

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, ACBCI/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
AGUA CALIENTE BAND OF CAHUILLA INDIANS TRIBAL COURT STREET ADDRESS: 980 E. Tahquitz Canyon Way CITY AND ZIP CODE: Palm Springs, CA 92262	
<input type="checkbox"/> GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____ MINOR (PROPOSED) DEPENDENT ADULT	
NOTICE OF HEARING—GUARDIANSHIP	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 under Agua Caliente Tribal Code Section 10.18.140, et. seq.
Powers requested are specified below specified in Attachment 3.

NOTICE: The party for whom guardianship is being sought has the right to be represented by counsel.

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

a. Date:	Time:
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Location: Agua Caliente Band of Cahuilla Indians Tribal Court
 980 E. Tahquitz Canyon Way
 Palm Springs, CA 92262
 (760) 866-6500

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 10 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410).



<input type="checkbox"/> GUARDIANSHIP OF (Name): _____	OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) DEPENDENT ADULT	CASE NUMBER: _____
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NOTE: *

A copy of this *Notice of Hearing—Guardianship* ("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 under Agua Caliente Tribal Code Section 10.18.260. 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. 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.

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* 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* a copy of the petition or other document referred to in the Notice.

I declare under penalty of perjury under the laws of the Agua Caliente Band of Cahuilla Indians that the foregoing is true and correct. Date: _____

_____ (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)		_____ (SIGNATURE OF PERSON COMPLETING THIS FORM)
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NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.		
2.		
3.		
4.		

Continued on an attachment.