

# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	ACBCI/STATE BAR NUMBER:  STATE: ZIP CODE:  FAX NO.:	<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		
GUARDIANSHIP OF (name):  PROPOSED DEPENDENT ADULT		
<b>CONFIDENTIAL SUPPLEMENTAL INFORMATION</b> <input type="checkbox"/> Limited Guardianship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate		CASE NUMBER:

- |   |         |               |
|---|---------|---------------|
| 1. a. <b>Proposed dependent adult:</b><br>b. Date of birth:<br>d. Social security number:   | c. Age: | HEARING DATE: |
| 2. I, the person completing this form, am the (check each that applies) <input type="checkbox"/> petitioner <input type="checkbox"/> proposed guardian in this proceeding.  |         | TIME:         |
| 3. <input type="checkbox"/> <b>ABILITY TO PROVIDE PROPERLY FOR PERSONAL NEEDS*</b> The following facts and circumstances supplement and support the petition's assertions that the proposed dependent adult is unable to provide properly for personal needs for physical health, food, clothing, or shelter (specify in detail, expanding on the reasons in the petition; give specific examples from the proposed dependent adult's daily life showing significant, ongoing behavior patterns): |         |               |
| a. Physical health (give examples showing the proposed dependent adult's inability to move and exercise, maintain personal hygiene, make and attend routine medical appointments, take medication as prescribed, etc.):<br><br><input type="checkbox"/> Continued in Attachment 3a.   |         |               |
| b. Food (give examples showing the proposed dependent adult's inability to eat or drink, prepare food, shop for food, etc.):<br><br><input type="checkbox"/> Continued in Attachment 3b.  |         |               |
| c. Clothing (give examples showing the proposed dependent adult's inability to get dressed, do laundry, shop for clothing, etc.):<br><br><input type="checkbox"/> Continued in Attachment 3c.   |         |               |
| d. Shelter (give examples showing the proposed dependent adult's inability to pay rent or mortgage, pay utility bills, keep house, etc.):<br><br><input type="checkbox"/> Continued in Attachment 3d.   |         |               |

\* If any part of item 3 does not apply to the proposed guardianship, skip it, check box 3 in item 10, and explain why it does not apply.

GUARDIANSHIP OF (name):	CASE NUMBER:
PROPOSED DEPENDENT ADULT	

4.  **ABILITY TO MANAGE OWN FINANCIAL RESOURCES\*** The following facts and circumstances supplement and support the petition's assertions that the proposed dependent adult is substantially unable to manage that person's own financial resources or to resist fraud or undue influence (*specify in detail, expanding on the reasons in the petition; give specific examples from the proposed dependent adult's daily life showing significant, ongoing behavior patterns*):
- a. Financial resources (*give examples of the proposed dependent adult's substantial inability to manage money or property*):

Continued in Attachment 4a.

- b. Fraud or undue influence (*give examples of the proposed dependent adult's substantial inability to resist fraud or undue influence*):

Continued in Attachment 4b.

\* If any part of item 4 does not apply to the proposed guardianship, skip it, check box 4 in item 10, and explain why it does not apply.

5. **RESIDENCE** (A "residence" is the place a person would tend to describe as "home," for example, an owned or rented single-family house or an apartment in a multiunit building, or an assisted-living, board-and-care, skilled-nursing, or other long-term care facility.)

- a. The proposed dependent adult's **residence** is a (*nature of residence; see above for examples*):
- b. The proposed dependent adult's **residence** is located at (*street address, city, state*):
- c. The proposed dependent adult is **currently located** at  the residence in item 5b     other (*street address, city, state*):
- d. The proposed dependent adult's **current location** is a (*nature of current location; see above for examples*):

- e. **Ability to live in residence** The proposed dependent adult is

- (1)  **living** in the residence, and
- (a)  is able to continue living there unless circumstances change.
- (b)  will need to be moved after a conservator is appointed (*give specific reasons in item 5f*).
- (c)  other (*specify and give reasons in item 5f*).
- (2)  **not living** in the residence, and
- (a)  will be able to return home by (*date*): \_\_\_\_\_ (*explain in item 5f*).
- (b)  will not return to live there (*give specific reasons in item 5f*).
- (c)  other (*specify and give reasons in item 5f*).

