

SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA  
CIVIL DIVISION

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**HOW TO FILE AN ANSWER TO AN UNLAWFUL DETAINER COMPLAINT**

**Who must file:** Anyone over the age of 18, named as a defendant on an Unlawful Detainer Complaint. If you were served the complaint personally, you have 5 days to respond. If you were served by substitute service or by a posting order, you have 15 calendar days to respond. If your last day to respond falls on a Saturday, Sunday, or a court holiday, you must file your answer by 5:00 p.m. of the following business day. Failure to file an Answer to the Unlawful Detainer Complaint may result in a judgment against you and an eviction from the premises.

**You must submit the proper filing fee and the following forms:** Filing fee per person for filing an Answer is \$370.00 for Limited Civil Filings (\$225.00 if amount demanded is \$10,000 or less) and \$435.00 for Unlimited Civil filings. If there is a financial hardship, you may submit a Request to Waive Court Fees at the time your answer is filed, and if it is determined that you qualify, the filing fee may be waived. Each person filing an Answer will need to file a separate Request to Waive Court Fees.

**Answer – Unlawful Detainer** - Judicial Council form UD-105 and any supporting documents

**Proof of Service by First-Class Mail-Civil** - Judicial Council form POS-030

You must have someone serve a copy of your Answer and a copy of the completed Proof of Service by First Class Mail – Civil on the plaintiff (see note below). This must be done **before** you come to the Clerk's Office or the clerk cannot file your answer.

File the original documents with original signatures and correct filing fees at the clerk's office located at 800 S. Victoria Avenue, Room 210, Ventura.

**How to complete and file your Answer-Unlawful Detainer:** If you are representing yourself, you are in pro per. In the section at the top the Answer-Unlawful Detainer, type your name and the name of any other person answering, your address, and a telephone number.

Complete the court information with the address of the court where the plaintiff, the person who is suing you, filed the action. This information will be found on the Complaint you were served.

Enter the name of the plaintiff(s) and the defendant(s) as stated on the Complaint. Enter the case number as stated on the Complaint.

Complete sections 1 through 7 as it pertains to you.

**Section 1:** You must state your name as it appears on the Complaint. If this is not your "true" name, you must enter your correct name and enter the statement "erroneously sued as" then the incorrect name on the Complaint. (Example: Jane Doe erroneously sued as Jane Roe.)

**Sections 3-6:** Answer each statement as it pertains to you.

**Section 7 must be completed in all cases.**

Each person filing the answer must sign the Answer and the Verification on page 2.

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**\*Regarding the Proof of Service by First Class Mail - Civil:** You may not complete this form. It must be completed by a person over the age of 18 years old who is not a party to the action. This person must complete all the information on this form, and place a copy of your Answer-Unlawful Detainer and a copy of the Proof of Service by First Class Mail- Civil in a stamped envelope addressed to the plaintiff or their attorney if they have one and place the envelope in the mail.

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address)  Telephone Number  E-MAIL ADDRESS ATTORNEY FOR (Name):		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA  800 SOUTH VICTORIA AVE. VENTURA, CA 93009 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110		
PLAINTIFF/PETITIONER  DEFENDANT/RESPONDENT		
<b>APPLICATION AND ORDER FOR FEE WAIVER FOR PETITION FOR DISMISSAL</b>		CASE NUMBER:

CURRENT MONTHLY INCOME			MONTHLY EXPENSES	
	Client	Other (spouse)		
Monthly take home pay	\$	\$	Rent or house payment Food & Household Supplies	\$ \$
Social Security, pension, retirement	\$	\$	Utilities & Telephone	\$
CalWORKS	\$	\$	Transportation Expenses Out-of-Pocket Medical & Dental	\$ \$
Unemployment and/or Disability	\$	\$	Clothing & Laundry Expenses	\$
Other Income	\$	\$	Child Care	\$
Total	\$	\$	Total Monthly Payment (below)	\$
			Total	\$
MONTHLY EXPENSES CONTINUED (i.e car payments, credit cards, medical payments, other loans, Child/spousal support payment etc.)				
Who do you owe?	Balance Owed		Monthly Payment	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Net difference (Income minus Expenses): \$

I certify that the foregoing is a complete and accurate statement of my financial situation and that I have no other additional income or assets whatsoever. You have my express permission to verify the information furnished. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ORDER**

- The \$60 cost for services rendered is imposed.
- The Court finds the defendant does not have the ability to pay for services rendered.

