



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY TRIBAL BAR NO: _____ FIRST AND LAST 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	
☐ MODIFY GUARDIANSHIP ☐ TERMINATE GUARDIANSHIP	
IN RE: GUARDIANSHIP OF THE ☐ PERSON ☐ ESTATE OF (<i>full legal name</i>): WARD	
PETITION TO MODIFY OR TERMINATE GUARDIANSHIP	
FILL OUT ONE FORM PER EACH WARD. TYPE OR PRINT USING BLACK OR BLUE INK.	

I, _____, am interested in this matter and make this petition as
_____ (*relationship to the matter*).

1. I REQUEST that the Court:

- ☐ Terminate the guardianship.
- ☐ Accept the Guardian's resignation.
- ☐ Appoint (full name of person) _____ as
☐ Successor Guardian ☐ Temporary Guardian ☐ Co-Guardian



CASE NO:

2. REASONS

The reasons why the Court should take action as requested are:

- a. ☐ The biological parent(s) have made significant changes that allow them to reunify with the individual.
- b. ☐ The individual under Guardianship has suffered serious physical or emotional harm inflicted non-accidentally upon the individual by the Guardian(s).
- c. ☐ There is substantial risk that the individual under Guardianship will suffer serious physical or emotional harm if left in the care of the Guardian(s).
- d. ☐ The Guardian has failed to adequately supervise, care for, and protect the individual.
- e. ☐ The Guardian wants to voluntarily relinquish Guardianship, and a suitable Guardian is available.
- f. ☐ The Guardian is incarcerated, institutionalized or otherwise unable to provide adequate care for the individual under Guardianship. *(You must also complete Form 10-02-005 Statement of Change of Information form and submit it with this form.)*
- g. ☐ The Co-Guardian will be authorized to perform the authorities, responsibilities and duties in the best interest of the individual under Guardianship.
- h. ☐ The Guardian is deceased. *(You must also complete Form 10-02-005 Statement of Change of Information form and submit it with this form.)*
- i. ☐ Other. *(Identify the reason and explain in the box in item 3.)*

3. EXPLANATION

Provide an explanation, using specific facts, why the Court should modify or terminate the Guardianship that supports the boxes checked above or supporting another reason not listed above:



CASE NO:

4. ATTACHMENTS

Filed with this petition are the following *(Check all that apply):*

- ☐ Confidential Screening of Proposed Guardian
- ☐ Other *(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):*

5. ACKNOWLEDGEMENTS

- ☐ I understand that it is my responsibility to inform the Court of any contact information changes while this case is open. If my or the Individual's address or contact information changes, I will submit to this Court the new information or provide the new information in open court on the record.
- ☐ I confirm that I provided a valid email address. I agree to check my email regularly. I understand that the Court and the other party will use the email address for electronic service of documents and for correspondence regarding my case.
- ☐ I understand that the Wilton Rancheria Tribe and its Courts determine that the best interests of the ward include consideration of the rights of the prospective ward as a Wilton Rancheria Tribal Citizen and the interest of the community and Tribe in retaining its citizens in its society.

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