

IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE GUARDIANSHIP

OF

_____,

An Adult,

BY

_____,

Petitioner(s).

Superior Court Case No. SP _____

**PETITION FOR APPOINTMENT OF A
GUARDIAN OVER AN ADULT**

INSTRUCTIONS: If you are seeking to be appointed as the guardian over an adult, you must complete and sign this Petition for Appointment of a Guardian Over An Adult. You must also complete a Guardianship Plan, submit a doctor's letter or certification (see Question 8) and if the ward will be unable to attend a hearing on the Petition, a certificate from the Director of the Department of Public Health and Social Services (see Question 14).

You should also consult Title 15, Division 4 of the Guam Code, available at <http://www.guamcourts.org/CompilerofLaws/GCA/title15.html>.

Use additional pages if necessary.

1. I petition to be appointed as the Guardian for:

Name:

Mailing Address:

Residential Address:

Date of Birth:

Phone Number:

2. The following is my contact information:

Name:

Mailing Address:

Residential Address:

Age:

Phone Number:

3. The primary reason the ward is eligible for a guardianship is:
(Please select all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Intellectual disability (e.g., MD) | <input type="checkbox"/> Chronic Mental Illness |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Dementia or Alzheimer's |
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Old Age | <input type="checkbox"/> Weakness of Mind/Cognitive Impairment |
| <input type="checkbox"/> Medical Condition (describe): | |
| <input type="checkbox"/> Other: | |
4. Describe your relationship to the ward:
5. Describe the proposed ward's mental or physical state which causes you to think he or she cannot take care of all of his or her living responsibilities:
6. List examples that show how the proposed ward's limitations have, or may, lead to physical injury or illness and the need for a guardian:
7. Please provide the names and addresses of the ward's next of kin, and provide notice of this Petition to the following persons:
- | |
|---|
| <input type="checkbox"/> Spouse/Domestic Partner: |
| <input type="checkbox"/> Children: |
| <input type="checkbox"/> Grandchildren: |
| <input type="checkbox"/> Parents: |
| <input type="checkbox"/> Brothers and/or Sisters: |
| <input type="checkbox"/> Nieces and/or Nephews: |
- **Continue listing below if the above is not applicable:**

Uncles and/or Aunts:

First Cousins:

Grandparents:

Other kin:

8. Separately submit a letter or evaluation from a doctor, psychologist or psychiatrist indicating the ward's diagnoses and how the diagnoses impact the ward's ability to make considered decisions regarding his or her affairs. If you do not have such a letter or evaluation, explain why. You may use the Court's form entitled "Submission of Medical Evaluation; Statement of Medical Evaluation."

9. If any of the following are applicable, please indicate if you are seeking to be appointed as the guardian on an:

Emergency basis (you are asking the Court to hear this petition immediately because complying with the normal procedures for the appointment of a guardian will likely result in substantial harm to the respondent's health, safety, or welfare and no other person appears to have authority and willingness to act in the circumstances). Explain the emergency:

Temporary basis (for a limited period of time)

Limited basis. Explain limitations:

10. Do you or the ward require an interpreter? Yes No

**If yes, indicate which language:

11. The ward's assets are:

Description of Assets (e.g.: bank accounts, property, investment accounts, vehicles):	Estimated Value
<input type="checkbox"/> None	
	\$
	\$
	\$
Total:	\$

12. The ward's income is:

Description of Income (e.g.: social security, retirement benefits, SNAP, rental income) <input type="checkbox"/> None	Estimated Amount
	\$
	\$
	\$
Total:	\$

13. The ward's debts and liabilities are:

Description of Debt or Liability (e.g.: mortgage, loans, taxes) <input type="checkbox"/> None	Estimated Amount
	\$
	\$
	\$
Total:	\$

14. The ward must attend the hearing for this Petition. If the ward is unable to attend, please explain why not and note that a certificate from the Director of Public Health and Social Service must be produced explaining that such patient is unable to attend the hearing (15 GCA § 3802):

15. Indicate whether the ward possesses the competency to vote in an election:

Yes No

16. State any other information in support of this Petition:

Signature

Date