

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

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Address:	
Phone #:	
SUPERIOR COURT	OF CALIFORNIA, COUNTY OF STANISLAUS
N THE MATTER OF:) CASE No
)
) PETITION FOR MODIFICATION
) OF VISITATION IN
) GUARDIANSHIP

GR007 Rev 06/04

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	Date:Signed:
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GR007 Rev 06/04

ATTORNEY OR PARTY WITHOUT ATTO	RNEY (Name, State Bar number, and address):		FOR COURT USE ONLY				
TELEPHONE NO.:	FAX NO. (Optio	onal) :					
E-MAIL ADDRESS (Optional):							
ATTORNEY FOR (Name): SUPERIOR COURT OF CA	LIFORNIA, COUNTY OF STAN	IISLAUS					
STREET ADDRESS: 1100	I STREET						
MAILING ADDRESS: P.O. CITY AND ZIP CODE: MODES							
BRANCH NAME:	10, 011 90001						
GUARDIANSHIP OF (Name):	CONSERVATORSHIP OF THE	PERSON ESTATE					
	MINOR	(PROPOSED) CONSERVATEE	<u>:</u>				
NOTICE OF HE	ARING - GUARDIANSHIP OR (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.							
Under some circumstance in the proceeding or applyThe petition includes	if any) : nts on file in this proceeding for i es you or your attorney may be a	able to see or receive copies of ent exercise of powers by a gu	ments filed with the court are confidential. f confidential documents if you file papers ardian or conservator under				
Powers requested ar A HEARING on the matte	r will be held as follows:	ecified in Attachment 3.					
a. Date:	Time:	Dept.:	Room:				
b. Address of court	same as noted above is	s (specify) :					
s. Address of court	came as noted above	(opcony) .					
	computer-assisted real-time cap						
	least 5 days notice is provided. (os with Disabilities and Order (fo						

GUARDIANSHIP CONSERVATORSHIP	OF THE PERSON ESTATE	CASE NUMBER:					
OF (Name):	NOR (PROPOSED) CONSERVATEE						
	,						
NOTE:* A copy of this <i>Notice of Hearing-Guardianship or Conservatorship</i> ("Notice") must be "served" on-delivered to-each person who has a right under the law to be notified of the date, time, place and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) may not personally perform either service by mail or personal service, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice. This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court. You may use form GC-020(P) to show personal service of this Notice.							
(This Note replaces the clerk's certificate of posting form GC-020(C), Clerk's Certificate of Posting Not		=					
	PROOF OF SERVICE BY MAIL						
. I am over the age of 18 and not a party to this can. My residence or business address is (specify):	ause. I am a resident of or employed in the o	county where the mailing occurred.					
 a. depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid. b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid. d. a. Date mailed: b. Place mailed (city, state): declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 							
Pate:							
	<u> </u>						
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FOI NAME AND ADDRESS Name of person served .	S OF EACH PERSON TO WHOM NOTICE \	of PERSON COMPLETING THIS FORM) NAS MAILED et, city, state, and zip code)					
Continued on an attachment. (You may use form DE-120(MA)/GC-020(MA) to show additional persons served.)							
C-020 [Rev. July 1, 2005] NOTICE OF HEARING-GUARDIANSHIP OR CONSERVATORSHIP Page 2 of 2							

				GC-020(P)				
GUARDIANSHIP CONSERVATOR OF (Name):	SHIP OF THE PE	RSON ESTATE	CASE NUMBER:					
	MINOR (PROF	POSED) CONSERVATEE						
PROOF OF PERSONAL SERV (Attach a separate complete Hearing - Guardianship or (ed and signed copy of thi	s form or other proof of p	ersonal service to N	otice of				
2. I served the attached Notice of Hearing	I am over the age of 18 and not a party to this cause. 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.							
 I served with the attached Notice of referred to in the Notice. 	I served with the attached <i>Notice of Hearing - Guardianship or Conservatorship</i> a copy of the petition or other document referred to in the Notice.							
4. I served with the attached <i>Notice</i> of	of Hearing - Guardianship	or Conservatorship copi	ies of the following do	ocuments (specify):				
Continued on Attachment 4.								
 5. I am (check all that apply): a. not a registered California prob. b. a California sheriff or marshal. c. a registered California process d. an employee or independent of exempt from registration (Bus. 	s server. contractor of a registered		r.					
My name, address, telephone number,	and, if applicable, county	of registration and num	ber. are <i>(specifv)</i> :					
NAME OF EACH PERSON PERSONA Name	·	SS WHERE SERVED, A		E SERVICE WAS MADE ate and time service made				
1.			Date Time	·				
2.			Date Time	·				
3.			Date Time	·				
4.			Date Time	•				
List of names and addresses of per (You may use Attachment to Notice		-						
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)					

PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING -

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