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

\_\_\_\_\_

**APPLICATION AND ORDER FOR FEE WAIVER  
FOR PETITION FOR DISMISSAL**

PROPOSED DELETE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)  Telephone Number	FOR COURT USE ONLY
BAR NUMBER: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA  800 SOUTH VICTORIA AVE. VENTURA, CA 93009 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110	
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT	
<b>LIST OF PROPERTY AND DEBTS</b>	CASE NUMBER:

List all property and debts, even if it is not in your name or it is with someone else.

In General, *Separate Property* = property or debts you or your husband/wife/partner had before you were married or after you separated, or are gifts or property you inherited.

In General, *Community Property* = property or debts you or your husband/wife/partner got between the date you were married and the date you separated.

*Value* = how much money you could get if you sold the item, not what you paid for it or what it would cost to replace it.

1. Property Items you own, for example, house, furniture, jewelry, cars: (Attach copies of deeds, latest lender's statement)	<i>Check if Separate Property</i>		<i>Owned since (list date)</i>	<i>Value</i>	<i>Money owed, if any</i>
	Petitioner	Respondent			
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$	\$
Bank accounts, credit union accounts, retirement funds: (Attach copies of latest statements, summary plan documents, benefits statements)	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$	\$

2. Debts Bills, loans, credit cards, taxes: (Attach copies of latest statement, give details)	<i>Check if Separate Property Debt</i>		<i>Date Debt occurred</i>	<i>Money owed</i>
	Petitioner	Respondent		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$
_____	<input type="checkbox"/>	<input type="checkbox"/>	_/_/_	\$

3.  \_\_\_\_\_ number of attached pages if any.

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

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

**CONFIDENTIAL**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF VENTURA  
~~STATE OF CALIFORNIA~~

GUARDIANSHIP QUESTIONNAIRE  
(Probate Code Section 1523)

**THIS FORM MUST BE COMPLETED AND RETURNED FILED WITH THE PETITION.**

**Proposed Guardian(s) must attach proof of each child's date of birth. The proof can be a copy of a birth certificate, custody order, declaration of a person present at birth or school records showing the date of birth. If the Proposed Guardians are legally married or registered domestic partners, they can complete and submit one joint form. If they are not legally married or registered domestic partners, each Proposed Guardian would complete and submit a separate form.**

~~This information is Confidential and is for the purpose of determining Guardianship only.~~

MINOR'S CHILD(REN)'S NAMES \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**SECTION 4 I- SOCIAL HISTORY**

PROPOSED GUARDIAN'S FULL LEGAL NAME \_\_\_\_\_

LIST ALL FORMER/OTHER NAME(S) USED \_\_\_\_\_

ADDRESS \_\_\_\_\_

~~OWN RENT OTHER~~ HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? \_\_\_\_\_

LIST PREVIOUS ADDRESSES FOR PAST 3 YEARS \_\_\_\_\_

TELEPHONE # PHONE ( ) \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE LICENSE ISSUED \_\_\_\_\_

RELATIVE TO THE CHILD(REN)  NON-RELATIVE TO THE CHILD(REN)

LAST GRADE COMPLETED & SPECIAL TRAINING \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?   
YES  NO

IF YES, PLEASE GIVE DATE, PLACE AND DETAILS \_\_\_\_\_

<b>Minor's Name:</b>	<b>Case Number:</b>
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DESCRIBE ANY MEDICAL PROBLEMS \_\_\_\_\_  
\_\_\_\_\_

**SPOUSE'S/REGISTERED DOMESTIC PARTNER'S FULL LEGAL NAME:**

**LIST ALL FORMER/OTHER NAMES(S) USED**

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE LICENSE ISSUED \_\_\_\_\_

**RELATIVE TO THE CHILD(REN)**       **NON-RELATIVE TO THE CHILD(REN)**  
**EDUCATION, LAST GRADE COMPLETED & SPECIAL TRAINING** \_\_\_\_\_

~~HAS SPOUSE/REGISTERED DOMESTIC PARTNER EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A  
MINOR TRAFFIC VIOLATION?  YES  NO~~

~~IF YES, PLEASE GIVE DATE, PLACE AND DETAILS~~ \_\_\_\_\_

DESCRIBE ANY MEDICAL PROBLEMS \_\_\_\_\_  
\_\_\_\_\_

**SECTION II – MARRIAGES**

~~PROPOSED GUARDIAN~~ ~~PROPOSED GUARDIAN~~  NEVER MARRIED     MARRIED     DIVORCED      
SEPARATED     WIDOWED

DATE AND PLACE OF PRESENT MARRIAGE \_\_\_\_\_

NAMES AND AGES OF CHILDREN \_\_\_\_\_

PREVIOUS MARRIAGE(S) *(List all prior marriages. Use additional paper if necessary.)*, if applicable.

