



STANISLAUS COUNTY SUPERIOR COURT
www.stanislaus.courts.ca.gov
(209)530-3100

Revised 2/16

GUARDIANSHIP MODIFICATION PACKET

This packet contains forms required for Petition for Modification of Visitation in Guardianship proceedings in Stanislaus County Superior Court.

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

- Stanislaus County Superior Court: www.stanislaus.courts.ca.gov
-  Judicial Council's Self Help: www.courts.ca.gov/selfhelp.htm
-  Judicial Council Forms: www.courts.ca.gov/formsrules.htm

1 Name: _____

2 Address: _____

3 Phone #: _____

4 **SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS**

5

6 **IN THE MATTER OF:**) **CASE No.** _____

7)

8) **PETITION FOR MODIFICATION**

9) **OF VISITATION IN**

10 _____) **GUARDIANSHIP**

11 The undersigned hereby petitions the court for modification of the above entitled
12 guardianship matter as follows:

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Date: _____ Signed: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS

STREET ADDRESS: 1100 I STREET

MAILING ADDRESS: P.O. BOX 1098

CITY AND ZIP CODE: MODESTO, CA 95354

BRANCH NAME:

 GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE
 OF (Name):

 MINOR (PROPOSED) CONSERVATEE
NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

CASE NUMBER:

This notice is required by law.**This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (name) :
(representative capacity, if any) :
has filed (specify) :

2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)
3. The petition includes an application for the independent exercise of powers by a guardian or conservator under
 Probate Code section 2108 Probate Code section 2590.
 Powers requested are specified below specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

 a. Date: _____ Time: _____ Dept.: _____ Room: _____

 b. Address of court same as noted above is (specify) : _____

 Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)


<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) :	CASE NUMBER:
<input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing - Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing - Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. I served with the attached *Notice of Hearing - Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. I served with the attached *Notice of Hearing - Guardianship or Conservatorship* copies of the following documents (*specify*) :

 Continued on Attachment 4.
5. I am (*check all that apply*) :
 - a. not a registered California process server.
 - b. a California sheriff or marshal.
 - c. a registered California process server.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*) :

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

- List of names and addresses of persons personally served by the undersigned continued on an attachment.
(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct

Date:

Date:

(SIGNATURE)

(SIGNATURE)