

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) or GOVERNMENTAL AGENCY:  TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
PETITIONER:  RESPONDENT:  OTHER PARENT:	
<b>APPLICATION AND ORDER FOR APPOINTMENT OF                  GUARDIAN AD LITEM OF MINOR—FAMILY LAW</b> <input type="checkbox"/> EX PARTE	CASE NUMBERS:
<b>NOTE: This form is for use in family law proceedings with the exception of dissolution proceedings. For appointment of a guardian ad litem in civil proceedings, use form CIV-010. For appointment of a guardian ad litem in probate proceedings, use form DE-350/GC-100.</b>	

1. I (name): \_\_\_\_\_ am the
- a.  attorney for
- (1)  minor.
- (2)  parent of the minor.
- (3)  other interested person (specify name and relationship):
- b.  parent of the minor.
- c.  other interested person.
- d.  minor (answer all that apply to you):
- (1) My date of birth is (specify): \_\_\_\_\_
- (2) I live with my  mother  father  legal guardian  other (specify name and relationship): \_\_\_\_\_
- (3) My mother's name is (specify): \_\_\_\_\_, and her address is: \_\_\_\_\_
- (4) My father's name is (specify): \_\_\_\_\_, and his address is: \_\_\_\_\_
- (5)  I have a legal guardian. My legal guardian's name is (specify): \_\_\_\_\_, and his or her address is: \_\_\_\_\_
- The guardianship was established in: \_\_\_\_\_ County, case no. (if known): \_\_\_\_\_
2. I ask the court to appoint the following person as guardian ad litem for the minor (state name, address, and telephone no.):
3. The relationship of the person listed in item 2 to the minor is
- a.  parent
- b.  other (specify): \_\_\_\_\_
4. Appointment of a guardian ad litem is necessary because (specify):

Continued on Attachment 4 (describe in detail, attach additional pages if necessary).

CHILD'S NAME: PETITIONER: RESPONDENT: OTHER PARENT:	CASE NUMBERS:
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5. The proposed guardian ad litem is fully competent to understand and protect the rights of the minor and has no interests conflicting with those of the minor.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF APPLICANT)
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**CONSENT TO ACT AS GUARDIAN AD LITEM**

I consent to the appointment as guardian ad litem and agree to assume the responsibilities.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PROPOSED GUARDIAN)
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**CONSENT TO GUARDIAN BY MINOR 14 YEARS OF AGE OR OLDER**

I, *(name)*: \_\_\_\_\_, am *(specify age)*: \_\_\_\_\_ years of age and hereby nominate  
*(name)*: \_\_\_\_\_ to be my guardian ad litem to represent my interests for the  
 reasons set forth in items 4 and 5 of this application.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PETITIONER)
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**ORDER**  **EX PARTE**

**THE COURT FINDS**

It is reasonable and necessary to appoint a guardian ad litem for the person named in the application, as requested above.

**THE COURT ORDERS** that *(name)*: \_\_\_\_\_ is hereby appointed guardian ad  
 litem of *(name)*: \_\_\_\_\_ for the purposes set  
 forth in item 4 of the application.

Application for Appointment of Guardian ad Litem filed *(date)*:

- a.  is denied.
- b.  is granted.
- c.  is set for hearing on *(date)*: \_\_\_\_\_ at *(time)*: \_\_\_\_\_

Date:

	_____ JUDICIAL OFFICER <input type="checkbox"/> SIGNATURE FOLLOWS LAST ATTACHMENT
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