NAME OF FORMER SPOUSE \_\_\_\_\_

DATE AND PLACE OF MARRIAGE \_\_\_\_\_

DATE AND PLACE OF DIVORCE/DEATH \_\_\_\_\_

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE \_\_\_\_\_

**SPOUSE'S/REGISTERED DOMESTIC PARTNER'S PREVIOUS MARRIAGE(S)** *(List all prior marriages. Use additional paper if necessary.)*, if applicable

NAME OF FORMER SPOUSE \_\_\_\_\_

DATE AND PLACE OF MARRIAGE \_\_\_\_\_

DATE AND PLACE OF DIVORCE/DEATH \_\_\_\_\_

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE \_\_\_\_\_

<b>Minor's Name:</b>	<b>Case Number:</b>
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**SECTION III- EMPLOYMENT**

**PROPOSED GUARDIAN – NAME AND ADDRESS OF EMPLOYER** \_\_\_\_\_

**TELEPHONE # PHONE** (\_\_\_\_) \_\_\_\_\_ **LENGTH OF SERVICE**

**POSITION** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_

**DAYS AND HOURS OF WORK** \_\_\_\_\_ **INCOME** \_\_\_\_\_

**OTHER SOURCE OF INCOME** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_

**SPOUSE/REGISTERED DOMESTIC PARTNER – NAME AND ADDRESS OF EMPLOYER**

**TELEPHONE # PHONE** (\_\_\_\_) \_\_\_\_\_ **LENGTH OF SERVICE**

**POSITION** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_

**DAYS AND HOURS OF WORK** \_\_\_\_\_ **INCOME** \_\_\_\_\_

**EXPLAIN HOW THE PROPOSED GUARDIAN(S) WILL BE ABLE TO FINANCIALLY SUPPORT THE CHILD(REN)**

**SECTION IV - OTHER MEMBERS OF HOUSEHOLD**

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP</b>	<b>SCHOOL/OCCUPATION</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION V - CHILD(REN) BEING PLACED UNDER GUARDIANSHIP**

**1. NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DOB** \_\_\_\_\_

**RELATIONSHIP TO THE PROPOSED GUARDIAN(S)** \_\_\_\_\_

**IS THIS CHILD LIVING WITH YOU, THE PROPOSED GUARDIAN(S), NOW?**  **YES**  **NO**

<b>Minor's Name:</b> _____	<b>Case Number:</b> _____
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IF YOU ANSWERED YES, PLEASE STATE HOW AND WHEN THEY STARTED LIVING WITH YOU: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL CUSTODY OF CHILD?~~ \_\_\_\_\_

SCHOOL \_\_\_\_\_ TEACHER- PHONE (\_\_\_\_\_) \_\_\_\_\_  
~~GRADE \_\_\_\_\_~~

CHILDCARE PROVIDER \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ DAYS/TIME \_\_\_\_\_

DOCTOR \_\_\_\_\_ ~~TELEPHONE #~~ PHONE (\_\_\_\_\_) \_\_\_\_\_

DOES THIS CHILD HAVE ANY MEDICAL, DEVELOPMENTAL OR MENTAL HEALTH ISSUES?  YES  NO

IF YOU ANSWERED YES, BRIEFLY STATE WHAT THE ISSUES ARE:

~~MEDICAL PROBLEMS/SPECIAL NEEDS~~ \_\_\_\_\_  
\_\_\_\_\_

DOES THIS CHILD HAVE AN IEP OR 504 EDUCATION PLAN WITH THEIR SCHOOL?  YES  NO

*[INSERT SPACE BETWEEN]*

**2. NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DOB** \_\_\_\_\_

RELATIONSHIP TO THE PROPOSED GUARDIAN(S) \_\_\_\_\_

IS THIS CHILD LIVING WITH YOU, THE PROPOSED GUARDIAN(S), NOW?  YES  NO

IF YOU ANSWERED YES, PLEASE STATE HOW AND WHEN THEY STARTED LIVING WITH YOU: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL CUSTODY OF CHILD?~~ \_\_\_\_\_

