

**INTERTRIBAL COURT OF SOUTHERN CALIFORNIA**

49002 Golsh Road Valley Center, California 92082

Phone: (760) 751-4142

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**GUARDIANSHIP STATUS REPORT**

Guardianship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of:		<b>FOR COURT USE ONLY</b>
_____	_____	
Full name	Tribe	
_____	_____	
Date of birth	Case number	
A minor		

**NOTICE TO GUARDIAN**

You must complete, sign, and return to the Court on or before \_\_\_\_\_ a separate copy of this report for each minor for whom you are guardian of the person or estate under the above case number.

An attachment is one or more sheets of paper attached to this report. You may use any letter-sized paper for this purpose. Each attachment must be labeled with the number of the item to which it pertains.

If you are guardian of the minor's estate only, you must complete items I-II, VI(E)-(F), and VII-X at a minimum. All other guardians must complete all items.

If there is more than one guardian of the minor's person or estate under the above case number, each must complete items I\* and X. All other items may be completed by one or both guardians. (\*One guardian must complete item I on this report and the other guardian must provide the information requested in item I in an attachment to this report labeled Attachment I(2).)

If you need assistance completing this report, contact the Court at (760) 751-4142.

Failure to complete, sign, and return this report will result in further action by the Court, including your potential removal as guardian of the minor's person and/or estate.

**I. Guardian (continue if necessary in an attachment labeled Attachment I)**

A. Full name: \_\_\_\_\_

B. Physical address: \_\_\_\_\_

1. Years at this address: \_\_\_\_\_

C. Mailing address (if different than physical address): \_\_\_\_\_

D. Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

E. Do you have any health problems that will interfere with your ability to continue to serve as guardian in the next year?  Yes  No (if yes, explain in an attachment labeled Attachment I(E))

F. Since your appointment as guardian or your last guardianship status report, have you, or has any adult living in the minor's home, 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?  Yes  No (if yes, explain in an attachment labeled Attachment I(F))

Note: Traffic offenses that do not involve alcohol or illegal drugs need not be reported

G. Are you the court-appointed guardian or conservator for any other minor or adult?  Yes  No (if yes, list the full name of each minor or adult, the issuing court, and the relevant case number in an attachment labeled Attachment I(G))

**II. Minor (continue if necessary in an attachment labeled Attachment II)**

A. Full name: \_\_\_\_\_

B. Date of birth: \_\_\_\_\_

C. Tribe: \_\_\_\_\_

1. The minor  is  is not an enrolled member of the tribe (if not, explain why in an attachment labeled Attachment II(C)(1))

2. Describe any contact pertaining to the guardianship that you have had with the tribe in the past year (continue if necessary in an attachment labeled Attachment II(C)(2)): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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a. List the full name, work physical address, and work telephone number of each tribal employee with whom you have communicated (continue if necessary in an attachment labeled Attachment II(C)(2)(a)):

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D. The minor  is  is not currently living in my home

1. If the minor has never lived in your home, explain in an attachment labeled Attachment II(D)(1)

2. If the minor has previously lived in your home but is not currently living in your home, explain in an attachment labeled Attachment II(D)(2)

3. If the minor is not currently living in your home, list the following information for the person in whose home the minor is currently living in an attachment labeled Attachment II(D)(3): (1) full name, (2) relationship to minor and you, (3) physical address, (4) mailing address (if different than physical address), (5) home telephone number, (6) work telephone number, and (7) mobile telephone number

**III. Minor's Education (continue if necessary in an attachment labeled Attachment III)**

A. Name and address of the minor's school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. The minor's grade level: \_\_\_\_\_

C. Describe the minor's current progress in school, including but not limited to grades earned, attendance recorded, behavioral problems identified, and tutoring programs recommended (continue if necessary in an attachment labeled Attachment III(B)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Include a copy of the minor's last report card, progress report, or other similar school record as an attachment labeled Attachment III(B)(1)

**IV. Minor's Physical and Emotional Health (continue if necessary in an attachment labeled Attachment IV)**

- A. Does the minor currently have any medical or dental problems?  Yes  No (if yes, explain in an attachment labeled Attachment IV(A))
- B. The minor  is  is not current on immunizations (if not, explain why in an attachment labeled Attachment IV(B))
- C. List the full name, work physical address, and work telephone number of each physician, dentist, or other health care provider currently treating the minor (continue if necessary in an attachment labeled Attachment IV(C)): \_\_\_\_\_

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1. Include a letter from the minor's primary health care provider stating the date of the minor's last examination and describing the overall health of the minor as an attachment labeled Attachment IV(C)(1)
2. If the minor has not been treated by a health care provider for any problem identified in item IV(A), explain why in an attachment labeled Attachment IV(C)(2)

