



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY	TRIBAL BAR NO:	FOR COURT USE ONLY
FULL NAME:		
STREET ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		
PHONE:		CASE NO:
EMAIL:		PARTY 1 / PETITIONER:
ATTORNEY FOR (Full Name):		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		
STATEMENT OF CHANGE OF INFORMATION		
TYPE OR PRINT IN BLUE OR BLACK INK.		

I, _____, ☐ PARTY 1 / PETITIONER ☐ PARTY 2 / RESPONDENT
☐ Other _____ in the above-named case am notifying the Court of the following change(s):

1. WHO IN THE CASE DOES THIS CHANGE APPLY TO?

☐ PARTY 1 / PETITIONER ☐ PARTY 2 / RESPONDENT ☐ INTERESTED PARTY ☐ WARD OR PROSPECTIVE WARD ☐ TEMPORARY GUARDIAN ☐ GUARDIAN ☐ CO-GUARDIAN ☐ OTHER: (Specify)
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2. WHAT IS THE CHANGE THAT OCCURRED?

- a. ☐ Contact Information (for example: address, email address, phone number)
- b. ☐ Name Change
- c. ☐ Move (for example: someone moving into your home, someone moving out of your home, moving to another state or country)
- d. ☐ Marital Status
- e. ☐ Hospitalization
- f. ☐ Rehabilitation



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- g. ☐ Incarceration
- h. ☐ Disappearance (for longer than one week)
- i. ☐ Death
- j. ☐ Placement in another kind of care with no plan to return to care of Guardian / Conservator (for example a care home)
- k. ☐ Custody / Guardianship was granted to another individual.
- l. ☐ I am now serving as a Guardian, Conservator, Executor, or Fiduciary in another proceeding.
- m. ☐ I am being removed / have been removed for cause from serving as a Guardian, Conservator, Executor, or Fiduciary in another proceeding.
- n. ☐ A professional license of mine has been denied, conditioned, suspended, revoked, or canceled.
- o. ☐ I have been found civilly liable in an action that involves fraud, misrepresentation, material omission, misappropriation, theft, or conversion.
- p. ☐ I have filed or am filing for bankruptcy within the last year.
- q. ☐ A civil monetary judgement has been entered against me.
- r. ☐ I have been convicted of a crime other than a petty misdemeanor or traffic offense.
- s. ☐ I / an individual living in our home has been assigned to a Social Worker or Parole, or Probation Officer.
- t. ☐ I / an individual living in our home has been required to register as a sex offender under California Penal Code section 290.
- u. ☐ I have been made aware that a report alleging child abuse or neglect, or elder abuse or neglect, has been made to an agency charged with protecting children or elders or any other law enforcement agency and that the allegations in the report are regarding me or an individual living in my home.
- v. ☐ I / an individual living in our home has been charged with, arrested for, or convicted of any form of child abuse, neglect, molestation, or elder abuse or neglect.
- w. ☐ I / an individual living in our home has been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol.
- x. ☐ I now have a physical disability or mental illness that is impairing my abilities to perform as Guardian / Conservator.
- y. ☐ I / an individual living in my home, have an adverse interest that the Court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of a Guardian.
- z. ☐ Other (describe):



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3. For items labeled a – j, fill in the corresponding information in the appropriate box(es). (NOTE: If you checked items labeled k – z, skip this and move to item 4.)

☐ ADDRESS CHANGE	DATE THIS CHANGE OCCURRED: (MM/DD/YYYY)
THE FULL NEW MAILING ADDRESS IS:	
THE FULL NEW PHYSICAL ADDRESS IS: <i>(only complete if different than the new mailing address)</i>	

☐ PHONE NUMBER CHANGE	DATE THIS CHANGE OCCURRED: (MM/DD/YYYY)
THE OLD PHONE NUMBER:	THE NEW PHONE NUMBER:
TYPE OF PHONE NUMBER: ☐ Cell Phone ☐ Home Phone (landline)	

☐ EMAIL CHANGE	DATE THIS CHANGE OCCURRED: (MM/DD/YYYY)
THE OLD EMAIL ADDRESS:	THE NEW EMAIL ADDRESS:
☐ I confirm that I provided a valid email address and agree to check it regularly. I understand that the Court and the other Party (Parties) may use this email address for electronic service of documents and for communicating regarding my case.	

☐ NAME CHANGE	DATE THIS CHANGE OCCURRED: (MM/DD/YYYY)
FULL OLD NAME:	FULL NEW NAME:
CHANGE DUE TO: ☐ Marriage ☐ Divorce ☐ Adoption ☐ Other:	

☐ MARITAL STATUS	DATE THIS CHANGE OCCURRED: (MM/DD/YYYY)
THE FULL NAME OF THE PERSON WHOSE MARITAL STATUS CHANGED:	
CHANGED DUE TO: ☐ Marriage ☐ Divorce ☐ Other:	

☐ The new spouse is moving into my home. ☐ I / we are moving into the new spouse's home. ☐ We are moving to a different home.	☐ I have notified the Wilton Rancheria Department of Social Services. ☐ I have not notified the Wilton Rancheria Department of Social Services, but I will now.		
FULL LEGAL NAME OF THE NEW SPOUSE:	DATE OF BIRTH (MM/DD/YYYY):	AGE:	SEX:



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THE NEW SPOUSE

- ☐ is an enrolled member of Wilton Rancheria ☐ is 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.

☐ **HOSPITALIZATION** ☐ **HOSPICE** ☐ **CARE HOME** ☐ **REHABILITATION**

DATE THEY ENTERED: (MM/DD/YYYY)

NAME OF FACILITY:

NAME OF CONTACT / PHONE NUMBER:

FULL ADDRESS OF FACILITY:

☐ Individual will be released. DATE OF RELEASE: ☐ Individual will not be released.

☐ **INCARCERATION** in ☐ Prison ☐ Jail

DATE OF INCARCERATION: (MM/DD/YYYY)

FULL NAME OF INDIVIDUAL WHO IS INCARCERATED:

NAME OF COURT / COUNTY:

COURT CASE NUMBER:

INDIVIDUAL'S FULL ADDRESS AT PRISON:

PRISONER ID #:

CHARGE / SENTENCE:

NEXT HEARING DATE / TIME:

☐ **DEATH**

DATE OF DEATH (MM/DD/YYYY):

FULL NAME OF INDIVIDUAL WHO IS DECEASED:

DEATH CERTIFICATE

- ☐ Death Certificate IS attached. (*Attach a clear copy*).
- ☐ Death Certificate IS NOT attached but I will mail or email a clear copy to the Court when I receive it.

☐ **CONFIDENTIAL CONTACT INFORMATION**

☐ For genuine safety concerns, I wish for my address and contact information to be Confidential.

By checking this box, I understand that my address will not become part of the Court record but will be for Court use only.

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4. SUPPLEMENTAL INFORMATION

For items labeled k– z, provide the information in the box below.

Be as specific as possible (think: who, what, where, when, why). Be sure to label the item(s) in the box so the Court knows what item you are explaining.

ITEM #: _____

ATTACHMENTS

☐ Additional documents are attached.

The names of these documents are *(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 of information changes while this case is open by submitting to this Court a new Statement of Change of Information form or provide the new information in open court on the record.

☐ I understand that it is my responsibility to inform the Wilton Rancheria Department of Social Services of any information changes while this case is open (if this is a Guardianship or ICW case) by emailing or calling the Wilton Rancheria Department of Social Services or by submitting to them whatever reporting forms they require, if any, or provide the new information in open court on the record.

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:	SIGNATURE:	DATE:
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