SCHOOL \_\_\_\_\_ TEACHER- PHONE (\_\_\_\_\_) \_\_\_\_\_  
~~GRADE \_\_\_\_\_~~

CHILDCARE PROVIDER \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ DAYS/TIME \_\_\_\_\_

DOCTOR \_\_\_\_\_ ~~TELEPHONE #~~ PHONE (\_\_\_\_\_) \_\_\_\_\_

DOES THIS CHILD HAVE ANY MEDICAL, DEVELOPMENTAL OR MENTAL HEALTH ISSUES?  YES  NO

IF YOU ANSWERED YES, BRIEFLY STATE WHAT THE ISSUES ARE:

~~MEDICAL PROBLEMS/SPECIAL NEEDS~~ \_\_\_\_\_  
\_\_\_\_\_

DOES THIS CHILD HAVE AN IEP OR 504 EDUCATION PLAN WITH THEIR SCHOOL?  YES  NO

*[INSERT SPACE BETWEEN]*

**3. NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DOB** \_\_\_\_\_

\_\_\_\_\_



<b>Minor's Name:</b>	<b>Case Number:</b>
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RELATIONSHIP TO THE PROPOSED GUARDIAN(S) \_\_\_\_\_

IS THIS CHILD LIVING WITH YOU, THE PROPOSED GUARDIAN(S), NOW?  YES  NO

IF YOU ANSWERED YES, PLEASE STATE HOW AND WHEN THEY STARTED LIVING WITH YOU:

\_\_\_\_\_

\_\_\_\_\_

~~HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL CUSTODY OF CHILD?~~

SCHOOL \_\_\_\_\_ ~~TEACHER- PHONE ( )~~ \_\_\_\_\_

~~GRADE \_\_\_\_\_~~

CHILDCARE PROVIDER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ DAYS/TIME \_\_\_\_\_

DOCTOR \_\_\_\_\_ ~~TELEPHONE # PHONE ( )~~ \_\_\_\_\_

DOES THIS CHILD HAVE ANY MEDICAL, DEVELOPMENTAL OR MENTAL HEALTH ISSUES?  YES  NO

IF YOU ANSWERED YES, BRIEFLY STATE WHAT THE ISSUES ARE:

~~MEDICAL PROBLEMS/SPECIAL NEEDS~~ \_\_\_\_\_

\_\_\_\_\_

DOES THIS CHILD HAVE AN IEP OR 504 EDUCATION PLAN WITH THEIR SCHOOL?  YES  NO

*[INSERT SPACE BETWEEN]*

4. NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP TO THE PROPOSED GUARDIAN(S) \_\_\_\_\_

IS THIS CHILD LIVING WITH YOU, THE PROPOSED GUARDIAN(S), NOW?  YES  NO

IF YOU ANSWERED YES, PLEASE STATE HOW AND WHEN THEY STARTED LIVING WITH YOU: \_\_\_\_\_

\_\_\_\_\_

~~HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL CUSTODY OF CHILD?~~

\_\_\_\_\_

SCHOOL \_\_\_\_\_ ~~TEACHER- PHONE ( )~~ \_\_\_\_\_

~~GRADE \_\_\_\_\_~~

CHILDCARE PROVIDER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ DAYS/TIME \_\_\_\_\_

DOCTOR \_\_\_\_\_ ~~TELEPHONE # PHONE ( )~~ \_\_\_\_\_

DOES THIS CHILD HAVE ANY MEDICAL, DEVELOPMENTAL OR MENTAL HEALTH ISSUES?  YES  NO

IF YOU ANSWERED YES, BRIEFLY STATE WHAT THE ISSUES ARE:

<b>Minor's Name:</b> _____	<b>Case Number:</b> _____
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~~MEDICAL PROBLEMS/SPECIAL NEEDS~~ \_\_\_\_\_

