

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, ACBCI/state bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<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	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):  <div style="text-align: right;">MINOR</div>	
<b>CONFIDENTIAL GUARDIANSHIP STATUS REPORT</b>	CASE NUMBER:

**NOTICE TO GUARDIAN**

**You must complete, sign, and return to the court on or before (date):** , a separate copy of this form for each child for whom you are guardian of the person or estate under the above case number. If you are the guardian of the child's estate only, you must complete at least items 1–2, 6d, and 7–8. All other guardians must complete the entire form.

**Failure to complete, sign, and return this form will result in further court action, possibly including your removal as guardian. A guardian who willfully submits any material information required by this form that he or she knows to be false is guilty of a misdemeanor.**

**An "Attachment" is one or more separate sheets of paper attached to this form. You may use any letter-sized paper for this purpose, including copies of Judicial Council form MC-025, Attachment, available from the court. Label each attachment with the item or question number you are answering.**

1. **Guardian\*** (Continue on Attachment 1 if necessary. If there is more than one guardian, each must provide the information requested in items 1a–f, and each must sign this form.):
  - a. (Name):
  - b. Present address (street address, including apartment number, city, state, and zip code, of each guardian):  
  
 Years at this address: \_\_\_\_\_  
 Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_
  - c. Do you have any significant health problems that would interfere with your ability to continue as guardian in the next year?  
 No  Yes (If your answer is "Yes," please explain in Attachment 1d.)
  - d. 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 minor traffic offenses that do not involve alcohol or illegal drugs.)
  - e. Are you a court-appointed guardian or conservator for any other child or adult under a different case number or court?  
 No  Yes (If your answer is "Yes," please identify in Attachment 1f each other child or adult, by name, court, and case number.)

**\* If you are the guardian of a child's estate, you must file regular accountings with the court in addition to this report.**

2. **Personal Information on Child Under Guardianship** (continue on Attachment 2 if necessary):
  - a. (Name):
  - b. (Birthdate):
  - c. The child  is  is not now living in my home.
  - d. (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, please explain. Complete on Attachment 2d if necessary.):
  - e. (If the child is not now living in your home, state the complete name, relationship to child, address, and telephone number of the person the child is living with. Complete on Attachment 2e if necessary.):

GUARDIANSHIP OF THE  PERSON  ESTATE OF (Name):

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3. **Child's Education** (continue on Attachment 3 if necessary):

- a. Name and address of child's school:
- b. Child's grade:
- 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. **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 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?  No  Yes  
(If your answer is "Yes," please explain. Continue on Attachment 4d if necessary.):
- e. Has the child experienced any traumatic event, major disruption, or significant change during the past year, such as the death of a parent, abuse, or a major illness?  No  Yes (If your answer is "Yes," please explain. Continue on Attachment 4e if necessary.):
- f. (Name, address, and telephone number of any therapist the child has been seeing for any of the problems described in items 4d and 4e above. If the child has not been seeing a therapist for these problems, please explain. Continue on Attachment 4f if necessary.):
- 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 necessary.):

5. **Other 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 the child's home. Complete on Attachment 5a if necessary.):
- b. (Name of each person identified in item 5a who moved into the child's home after the guardianship was established. Continue on Attachment 5b if necessary.):

GUARDIANSHIP OF THE  PERSON  ESTATE OF (Name):

CASE NUMBER:

MINOR

6. **Child's Natural Parents** (complete on Attachment 6 if necessary):

a. (1) (Name, address, and telephone number of child's mother):

(2) (Name, address, and telephone number of child's father):

b. Visits of child's mother:  Yes  No Frequency: Average length:

(1) Visits  are  are not supervised.

(2) (Name and telephone number of person who is present during visits):

(3) Overnight visits:  Yes  No (Address of overnight visits):

(4) Are there any problems during the visits?  No  Yes (If you answered "Yes," please explain in Attachment 6b.)

c. Visits of child's father:  Yes  No Frequency: Average length:

(1) Visits  are  are not supervised.

(2) (Name and telephone number of person who is present during visits):

(3) Overnight visits:  Yes  No (Address of overnight visits):

(4) Are there any problems during the visits?  No  Yes (If you answered "Yes," please explain in Attachment 6c.)

d. Financial contribution of either or both natural parents:

(1)  Yes (2)  No (3) Average monthly amount: \$

7. **Need for Guardianship**

The guardianship  is  is not still necessary (State reasons. Continue on Attachment 7 if necessary.):

8. **Continuation as Guardian**

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 Agua Caliente Band of Cahuilla Indians that the foregoing is true and correct. Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF GUARDIAN)

\_\_\_\_\_  
(SIGNATURE OF GUARDIAN)