

1 Name of Petitioner: _____

2 Mailing Address: _____

4 Telephone: _____

7 **BISHOP PAIUTE TRIBAL COURT**
8 **BISHOP, CALIFORNIA**

10 In the Matter of the Guardianship Proceeding of:

Case No. _____

11 **Write Name of Proposed Ward:**

13 **Date of Birth:** _____

14 **Residence address of Proposed Ward:**

PETITION FOR APPOINTMENT
OF ADULT GUARDIANSHIP

Tribal Adult Guardianship Ordinance No. 2012-04

19 **I. Petitioner's Statement**

20 The Petitioner above-named, hereby petitions the Court for:

21 _____ to be named as Guardian of the (person/
22 property or both) of the adult above-named, _____.

23
24 Petitioner is _____ to the proposed ward,
(State Relationship)

26 _____
(Name)

1 **II. Nature and Degree of Proposed Ward's Incapacity**

2
3 Describe the Respondent's Impairment or Incapacity (why you believe the Respondent needs a
4 guardianship for either the person or property or both)

5 _____
6 _____
7 _____
8 _____
9 _____

10
11 **III. Facts to Support Allegation of Incapacity**

12 Describe the things that the Proposed Ward cannot do to take care of himself/herself and or his
13 property or both. Attach extra pages to this Petition if necessary: _____

14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____

22 **IV. Confidential Information**

23 List the name, address and telephone numbers of the following individuals:

- 24 1. Ward's spouse: _____
25 _____
26 _____

1 2. All known relatives of the proposed Ward which would include brothers, sisters, parents,
2 sons, daughters and grandparents: _____

3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____

10
11 Attach all doctor's statements and medical records, reports for the last 3 years if any, to this
12 Petition.

13
14 Attach all extra pages to this Petition as required for providing requested information.
15

16 **V. Inventory of Proposed Ward's Personal Property**

17
18 1. Provide a list of all real property proposed Ward has an interest in. State the approximate
19 market value of each piece of real property, and the amount of any lien (debt) associated with
20 the real property if any. _____

21 _____
22 _____

23 2. List the model and year of all motor vehicles that the proposed Ward has an interest in.
24 State the amount of debt if any as to each motor vehicle. _____

25 _____
26 _____
27 _____
28 _____

1 3. List all savings and checking accounts and the amounts thereof, and identify each account
2 by name and address of each location where each account is located. _____
3 _____
4 _____
5 _____

6 4. State if the proposed Ward is receiving Social Security payments. If the answer is in the
7 affirmative, state the amount received each month. Yes _____ No _____
8 _____
9 _____

10 5. State if the proposed Ward is receiving any disability payments from any source. If the
11 answer is in the affirmative, state the amount of the disability received and the source of the
12 disability payment. Yes _____ No _____
13 _____
14 _____
15 _____

16 6. State if the proposed Ward is receiving any pension payments from any source. If the
17 answer is in the affirmative, state the amount of the pension received and the source of the
18 pension payment. Yes _____ No _____
19 _____
20 _____
21 _____

22 7. Identify any source and amount of any income received by the proposed Ward that has not
23 been referenced above. _____
24 _____
25 _____

26 Attach all extra pages to this Petition as required for providing requested information.

27 **VI. Request to Court**
28

1 Petitioner requests that _____ be appointed guardian of the
2 (person/property or both) of _____.

3 **Declaration**

4 I declare under penalty of perjury under the laws of the Bishop Paiute Tribe and the State
5 of California that I have read the statements contained in this Petition, and know the contents
6 thereof, and believe them to be true and correct.

7 DATED this _____ day of _____, _____.

8 _____
9 Signature of Petitioner

10 _____
11 Printed Name

12 _____
13 Mailing Address

14 _____
15 City, State, Zip Code

16 _____
17 Telephone Number

18 _____
19 Petitioner's Email Address
20
21
22
23
24
25
26
27
28