DOES THIS CHILD HAVE AN IEP OR 504 EDUCATION PLAN WITH THEIR SCHOOL?  YES  NO

**SECTION VI – FUTURE PLANS**

~~CHILD CARE PROVIDER~~ \_\_\_\_\_ ~~TELEPHONE # (\_\_\_\_)~~

~~ADDRESS~~ \_\_\_\_\_ ~~DAYS/TIME~~

~~WHY IS GUARDIANSHIP NECESSARY?~~

HOW LONG DO YOU THINK THE ~~WILL~~ GUARDIANSHIP ~~WILL~~ BE NECESSARY? \_\_\_\_\_

~~WHAT ARE~~ DESCRIBE YOUR FUTURE PLANS FOR THE CHILD(REN)?-(school, extracurricular activities, social/emotional support, family relationships, etc.): \_\_\_\_\_

**SECTION ~~VI~~ VII – ESTATE**

PLEASE INDICATE THE SOURCE OF THE MONEY OR PROPERTY (I.E., INHERITANCE, GIFT, ETC.) (INCLUDE COPY OF WILL)

MONEY VALUE \_\_\_\_\_ PERSONAL PROPERTY VALUE \_\_\_\_\_

WHERE WILL MONIES BE PLACED AND HOW HANDLED? (I.E. BLOCKED BANK ACCOUNT ~~OR WILL~~ GUARDIAN(S) POST A BOND) \_\_\_\_\_

DOES CHILD(REN) HAVE MONEY IN THEIR OWN ACCOUNT?  YES  NO OR HELD JOINTLY?  YES  NO

INDICATE AMOUNT AND NAMES ON JOINT ACCOUNTS \_\_\_\_\_

IS MINOR(S)'S NAME ON DEED TO REAL PROPERTY, STOCKS, BONDS?  YES  NO VALUE \_\_\_\_\_

**SECTION ~~VII~~ VIII – BIRTH PARENTS**

MOTHER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

<b>Minor's Name:</b>	<b>Case Number:</b>
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ADDRESS

~~DOES MOTHER AGREE WITH GUARDIANSHIP? — YES — NO~~ TELEPHONE # (\_\_\_\_)

FATHER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS

~~DOES FATHER AGREE WITH GUARDIANSHIP? — YES — NO~~ TELEPHONE # (\_\_\_\_)

~~HAVE THE BIRTH PARENTS MADE YOU AWARE OF THEIR PLANS FOR THE CHILDREN? — YES — NO~~

~~IF YES, EXPLAIN~~

~~DO YOU BELIEVE IT IS DETRIMENTAL TO THE CHILD FOR THAT EITHER PARENT IS UNFIT TO HAVE CUSTODY?  YES  NO~~

~~IF YES, EXPLAIN~~

**SECTION VIII IX – OBJECTIONS NOTIFICATION**

~~HAVE THE FOLLOWING RELATIVES BEEN NOTIFIED OF THE PETITION FOR GUARDIANSHIP PURSUANT TO PROBATE CODE SECTION 1511?~~

~~DO ANY OF THE RELATIVES BELOW OBJECT TO THE GUARDIANSHIP?~~

~~MOTHER  YES  NO~~

~~FATHER  YES  NO~~

~~MATERNAL GRANDFATHER  YES  NO~~

~~PATERNAL GRANDFATHER  YES  NO~~

~~MATERNAL GRANDMOTHER  YES  NO~~

~~PATERNAL GRANDMOTHER  YES  NO~~

~~ADULT SIBLINGS  YES  NO~~

~~IF NO EXPLAIN WHY~~

~~DO ANY OF THE ABOVE RELATIVES OBJECT TO THE GUARDIANSHIP? IF YES, WHY? \_\_\_\_\_~~

**PLEASE INCLUDE YOU MUST ATTACH A COPY OF CHILD(REN)'S BIRTH CERTIFICATE(S), CUSTODY ORDER, DECLARATION OF A PERSON PRESENT AT BIRTH OR OTHER RECORD SHOWING THE DATE OF BIRTH SUCH AS SCHOOL RECORDS.**

<b>Minor's Name:</b>	<b>Case Number:</b>
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I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____	_____
Date	<del>Petitioner</del> Proposed Guardian's signature
_____	_____
Date	Proposed Guardian's signature

~~-COURT USE ONLY-~~

_____	_____	_____
<del>CLETS CHECK</del>	Date	Clerk
_____	_____	_____
<del>CPS CHECK</del>	Date	Clerk
_____	_____	_____
<del>VISION CHECK</del>	Date	Clerk

