



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: PHONE: EMAIL: ATTORNEY FOR (<i>Full Name</i>): TRIBAL BAR NO:	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>): MINOR (PROPOSED WARD)	
CONFIDENTIAL SUPPLEMENTAL INFORMATION TO PETITION FOR GUARDIANSHIP OF MINOR	
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. **MINOR'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:		
PHONE:			EMAIL:		

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IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

TRIBAL AFFILIATION:

☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA.

3. MARITAL STATUS

Is the minor married? ☐ Yes ☐ No If you checked "No," was this minor married in the past, but the marriage was dissolved or ended in divorce? ☐ Yes ☐ No *(The court cannot appoint a guardian for a minor child who is married or whose marriage was dissolved or ended in divorce.)*

4. LIVING ARRANGEMENT

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

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

--

b. The minor is **currently located** at:

☐ the residence in item 2 *(if yes, skip to item 5a)*

☐ this address:

STREET ADDRESS:		APT:	
CITY:	STATE:	ZIP:	COUNTY:
NATURE OF CURRENT LOCATION:			

5. ACCOUNTING

a. Information about the minor's public benefits and other sources of funds:

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	\$	☐ Stocks, Bonds, etc.	\$

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CASE NO:

☐ Tribal per capita distributions	\$	☐ Cash	\$
☐ Income from real property	\$	☐ Other (specify):	\$
☐ Interest income	\$	☐ Other (specify):	\$
☐ Other (specify):	\$	☐ Other (specify):	\$
☐ Other (specify):	\$	☐ Other (specify):	\$

b. Has anyone been ordered to pay child support for this minor? ☐ Yes. ☐ No.

(If yes, fill in the information below.)

FIRST AND LAST NAME:	RELATIONSHIP TO THE MINOR:
THE ORDER WAS ISSUED IN: ☐ Tribal Court ☐ State Court	NAME OF COURT:
DATE THE ORDER WAS ISSUED:	MONTHLY AMOUNT:
IS THE PERSON PAYING THE CHILD SUPPORT? ☐ Yes. ☐ Yes, but not every month. ☐ No. ☐ I do not know.	
ACCORDING TO THE ORDER, WHO SHOULD RECEIVE THE CHILD SUPPORT? (First and Last Name)	
IF THE PERSON WHO SHOULD RECEIVE IT IS NOT RECEIVING IT, WHO IS? (First and Last Name)	

c. Bank account information

☐ The minor **does not have** bank accounts and / or credit accounts of any kind.

☐ The minor **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 MINOR:
TYPE OF ACCOUNT: ☐ checking ☐ savings ☐ credit card ☐ other (specify):	ACCOUNT NUMBER:

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CASE NO:

AMOUNT IN ACCOUNT AS OF LAST ACCOUNTING:	AMOUNT OWED TO CREDITOR:	DATE OPENED:
FOR THIS ACCOUNT: Does the minor have their own ☐ debit ☐ credit card(s)? ☐ Yes ☐ No ☐ In process of obtaining Does the minor 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 MINOR:	
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 minor have their own ☐ debit ☐ credit card(s)? ☐ Yes ☐ No ☐ In process of obtaining Does the minor 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 (<i>If yes, explain what they are being used for.</i>)
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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:	

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IN THE WILTON RANCHERIA COURTS
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CASE NO:

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

- ☐ NATURAL MOTHER ☐ NATURAL FATHER ☐ PROPOSED GUARDIAN
☐ SOMEONE ELSE:

d. 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 MINOR'S BEHALF IS:

- ☐ NATURAL MOTHER ☐ NATURAL FATHER ☐ PROPOSED GUARDIAN
☐ SOMEONE ELSE:

e. The current receiver's information:

- ☐ Same person as listed in item 5d. *(If the same, skip to item 6a.)*
☐ other *(fill in the fields below)*

FIRST AND LAST NAME:				
STREET ADDRESS:		APT:	DATE OF BIRTH: (MM/DD/YYYY)	AGE: SEX:

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IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

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				

6. a. The person with *legal* custody of the child's information:

- ☐ the proposed guardian (*If the same, skip to item 5c.*)
☐ 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:	
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					

b. Does the minor currently live with the proposed guardian(s)? ☐ Yes. ☐ No.

c. If the Court approves the guardianship, will this minor live with the proposed guardian?

☐ Yes. ☐ No.

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CASE NO:

d. Explain why appointing a guardian would be in the minor's best interest:

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e. Explain why appointing the proposed guardian named in the petition would be in the minor's best interest:

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f. Does one or do both of this minor's parents agree:

that the Court needs to appoint a guardian for the minor?	☐ Yes, the mother agrees. ☐ No, the mother does not agree. ☐ Yes, the father agrees. ☐ No, father does not agree. ☐ I don't know
that the person(s) named in item 5 should be the minor's guardian(s)	☐ Yes, the mother agrees. ☐ No, the mother does not agree. ☐ Yes, the father agrees. ☐ No, father does not agree. ☐ I don't know

g. The minor's natural parents' information (*if the person is deceased, skip to next item*):

(*If you do not know the current contact information, list last known*)

MOTHER'S 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					

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CASE NO:

☐ 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 MINOR'S MOTHER:

☐ IS IN CONFINEMENT IN A PLACE OF DETENTION
☐ HAS A JUDICIAL DETERMINATION OF MENTAL INCOMPETENCY
☐ HAS DISAPPEARED SINCE THIS DATE (MM/DD/YYYY):

FATHER'S FIRST AND LAST NAME:

STREET ADDRESS:	APT:	DATE OF BIRTH (MM/DD/YYYY):	AGE:	SEX:
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CITY:	STATE:	ZIP:	TRIBAL ID OR DRIVER'S LICENSE #:
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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

THE MINOR'S FATHER:

☐ IS IN CONFINEMENT IN A PLACE OF DETENTION
☐ HAS A JUDICIAL DETERMINATION OF MENTAL INCOMPETENCY
☐ HAS DISAPPEARED SINCE THIS DATE (MM/DD/YYYY):

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CASE NO:

ATTACHMENT TO SUPPLEMENTAL INFORMATION

If more room is needed to explain any item, please use the space below. Be sure to label each item. If you are providing any attachments, be sure to **label each item**.

ATTACHMENTS

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

☐ Other supporting documents (*for example, any Court documents such as child support orders, etc.*).

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

CERTIFICATION

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