



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY	TRIBAL BAR NO:
NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: PHONE: EMAIL: ATTORNEY FOR (<i>Full Name</i>):	
FOR COURT USE ONLY	
CASE NO.:	
PARTY 1 / PETITIONER:	
PARTY 2 / RESPONDENT:	
WILTON RANCHERIA TRIBAL COURT 9245 LAGUNA SPRINGS DRIVE, SUITE 110 ELK GROVE, CA 95758 tribalcourtinfo@wiltonrancheria-nsn.gov 916.683.6000 ext.1002	
☐ TEMPORARY GUARDIANSHIP ☐ INDEFINITE GUARDIANSHIP ☐ EMERGENCY GUARDIANSHIP	
IN RE: GUARDIANSHIP OF THE ☐ PERSON ☐ ESTATE OF (<i>full legal name</i>):	
(PROPOSED) WARD	
CONFIDENTIAL SUPPLEMENTAL INFORMATION TO PETITION FOR GUARDIANSHIP OF VULNERABLE ADULT	
FILL OUT ONE FORM PER PROPOSED WARD LISTED IN THE GUARDIANSHIP PETITION. TYPE OR PRINT USING BLACK OR BLUE INK.	

(DO NOT ATTACH TO PETITION)

1. I, the person completing this form, am the (*check all that apply*)

☐ PETITIONER ☐ PROPOSED GUARDIAN ☐ OTHER (*specify*): _____

2. **PROSPECTIVE WARD'S INFORMATION** (*who is the person who needs guardianship?*):

STREET ADDRESS:	APT:	DATE OF BIRTH (MM/DD/YYYY):	AGE:	SEX:
CITY:	STATE:	ZIP:	RESIDENT IN THE COUNTY OF:	

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PHONE:	EMAIL:
TRIBAL AFFILIATION: ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA.	

3. LIVING ARRANGEMENT

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

a. The Prospective Ward's **residence** is (specify nature of residence, see above for examples):

--

b. The Prospective Ward is **currently located** at:

☐ the residence in item 2 (If yes, skip to item 3d).

☐ at this address:

STREET ADDRESS:		APT:	
CITY:	STATE:	ZIP:	COUNTY:
NATURE OF RESIDENCE:			

c. Ability to live in residence

The Prospective Ward 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 guardian is appointed. (give specific reasons in item e)

(c) ☐ other (specify and give reasons in item e)

(2) ☐ **not living** in the residence, and

(a) ☐ will be able to return home by this date:

(b) ☐ will not return to live there (give specific reasons in item e)

(c) ☐ other (specify and give reasons in item e)

e. Give specific reasons supporting the determination in item 3(d) about the Prospective Ward's ability to live in the residence:

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4. ABILITY TO PROVIDE PROPERLY FOR PERSONAL NEEDS

These are the facts and circumstances that support the reasons described in the Petition for Guardianship that the Prospective Ward is unable to provide properly for their personal needs for physical health, food, clothing, or shelter. *(Give specific details and examples from the Prospective Ward's daily life showing significant, ongoing behavior patterns).*

a. Physical health

(Give examples of the Prospective Ward's inability to move and exercise, maintain personal hygiene, make and attend routine medical appointments, take medication as prescribed, etc.):

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b. Food

(Give examples showing the Prospective Ward's inability to eat or drink, prepare food, shop for food, etc.):

c. Clothing

(Give examples showing the Prospective Ward's inability to get dressed, do laundry, shop for clothing, etc.)

d. Shelter

(Give examples showing the Prospective Ward's inability to pay rent or mortgage, pay utility bills, keep house, etc.)

5. HEALTH OR SOCIAL SERVICES

a. In the year immediately before the Petition was filed, the Prospective Ward received the following **health services** (examples: doctor's visits, medical testing, hospitalizations, surgeries, administration of medication, wound care, or therapy.)

Describe the circumstances in which they were provided; if none were provided, state "none".

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b. In the year immediately before the Petition was filed, the Prospective Ward received the following **social services** (examples: companionship, assistance with personal hygiene, housekeeping, shopping, cooking, or assistance managing finances.)

Describe the services and circumstances in which they were provided; if none were provided, state "none".

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

6. ABILITY TO MANAGE OWN FINANCIAL RESOURCES

These are the facts and circumstances that support the reasons described in the Petition for Guardianship that the Prospective Ward is substantially unable to manage their own financial resources or to resist fraud or undue influence:

(Give specific details and examples from the Prospective Ward's daily life showing significant, ongoing behavior patterns.)

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a. Financial resources

(Give examples of the Prospective Ward's substantial inability to manage money or property):

b. Fraud or undue influence

(Give examples of the Prospective Ward's substantial inability to resist fraud or undue influence):

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c. Public benefits, other sources of income and property interests:

TYPE OF AID	MONTHLY BENEFIT	TYPE OF PROPERTY	EST. VALUE
☐ TANF	\$	☐ Real Property	\$
☐ Social Security	\$	☐ Personal Property	\$
☐ Department of Veterans Affairs	\$	☐ Bank Accounts	\$
☐ Wages	\$	☐ Trust Accounts	\$
☐ Pensions	\$	☐ Stock, Bonds, etc.	\$
☐ Tribal per capita distributions	\$	☐ Cash	\$
☐ Income from real property	\$	☐ Other (specify):	\$
☐ Interest income	\$	☐ Other (specify):	\$
☐ Other (specify):	\$	☐ Other (specify):	\$
☐ Other (specify):	\$	☐ Other (specify):	\$
☐ Other (specify):	\$	☐ Other (specify):	\$
☐ Other (specify):	\$	☐ Other (specify):	\$

d. Bank account information

- ☐ The prospective ward **does not have** bank accounts and / or credit accounts of any kind.
- ☐ The prospective ward **does have** bank accounts and / or credit accounts. Information for each is below.