PROPOSED CHANGES

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
E-MAIL ADDRESS ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 4353 E. VINEYARD AVE OXNARD, CA 93036		
Petitioner Adopting Parent: Petitioner Adopting Parent: Petitioner Adoptee:		
<b>ADOPTION AGREEMENT (ADULT)</b> <b>(Fam. C. §9300, et seq.)</b>		CASE NUMBER:

Petitioners, the adopting parent(s) \_\_\_\_\_ and adoptee \_\_\_\_\_ have entered into the following agreement:

1. Adopting parent was born on \_\_\_\_\_, and is currently \_\_\_\_\_ years old and resides at \_\_\_\_\_ (city, county and state or country) wishes to adopt \_\_\_\_\_.
2. Adopting parent was born on \_\_\_\_\_, and is currently \_\_\_\_\_ years old and resides at \_\_\_\_\_ (city, county and state or country) wishes to adopt \_\_\_\_\_.
3. Adoptee was born on \_\_\_\_\_, and is currently \_\_\_\_\_ years old and resides at \_\_\_\_\_ (city, county and state or country) wishes to be adopted by \_\_\_\_\_.
4.  (Optional) The Adoptee \_\_\_\_\_ waives the termination of the parental duties and responsibilities of the existing parent or parents, \_\_\_\_\_, pursuant to Family Code 9306(c).
5. The parties agree to assume toward each other the legal relationship of parent and child, and to have all of the rights and be subject to all of the duties and responsibilities of that relationship.
6. The parties agree to jointly file a petition in the Superior Court of California, County of Ventura, seeking the court's approval of their adoption agreement and requesting the court to issue an order of adoption.
7. The adoptee's name will be changed to \_\_\_\_\_.

Dated: \_\_\_\_\_ (Print name of Adopting Parent) \_\_\_\_\_ (Signature of Adopting Parent)

Dated: \_\_\_\_\_ (Print name of Adopting Parent) \_\_\_\_\_ (Signature of Adopting Parent)

Dated: \_\_\_\_\_ (Print name of Adoptee) \_\_\_\_\_ (Signature of Adoptee)

ATTORNEY OR PARTY WITHOUT ATTORNEY  †SELF-REPRESENTED	TELEPHONE NUMBER:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA  Juvenile and Probate Courthouse 4353 Vineyard Avenue Oxnard, CA, 93036		
CONSERVATORSHIP OF THE PERSON OF <input type="checkbox"/> AND ESTATE OF: (Name):		
<p style="text-align: center;"><b>NOTICE OF FILING</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>DETERMINATION OF CONSERVATEE'S APPROPRIATE LEVEL OF CARE</b> <input type="checkbox"/> <b>CONSERVATORSHIP STATUS REPORT</b> <input type="checkbox"/> <b>CONSERVATORSHIP CARE PLAN</b></p> <p style="text-align: center;">Probate Code§1460; Ventura Superior Court Local Rule 10.02.I &amp; J</p>		CASE NUMBER:

**NOTICE IS HEREBY GIVEN** that ~~the following court form(s) have been filed by the Conservator(s)~~

(Name(s)): \_\_\_\_\_; \_\_\_\_\_, Conservator(s) in this case

~~filed the following forms on (date): \_\_\_\_\_:~~

- Determination of Conservatee's Appropriate Level of Care (GC-355)
- Conservatorship Status Report (VN233)
- Conservatorship Care Plan (VN233)

~~I/We filed the  Determination of Conservatee's Appropriate Level of Care (GC-355)  Conservatorship Status Report (GC-VN233)  Conservatorship Care Plan (VN233) on (date): \_\_\_\_\_.~~

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

\_\_\_\_\_  
Print Name of Conservator

\_\_\_\_\_  
Signature of Conservator

\_\_\_\_\_  
Print Name of Conservator

\_\_\_\_\_  
Signature of Conservator

**NOTICE OF FILING**  
**DETERMINATION OF CONSERVATEE'S APPROPRIATE LEVEL OF CARE;**  
**CONSERVATORSHIP STATUS REPORT; CONSERVATORSHIP CARE PLAN**  
 Probate Code§1460; Ventura Superior Court Local Rule 10.02.I & J