- f. Specific reasons supporting the determination in item 5e about the proposed dependent adult's ability to live in the residence:

Continued in Attachment 5f.

GUARDIANSHIP OF <i>(name)</i> :  <p align="center">PROPOSED DEPENDENT ADULT</p>	CASE NUMBER:
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6. **ALTERNATIVES TO GUARDIANSHIP** I have considered the following alternatives to guardianship. For each alternative below, either (1) I have attempted that alternative for the length of time and in the manner described and have determined for the reasons explained below that it is unsuitable or does not meet the proposed dependent adult's needs; or (2) I have not attempted that alternative and have determined for the reasons explained below that it is unsuitable or does not meet the proposed dependent adult's needs and therefore should not be attempted.

a. A supported decisionmaking agreement, as defined in Welfare and Institutions Code section 21001

Continued in Attachment 6a.

b. Designation of a health care surrogate under Probate Code section 4711

Continued in Attachment 6b.

c. An advance health care directive under Probate Code section 4600 et seq.

Continued in Attachment 6c.

d. A power of attorney (general or limited, durable or nondurable) under Probate Code section 4000 et seq.

Continued in Attachment 6d.

e. A trust, as defined in Probate Code section 82

Continued in Attachment 6e.

f. Other alternatives considered or attempted

Continued in Attachment 6f.

GUARDIANSHIP OF (name):	CASE NUMBER:
PROPOSED DEPENDENT ADULT	

7. **HEALTH OR SOCIAL SERVICES PROVIDED** (complete all that apply):

a.  In the year immediately before the petition was filed, the proposed dependent adult received the following **health services**, for example, doctor's visits, medical testing, hospitalizations, surgeries, administration of medication, wound care, or therapy. (describe the services and the circumstances in which they were provided; if none were provided, state "none"):

Continued in Attachment 7a.

b.  In the year immediately before the petition was filed, the proposed dependent adult received the following **social services**, for example, companionship, assistance with personal hygiene, housekeeping, shopping, cooking, or assistance managing finances. (describe the services and the circumstances in which they were provided; if none were provided, state "none"):

Continued in Attachment 7b.

c.  I do not know, and cannot reasonably find out, what, if any,  health services  social services were provided to the proposed dependent in the year immediately before the petition was filed.

8. **KNOWLEDGE AND PREFERENCES** The proposed dependent adult (check all that apply)

a.  knows about  does not know about the proposed guardianship.  I don't know.  
b.  agrees with  does not agree with the proposed guardianship.  I don't know.  Not applicable.

9. **SOURCE OF INFORMATION** The facts, circumstances, and conclusions stated on this form are based, (check all that apply)

- a. in item 3, on  my own personal knowledge  an affidavit (declaration) by another person, attached as Attachment 3.
- b. in item 4, on  my own personal knowledge  an affidavit (declaration) by another person, attached as Attachment 4.
- c. in item 5, on  my own personal knowledge  an affidavit (declaration) by another person, attached as Attachment 5.
- d. in item 6, on  my own personal knowledge  an affidavit (declaration) by another person, attached as Attachment 6.
- e. in item 7, on  my own personal knowledge  an affidavit (declaration) by another person, attached as Attachment 7.
- f. in item 8, on  my own personal knowledge  an affidavit (declaration) by another person, attached as Attachment 8.

10. **ITEMS THAT DO NOT APPLY** The following items on this form, or parts of those items, do not apply to the proposed guardianship. (for each item checked, explain why that item or part of an item does not apply):  3  4

Continued on Attachment 10.

11. Number of pages attached: \_\_\_\_\_

**DECLARATION**

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)