



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY TRIBAL BAR NO: _____	FOR COURT USE ONLY
FIRST AND LAST NAME:	
STREET ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
PHONE:	
EMAIL:	CASE NUMBER:
ATTORNEY FOR (full name):	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	
TYPE OF REPORT ☐ FIRST ☐ INTERIM ☐ ANNUAL ☐ FINAL ☐ AMENDED	
IN RE: GUARDIANSHIP OF THE ☐ PERSON ☐ ESTATE OF <i>(full name of the minor):</i> MINOR	
CONFIDENTIAL GUARDIANSHIP REPORT ON FINANCIAL ACCOUNTING OF MINOR	
THIS REPORT MUST BE COMPLETED ANNUALLY BY THE GUARDIAN, OR MORE FREQUENTLY IF DIRECTED BY THE COURT. ONE FORM PER MINOR. TYPE OR PRINT USING BLACK OR BLUE INK.	

1. I AM THE GUARDIAN OF THE ABOVE-NAMED MINOR, AND MY REPORT IS AS FOLLOWS:

TIME PERIOD FOR THIS REPORT	
START DATE:	END DATE:

2. MINOR'S PUBLIC BENEFITS AND OTHER SOURCES OF FUNDS

(Be sure to attach any bank statements, credit card statements, and receipts for the last year.)



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

TOTAL AID RECEIVED AS OF LAST ACCOUNTING:	
TOTAL OF PROPERTY AS OF LAST ACCOUNTING:	

3. CHILD SUPPORT

Has anyone been ordered to pay child support for this minor within the last year? ☐ 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 ON BEHALF OF THE MINOR? (First and Last Name)	IF THE PERSON WHO SHOULD RECEIVE IT IS NOT RECEIVING IT, WHO IS RECEIVING IT? (First and Last Name)
DETAILS ABOUT THE CHILD SUPPORT ORDER:	



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4. 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 and the 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 THE ACCOUNT:	RELATIONSHIP OF ACCOUNT OWNER TO THE MINOR:
TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS ☐ CREDIT CARD ☐ OTHER (<i>SPECIFY</i>):	LAST 4 DIGITS OF ACCOUNT NUMBER:
AMOUNT IN ACCOUNT AS OF TODAY:	AMOUNT OWED TO CREDITOR (if applicable):
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>):	LAST 4 DIGITS OF ACCOUNT NUMBER:
AMOUNT IN ACCOUNT AS OF TODAY:	AMOUNT OWED TO CREDITOR (if applicable):
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>):	LAST 4 DIGITS OF ACCOUNT NUMBER:
AMOUNT IN ACCOUNT AS OF TODAY:	AMOUNT OWED TO CREDITOR (if applicable):



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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

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:	

5. THE PERSON **WHO IS AUTHORIZED TO RECEIVE DISTRIBUTIONS OR OTHER MONIES ON THE MINOR'S BEHALF** IS: ☐ The Guardian named in item 1. *(If same, skip this item).*

FIRST AND LAST NAME:			RELATIONSHIP OF ACCOUNT OWNER TO THE MINOR:		
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: THE INDIVIDUAL ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA OR ☐ 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. ☐ UNKNOWN					

6. THE PERSON **WHO IS CURRENTLY RECEIVING DISTRIBUTIONS OR OTHER MONIES ON THE MINOR'S BEHALF** IS:

☐ Same as person listed in item 5. *(If same, skip this item).*

FIRST AND LAST NAME:			RELATIONSHIP OF ACCOUNT OWNER TO THE MINOR:		
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:

THE INDIVIDUAL ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA OR ☐ 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. ☐ UNKOWN

7. FINANCIAL GOALS

Describe your financial goals for the minor for the next year. *(Include details about how you will provide age-appropriate ways to help the minor learn how to manage money, if applicable, any specific financial skills or classes, improvements to their quality of life, how you are saving for their future, etc.)*

ATTACHMENT TO FINANCIAL STATUS REPORT

If more room or detail is needed, use the space below to explain any item number 1-7. **Label each item.**



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8. ATTACHMENTS

- ☐ Confidential Guardianship Status Report on Conditions of Minor
- ☐ Bank statements for each account for the past year
- ☐ Credit Card statements for each account for the past year
- ☐ Receipts for any of the minor's monies that were spent within the past year
- ☐ Other supporting documents

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

9. 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:

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