

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, ACBCI/State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>AGUA CALIENTE BAND OF CAHUILLA INDIANS TRIBAL COURT</b> STREET ADDRESS: 980 E. Tahquitz Canyon Way CITY AND ZIP CODE: Palm Springs, CA 92262	
TEMPORARY GUARDIANSHIP OF (Name): _____  DEPENDENT ADULT	CASE NUMBER: _____
<b>PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN</b>  <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate	HEARING DATE: _____ DEPT.: _____      TIME: _____

1. **Petitioner (name each):**

**requests that**

- a. (Name):  
(Address and telephone number):  
be appointed temporary guardian of the PERSON of the proposed dependent adult & Letters issue upon qualification.
- b. (Name):  
(Address and telephone number):  
be appointed temporary guardian of the ESTATE of the proposed dependent adult and Letters issue upon qualification
- c. (1)  bond not be required because petition is for a temporary guardianship of the person only.  
 (2)  \$ \_\_\_\_\_ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.  
 (3)  \$ \_\_\_\_\_ in deposits in a blocked account be allowed. Receipts will be filed.  
 (Specify institution and location): \_\_\_\_\_
- d.  a request for an exception to notice of the hearing on this petition for good cause is filed with this petition.
- e.  the powers specified in Attachment 1e be granted in addition to the powers provided by law.
- f.  other orders be granted (specify in attachment 1f).

2. **The proposed dependent adult is (name):**

Current address and Tribal Affiliation: \_\_\_\_\_

Current telephone no.: \_\_\_\_\_

3. **The proposed dependent adult requires a temporary guardianship to**  **provide for temporary care, maintenance, and support**  
 **protect property from loss or injury because (facts are**  **specified in attachment 3**  **as follows):**

TEMPORARY GUARDIANSHIP OF (Name): _____  <div style="text-align: right;">DEPENDENT ADULT</div>	CASE NUMBER: _____
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4. **Temporary guardianship is required**

- a.  pending the hearing on the petition for appointment of a permanent guardian.
- b.  during the suspension of powers of the guardian.

5.  **Character and estimated value of the property of the estate** (complete if a temporary guardianship of the estate or the person and estate is requested):

- a. Personal property: \$ \_\_\_\_\_
- b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: \$ \_\_\_\_\_
- c. Additional amount for cost of recovery on the bond, calculated as required under Cal. Rules of Court, rule 7.207(c): \$ \_\_\_\_\_
- d. **Total:** \$ \_\_\_\_\_

6.  **Petitioner requests authority to change the proposed dependent adult's residence during the temporary guardianship**

- a.  Petitioner proposes to change the residence of the proposed dependent adult to (address):

The proposed dependent adult will suffer irreparable harm if his or her residence is not changed as requested and no means less restrictive of the proposed dependent adult's liberty will suffice to prevent the harm because (reasons are  specified in attachment 6a  as follows):

7.  **Petitioner is a professional fiduciary**

- a. Petitioner holds license no. (specify): \_\_\_\_\_ from the Professional Fiduciaries Bureau of the Department of Consumer Affairs issued or last renewed on (specify later date of initial issuance or renewal): \_\_\_\_\_.
- b. Petitioner was requested to file this petition by (name): \_\_\_\_\_.
- c. The circumstances leading to petitioner's engagement to file this petition are described in attachment 7c.
- d. Petitioner had: (1)  No relationship to the proposed dependent adult, his or her family, or his or her friends before engagement to file this petition.  
 (2)  A relationship to the proposed dependent adult, his or her family, or his or her friends before engagement to file this petition. That relationship is described in attachment 7D. The *Petition for Appointment of Guardian (form GC-310)* filed with this petition or an attachment to that petition (specify attachment to general petition):

TEMPORARY GUARDIANSHIP OF (Name):	CASE NUMBER:
DEPENDENT ADULT	

**8. Petitioner's contact with persons named in *Petition for Appointment of Guardian***

- a.  Petitioner is the proposed dependent adult. *(If this item is selected, go to item 9.)*
- b.  Petitioner is not the proposed dependent adult. All persons other than the proposed dependent adult named in the *Petition for Appointment of Guardian* filed with this petition:
  - (1)  Have been found and contacted. All will be given notice of the hearing on this petition.
  - (2)  Have not been found or have not been contacted. Efforts to find the persons who have not been found and the reasons why any person cannot be contacted are described in one or more declarations under penalty of perjury attached to this petition as attachment 8b.
- c.  Petitioner is not the proposed dependent adult. Facts showing the preferences of the proposed dependent adult concerning the appointment of any temporary guardian, and the appointment of the temporary guardian proposed in this petition, or why it was not feasible to ascertain those preferences, are specified in one or more declarations attached to this petition as attachment 8c.

**9. Petitioner is informed and believes that the proposed dependent adult**

- a.  will attend the hearing.
- b.  is able but unwilling to attend the hearing, does not wish to contest the establishment of a guardianship, does not object to the proposed guardian, and does not prefer that another person act as guardian.
- c.  is unable to attend the hearing because of medical inability. An affidavit or certificate of a licensed medical practitioner or an accredited religious practitioner is affixed as attachment 9c.
- d.  is not the petitioner, is out of state, and will not attend the hearing.

10. All attachments to this form are incorporated by this reference as though placed here in this form. There are \_\_\_\_\_ pages attached to this form.

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

\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY\*)

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)

\_\_\_\_\_  
 (SIGNATURE OF PETITIONER)

\_\_\_\_\_

(TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF PETITIONER)