

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE)  Attorney for:	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
<b>IN THE GUARDIANSHIP OF:</b>  <div style="text-align: right;">MINOR(S)</div>	
<b>DISCLOSURE BY PROPOSED GUARDIAN(S)</b>	Case No.

1. I am/We are the proposed guardian(s) in this proceeding.
2. I/We have made the parent(s) no promises about this guardianship, except as follows: (List promises given about visitation (if other than requested in item number 3), place of residence, religion, education, support money, and so forth).

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3. I/We ask the court to order the following visitation plan for the minor(s): (As appropriate, list the frequency and duration, whether supervised and by whom, transportation arrangements, etc.)

- a. For father: \_\_\_\_\_
- b. For father's parents: \_\_\_\_\_
- c. For mother: \_\_\_\_\_
- d. For mother's parents: \_\_\_\_\_
- e. For the brothers and sisters of minor(s): \_\_\_\_\_

4. The child(ren) will live with  the guardian(s), or  (list name, relationship and address): \_\_\_\_\_
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(continued on reverse)

5. List persons who will provide non-licensed day care for the child(ren): \_\_\_\_\_  
\_\_\_\_\_

6. List persons who live in the home full or part time and their ages: \_\_\_\_\_  
\_\_\_\_\_

7. Each child will:  
 have his/her own bedroom, or  share a bedroom or other room with the following person:

child \_\_\_\_\_ with \_\_\_\_\_

child \_\_\_\_\_ with \_\_\_\_\_

8. Each child will:  
 have his/her own bed, or  sleep on a sofa or share a bed with the following persons:

child \_\_\_\_\_ with \_\_\_\_\_

child \_\_\_\_\_ with \_\_\_\_\_

9. The child(ren) will attend the following school(s) (list child, his/her school and the distance from their proposed home): \_\_\_\_\_  
\_\_\_\_\_

10. I will support the child with:  
 My income       AFDC (Aid for Dependent Children)       Social Security  
 Voluntary support paid by the parent(s) (*Explain*) \_\_\_\_\_  
 The child(ren)'s money (*Explain*) \_\_\_\_\_  
\_\_\_\_\_

I/WE DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Date: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE