

NAME AND ADDRESS OF Petitioner or Attorney : SUPERIOR COURT OF CALIFORNIA COUNTY OF SACRAMENTO <input type="checkbox"/> Guardianship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of: Name: _____	TELEPHONE/FAX NO: _____ _____	FOR COURT USE ONLY CASE NUMBER _____
NOTIFICATION TO COURT OF ADDRESS OF GUARDIAN _____ _____		

GUARDIAN

Address _____ City _____ State _____ Zip Code _____

Phone Number () _____ Marital Status _____

MINOR

Physician _____ Phone Number () _____ Fax Number () _____

Attends Yes
Program No

Program Name/School _____

Program/School Address _____ City _____ State _____ Zip Code _____

Fax Number () _____ Phone Number () _____

Program/School Schedule _____

Co-Guardian (if applicable)

Name _____

Address _____ City _____ State _____ Zip Code _____

ATTORNEY FOR GUARDIAN

Name _____

Address _____ City _____ State _____ Zip Code _____

Fax Number () _____ Phone Number () _____

ATTORNEY FOR Minor (Ward)

Name _____

Address _____ City _____ State _____ Zip Code _____

Fax Number () _____ Phone Number () _____