



**STANISLAUS COUNTY SUPERIOR COURT**  
**[www.stanct.org](http://www.stanct.org)**  
**(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.

Judicial Council forms, local forms and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13<sup>th</sup> Street, Modesto, and on the following Websites:

- **Stanislaus County Superior Court: [www.stanct.org](http://www.stanct.org)**
- **Stanislaus County – Local Forms: [www.stanct.org/Forms.aspx?id=3](http://www.stanct.org/Forms.aspx?id=3)**
- **Judicial Council's Self Help:**
- **[www.courts.ca.gov/selfhelp.htm](http://www.courts.ca.gov/selfhelp.htm) Judicial Council Forms:**
- **[www.courts.ca.gov/formsrules.htm](http://www.courts.ca.gov/formsrules.htm) Stanislaus County Law Library: [www.stanislauslawlibrary.org](http://www.stanislauslawlibrary.org)**
- **Free Interactive Electronic Forms Program: [www.icandocs.org/ca/california.html](http://www.icandocs.org/ca/california.html)**
- **California's Free Website for Legal Help: [www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)**
- **Law Libraries, Websites, or Self-Help Legal Books: [www.courts.ca.gov/1091.htm](http://www.courts.ca.gov/1091.htm)**

The Superior Court Clerk's Office is prohibited from giving referrals to specific attorneys or legal counsel. Lawyer Referral Service may be able to assist you in finding an attorney. Their telephone number is (209) 571-5727. There are books available on how to do a guardianship at the public library, the Law library and in bookstores. More information is available in the Stanislaus County Local Rules of Court. You may also refer to Probate Code 2250.

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):     TELEPHONE NO.: _____ FAX NO. (Optional) : _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP   OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____  <div style="text-align: right;"><input type="checkbox"/> MINOR   <input type="checkbox"/> (PROPOSED) CONSERVATEE</div>	
<b>NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP</b>	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:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
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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	

**NOTE:\***

A copy of this *Notice of Hearing-Guardianship or Conservatorship* ("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 on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing-Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*) :
  
3. I served the foregoing *Notice of Hearing-Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
  - 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.
4. a. Date mailed: \_\_\_\_\_ b. Place mailed (*city, state*) : \_\_\_\_\_
5.  I served with the *Notice of Hearing-Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date: \_\_\_\_\_

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(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

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(SIGNATURE OF PERSON COMPLETING THIS FORM)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.		
2.		
3.		
4.		

Continued on an attachment. (You may use form DE-120(MA)/GC-020(MA) to show additional persons served.)

<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)