

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address) TELEPHONE NO: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	Reserved for Clerk's Office Stamp
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO Hall of Justice, Probate Division, 1 st Floor 400 County Center Redwood City, CA 94063	
GUARDIANSHIP OF (Name): _____	
Notification to Court of Addresses for Guardianship	CASE NUMBER: _____

Date of Original Appointment: _____

Date of Hearing: _____ **Original** **Accounting** **Address Change**

Indicate any special issues relating to a guardianship investigation (Examples: language spoken, personal safety, communication issues, etc.): _____

(Proposed) **Ward** Name: _____
 Address: _____
 Phone No: _____

(Proposed) **Guardian:** _____ Relationship: _____
 Address: _____
 Phone No: (Home) _____ (Work) _____ (Cell) _____

Attorney for (proposed) Ward: _____
 Address: _____
 Phone No: _____

Attorney for (proposed) Guardian: _____
 Address: _____
 Phone No: _____

Physician/Practitioner: _____
 Address: _____
 Phone No: _____

- NOTE: This form shall be filed at the following times:
1. By the Proposed Guardian with the Petition for Guardianship
 2. By the Guardian when filing a Petition for Accounting
 3. By the Guardian upon change of location (address) by the Ward and/or Guardian