

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS)	TELEPHONE NUMBER:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
GUARDIANSHIP OF THE <input type="checkbox"/> Person <input type="checkbox"/> Estate of (Name):		CASE NUMBER::
FINDINGS AND ORDER AFTER HEARING-GUARDIANSHIP		

1. This proceeding was heard on (date): _____ at (time): _____ in (dept.): _____
2. by Judge (name): _____ Temporary
3. Parties present:

a. <input type="checkbox"/> Guardian(s)/proposed guardian(s):	<input type="checkbox"/> Attorney (name):
b. <input type="checkbox"/> Mother:	<input type="checkbox"/> Attorney (name):
c. <input type="checkbox"/> Father:	<input type="checkbox"/> Attorney (name):
d. <input type="checkbox"/> Minor(s):	<input type="checkbox"/> Attorney (name):
e. <input type="checkbox"/> Other(s):	<input type="checkbox"/> Attorney (name):
4. **THE COURT ORDERS:**
 - Visitation: As attached on form _____
 - Other: As attached on form _____
 - All other issues are reserved until further court order.
5. This matter is continued for further hearing on (date): _____ at (time): _____ in (dept.): _____
Regarding the following: _____.
6. **Number of attached pages:** _____

We understand this Findings and Order after Hearing fully and agree that it conforms to the Court's orders.

Date: _____	_____
	Guardian(s)/proposed guardian(s) or Attorney (<i>name</i>):
Date: _____	_____
	Mother or Mother's Attorney (<i>name</i>):
Date: _____	_____
	Father or Father's Attorney (<i>name</i>):
Date: _____	_____
	Minor's Attorney
Date: _____	_____
	Other or Other's Attorney (<i>name</i>):

The Court waives the requirement of parties' signatures on this order.

So Ordered:

Date: _____

Judicial Officer of the Superior Court