianship)	CASE NUMBER: _____

I, _____, do declare as follows:

1. I am the Petitioner in the above-entitled action.
2. I am unable to locate the following individual in this matter: _____.
3. I have made the following efforts to locate _____, whose last known residence address is _____ and last known business address is _____.
4. I last saw _____ at _____ on _____.
5. Within the last 30 days I visited the last known residential address of _____ and learned the following:

Person contacted:	
Information learned:	
Follow up steps taken:	
Person contacted:	
Information learned:	
Follow up steps taken:	

6. Within the last 30 days I have contacted the following people in the vicinity at the last known business name and address of _____ and I learned the following:

Person contacted:	
Information learned:	
Follow up steps taken:	

Person contacted:	
Information learned:	
Follow up steps taken:	

7. Within the last 30 days, I have contacted the following known family members of _____ and learned the following:

Person contacted:	
Information learned:	
Follow up steps taken:	

Person contacted:	
Information learned:	
Follow up steps taken:	

8. Within the last 30 days, I have contacted the following known friends and acquaintances of _____ and learned the following:

Person contacted:	
Information learned:	
Follow up steps taken:	

Person contacted:	
Information learned:	
Follow up steps taken:	

9. I have examined the following telephone directories within the last 30 days and learned the following:

Telephone directory:	
Name found:	
Information learned:	

Telephone directory:	
Name found:	
Information learned:	

Telephone directory:	
Name found:	
Information learned:	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) _____ _____ _____ _____ TELEPHONE NO: (_____) _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KINGS STREET ADDRESS: 1640 Kings County Drive CITY AND ZIP CODE: Hanford, CA 93230	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right;">MINOR</div>	
PROOF OF SERVICE FOR PERSONAL SERVICE OR BY NOTICE AND ACKNOWLEDGMENT OF RECEIPT (CCP SECTIONS 415.10, 415.30)	CASE NUMBER: _____

I declare that:

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I am a resident or employed in the county where the mailing occurred, if service was by mail.
3. My business or residence address is: _____

4. I served copies of the following paper(s) in the manner shown:

- Petition for Appointment of Guardianship
- Notice of Hearing (Guardianship)
- Other [list exact title of paper(s)]: _____

5. Manner of service:

a. **Personal** service. I personally delivered these papers to:

- (1) Name of person served: _____
- (2) Address where served: _____
- (3) Date served: ____/____/____ Time served: _____ a.m./ p.m.

b. **By mailing** copies by first-class mail, postage prepaid, along with two copies of a Notice and Acknowledgement of Receipt and a self-addressed, stamped envelope to:

- (1) Name of person served: _____
- (2) Address to which documents were mailed: _____
- (3) Date documents were mailed: ____/____/____
- (4) City and state where mailing occurred: _____, _____
- (5) The completed Notice and Acknowledgment of Receipt is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: ____/____/____

(Type or Print Name)

(Signature of Person Who Served Papers)