Be sure to attach bank statements, credit card statements, and receipts for each account for the past year.

NAME OF BANK / CREDITOR:	NAME(S) ON THE ACCOUNT:	
FULL ADDRESS ASSOCIATED WITH ACCOUNT:	RELATIONSHIP OF ACCOUNT OWNER TO THE PROSPECTIVE WARD:	
TYPE OF ACCOUNT: ☐ checking ☐ savings ☐ credit card ☐ other (specify):	ACCOUNT NUMBER:	
AMOUNT IN ACCOUNT AS OF LAST ACCOUNTING:	AMOUNT OWED TO CREDITOR:	DATE OPENED:

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FOR THIS ACCOUNT:

Does the prospective ward have their own ☐ debit ☐ credit card(s)? ☐ Yes ☐ No ☐ In process of obtaining

Does the prospective ward know how to use the card responsibly? ☐ Yes ☐ No ☐ Still learning

NAME OF BANK / CREDITOR:		NAME(S) ON THE ACCOUNT:	
FULL ADDRESS ASSOCIATED WITH THE ACCOUNT:		RELATIONSHIP OF ACCOUNT OWNER TO THE PROSPECTIVE WARD:	
TYPE OF ACCOUNT: ☐ checking ☐ savings ☐ credit card ☐ other (<i>specify</i>):		ACCOUNT NUMBER:	
AMOUNT IN ACCOUNT AS OF LAST ACCOUNTING:	AMOUNT OWED TO CREDITOR:	DATE OPENED:	
FOR THIS ACCOUNT: Does the prospective ward have their own ☐ debit ☐ credit card(s)? ☐ Yes ☐ No ☐ In process of obtaining Does the prospective ward know how to use the card responsibly? ☐ Yes ☐ No ☐ Still learning			

Are the minor's funds being used to pay for items outside of food, clothing, shelter, transportation, education for the minor? ☐ Yes ☐ No (*If yes, explain what they are being used for.*)

BALANCE OF ALL CHECKING ACCOUNTS AS OF LAST ACCOUNTING:	
BALANCE OF ALL SAVINGS ACCOUNTS AS OF LAST ACCOUNTING:	
BALANCE OF ALL CREDIT CARD ACCOUNTS AS OF LAST ACCOUNTING:	

THE PERSON WHO **IS AUTHORIZED** TO RECEIVE DISTRIBUTIONS OR OTHER MONIES ON THE PROSPECTIVE WARD'S BEHALF IS THEIR:

☐ NATURAL MOTHER ☐ NATURAL FATHER ☐ PROPOSED GUARDIAN

☐ SOMEONE ELSE:

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e. The authorized person's information:

FIRST AND LAST NAME:					
STREET ADDRESS:		APT:	DATE OF BIRTH (MM/DD/YYYY):	AGE:	SEX:
CITY:	STATE:	ZIP:	TRIBAL ID OR DRIVER'S LICENSE #:		
RESIDENT IN THE COUNTY OF:		PHONE:		EMAIL:	
TRIBAL AFFILIATION : ☐ AN ENROLLED MEMBER ☐ ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA ☐ IS A MEMBER OF A WILTON RANCHERIA TRIBAL MEMBER FAMILY. ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN _____, A FEDERALLY RECOGNIZED TRIBE. ☐ IS NOT A MEMBER OR ELIGIBLE FOR MEMBERSHIP IN A TRIBE.					

THE PERSON WHO IS CURRENTLY RECEIVING DISTRIBUTIONS OR OTHER MONIES ON THE PROSECUTIVE WARD'S BEHALF IS: ☐ NATURAL MOTHER ☐ NATURAL FATHER ☐ PROPOSED GUARDIAN ☐ SOMEONE ELSE:

e. The current receiver's information

- ☐ Same person as listed in item 6e. *(If the same, skip to item 7)*
☐ other *(fill in the fields below)*:

FIRST AND LAST NAME					
STREET ADDRESS		APT	DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX
CITY	STATE	ZIP	TRIBAL ID OR DRIVER'S LICENSE #		
RESIDENT IN THE COUNTY OF		PHONE		EMAIL	

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TRIBAL AFFILIATION

- ☐ AN ENROLLED MEMBER ☐ ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA
- ☐ IS A MEMBER OF A WILTON RANCHERIA TRIBAL MEMBER FAMILY
- ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN _____, A FEDERALLY RECOGNIZED TRIBE.
- ☐ IS NOT A MEMBER OR ELIGIBLE FOR MEMBERSHIP IN A TRIBE

7. SOURCES OF INFORMATION

The facts, circumstances, and conclusions stated in this form are based on *(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.

8. ATTACHMENTS

If more room is needed to explain any item, please use the space below. Be sure to label each item. If you are attaching an affidavit (declaration) by another person as indicated in item 8, be sure to label each Attachment.

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☐ Bank and credit card statements and receipts (for the prospective ward's accounts) for the year leading up to the date the petition for guardianship was filed.

☐ Other supporting documents (*for example, any medical letters, court documents, affidavits, etc.*)

(List one title per box below. Be sure to label each attachment with the same title as listed below and organize the attachments in the same order as listed below):

CERTIFICATION

By signing below, I certify under penalty of perjury under the laws of Wilton Rancheria and the State of California, that the foregoing and all attachments are true and correct to the best of my knowledge and belief.

TYPED / PRINTED NAME OF GUARDIAN:	SIGNATURE:	DATE:
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TYPED / PRINTED NAME OF CO-GUARDIAN	SIGNATURE:	DATE:
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