- D. Does the minor currently have any emotional or behavioral problems that cause you concern?  Yes  No (if yes, explain in an attachment labeled Attachment IV(D))
- E. Has the minor experienced a traumatic event, major disruption, or significant change in the past year, such as the death of a family member, abuse, or a major illness?  Yes  No (if yes, explain in an attachment labeled Attachment IV(E))
- F. List the full name, work physical address, and work telephone number of each therapist currently seeing the minor for any problem identified in items IV(D)-(E) (continue if necessary in an attachment labeled Attachment IV(F)): \_\_\_\_\_

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1. If the minor has not been seen by a therapist for any problem identified in items IV(D)-(E), explain why in an attachment labeled Attachment IV(F)(1)

G. Describe the minor's current social activities, including but not limited to recreational, educational, religious, occupational, or cultural activities (continue if necessary in an attachment labeled Attachment IV(G): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Describe your goals for the minor in the next year (continue if necessary in an attachment labeled Attachment IV(H): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Other Persons in Minor's Home (continue if necessary in an attachment labeled Attachment V)**

A. List the full name, age, and relationship to the minor and to you of each person currently living in the minor's home (continue if necessary in an attachment labeled Attachment V(A): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List the full name of each person identified in item V(A) who moved into the minor's home after the guardianship was established (continue if necessary in an attachment labeled Attachment V(B): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. Minor's Biological Parents (continue if necessary in an attachment labeled Attachment VI)**

A. List the full name, physical address, mailing address (if different than physical address), home telephone number, work telephone number, and mobile telephone number of the minor's biological mother (continue if necessary in an attachment labeled Attachment VI(A)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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B. List the full name, physical address, mailing address (if different than physical address), home telephone number, work telephone number, and mobile telephone number of the minor's biological father (continue if necessary in an attachment labeled Attachment VI(B)): \_\_\_\_\_

C. Has the minor's biological mother visited the minor in the past year?  Yes  No (if no, skip to item VI(D))

1. Average frequency of visits: \_\_\_\_\_

2. Average duration of visits: \_\_\_\_\_

3. Were any of the visits supervised?  Yes  No (if yes, list the following information for each person who supervised a visit in an attachment labeled Attachment VI(C)(3): (1) full name, (2) relationship to minor and you, (3) home telephone number, (4) work telephone number, and (5) mobile telephone number)

4. Did any of the visits extend overnight?  Yes  No (if yes, list the following information for each person who hosted an overnight visit in an attachment labeled Attachment VI(C)(4): (1) full name, (2) relationship to minor and you, (3) home physical address, (4) home telephone number, (5) work telephone number, and (6) mobile telephone number)

5. Did any problems arise during a visit?  Yes  No (if yes, explain in an attachment labeled Attachment VI(C)(5))

D. Has the minor's biological father visited the minor in the past year?  Yes  No (if no, skip to item VI(E))

1. Average frequency of visits: \_\_\_\_\_

2. Average duration of visits: \_\_\_\_\_

3. Were any of the visits supervised?  Yes  No (if yes, list the following information for each person who supervised a visit in an attachment labeled Attachment VI(D)(3): (1) full name, (2) relationship to minor and you, (3) home telephone number, (4) work telephone number, and (5) mobile telephone number)

4. Did any of the visits extend overnight?  Yes  No (if yes, list the following information for each person who hosted an overnight visit in an attachment labeled Attachment VI(D)(4): (1) full name, (2) relationship to minor and you, (3) home physical address, (4) home telephone number, (5) work telephone number, and (6) mobile telephone number)

5. Did any problems arise during a visit?  Yes  No (if yes, explain in an attachment labeled Attachment VI(D)(5))

E. Has the minor's biological mother provided financial support to the minor in the past year?  Yes  No (if no, skip to item VI(F))

1. Average monthly amount: \$ \_\_\_\_\_

F. Has the minor's biological father provided financial support to the minor in the past year?  Yes  No (if no, skip to item VII)

1. Average monthly amount: \$ \_\_\_\_\_

**VII. Minor's Income (continue if necessary in an attachment labeled Attachment VII)**

A. List the source and amount of any funds that you received on behalf of the minor in the past year (continue if necessary in an attachment labeled Attachment VII(A)):

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1. Include a copy of the last statement for any bank account, life insurance policy, or other financial asset that you administer on behalf of the minor as an attachment labeled Attachment VII(A)(1)

B. Describe how the funds identified in item VII(A) were used (continue if necessary in an attachment labeled Attachment VII(B)):

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**VIII. Need for Guardianship (continue if necessary in an attachment labeled Attachment VIII)**

A. The guardianship  is  is not still necessary for the following reasons:

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B. Have you had trouble meeting any of the minor's needs in the past year?  Yes  No  
(if yes, explain in an attachment labeled Attachment VIII(B))

**IX. Continuation as Guardian (continue if necessary in an attachment labeled Attachment IX)**

I  am  am not able to continue to fulfill my duties as guardian of the minor (if not, explain in an attachment labeled Attachment IX)

Note: If you cannot continue as guardian, you must petition the Court to relieve you of your duties

**X. Guardian's Signature**

I declare under penalty of perjury that the foregoing is true and correct

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Name	Signature	Date
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Name	Signature	Date
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