ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):				FOR COURT USE ONLY
TELEPHON	NE NO.:	FAX NO. (Op	ntional):	
E-MAIL ADDRESS (Optional):				
ATTORNEY FOR		TV OF		_
STREET ADDRESS:	IRT OF CALIFORNIA, COUN	IT OF		
MAILING ADDRESS:				
CITY AND ZIP CODE: BRANCH NAME:				
				_
GUARDIANSHI	IP OF THE PERS	SON ES	STATE OF (Name):	
CONSEI	NT OF PROPOSED GUAF	RDIAN		CASE NUMBER:
NOMINATION OF GUARDIAN				
CONSE	NT TO APPOINTMENT O			
1 I consent to	serve as guardian of the	person	ROPOSED GUARDIA estate of th	AN e minor.
Date:	oorvo do gadralari or trio	person	estate of the	e minor.
			•	
	(TYPE OR PRINT N.	AME)		(SIGNATURE OF PROPOSED GUARDIAN)
		NOMINATIO	N OF GUARDIAN	
2. I am	a parent of the minor	a donor of a gi	ft to the minor. I nomina	ate (name and address):
as guardian	of the person	estate of the m	ninor.	
3. I am	a parent of the minor	a donor of a gi	ft to the minor. I nomina	ate (name and address):
as guardian	of the person	estate of the m	ninor.	
Date:				
			•	
_	(TYPE OR PRINT N	IAME)		(SIGNATURE)
an a Par	adult or is adopted, the ents or other intereste	e court changes gu d persons must pe	uardians, or the cour	nysical custody until the child becomes of terminates the guardianship. Perminate the guardianship. The court be in the child's best interest.
	CONSENT TO	APPOINTMENT OF	GUARDIAN AND W	AIVER OF NOTICE
4. I consent to	appointment of the guardia	an as requested in the	Petition for Appointmen	nt of Guardian of Minor, filed on
(date):	. I a	m entitled to notice in	this proceeding, but I wa	aive notice of hearing of the petition, including
notice of any	y request for independent p	owers contained in it.	. I waive timely receipt of	of a copy of the petition.
		•		
DATE	(TYPE OR PRINT NAME)		(SIGNATURE)	RELATIONSHIP TO MINOR
DATE	(TYPE OR PRINT NAME)	— <u>r</u>	(SIGNATURE)	RELATIONSHIP TO MINOR
DATE	(TYPE OR PRINT NAME)		(SIGNATURE)	RELATIONSHIP TO MINOR
	ued on Attachment 4.		(SIGNATURE)	RELATIONSHIP TO MINOR Page 1 of 1
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