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SUPREME COURT  
OF GUAM

**IN THE SUPREME COURT OF GUAM**

<p>7 <b>Re:</b></p> <p>8 <b>ADOPTON OF PLEADING FORMS FOR</b></p> <p>9 <b>USE IN ACCESS TO JUSTICE – SELF</b></p> <p>10 <b>HELP KIOSKS FOR SELF</b></p> <p>11 <b>REPRESENTED LITIGANTS</b></p>	<p>) Supreme Court Case No. PRM09-001</p> <p>)</p> <p>) <b>PROMULGATION ORDER</b></p> <p>) <b>PRM09-001-02</b></p> <p>)</p> <p>)</p> <p>)</p>
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On May 5, 2010, the Self-Represented Litigants (“SRL”) Subcommittee of the Supreme Court of Guam presented two sets of pleading forms to the court for consideration and approval for use in the Self Represented Litigants – Self Help Computer Kiosks and the Access to Justice interactive software system. The two sets of pleadings include:

1. Petition for Guardianship of a Disabled Adult (no estate), and
2. Petition for Guardianship of a Disabled Adult and Estate.

The SRL Subcommittee submitted the forms to the Guam Bar Association and Judges and Justices of the Judiciary of Guam on March 19, 2010 for notice and comment. The Subcommittee reported to the Court that three persons commented on the proposed pleading forms, that all comments were carefully reviewed and considered, and that the pleading forms were revised accordingly where necessary.

At the hearing on May 5, 2010, modifications were made to the forms by the court and the matter was taken under advisement pending resubmission of the revised forms. The revised forms were subsequently submitted to the court.

Therefore, pursuant to the Organic Act of Guam at 48 U.S.C. § 1424-1(a)(6), which authorizes this court to make and promulgate rules governing the practice and procedure in the courts of Guam, this court hereby approves the aforementioned pleading forms, copies of which

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1 are attached and incorporated herein by reference, for use in the Access to Justice interactive  
2 system contained in the Self-Help computer kiosks installed in the Judicial Center and other  
3 locations approved by the SRL Subcommittee.

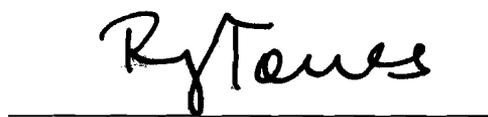
4 **SO ORDERED** this 2nd day of July, 2010.

5 

6 **F. PHILIP CARBULLIDO**  
7 Associate Justice

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6 **KATHERINE A. MARAMAN**  
7 Associate Justice

8 

9 **ROBERT J. TORRES**  
10 Chief Justice

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1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

10 A Disabled Adult,

**PETITION FOR APPOINTMENT  
OF GUARDIAN OF  
THE PERSON AND ESTATE**

11 by

12 [PETITIONER'S NAME],

13 Petitioner.

14 Petitioner, [PETITIONER'S NAME], alleges as follows:

15 1. [DISABLED ADULT'S NAME] (“[DISABLED ADULT'S FIRST NAME]”), was born  
16 on [DISABLED ADULT'S DOB], as evidenced by the Certificate of Live Birth attached herewith and  
17 incorporated herein as Exhibit “A.”

18 2. Petitioner, [PETITIONER'S NAME], is the natural parent of [DISABLED ADULT'S  
19 FIRST NAME], as evidenced by Exhibit “A”, the Certificate of Live Birth.

20 3. The natural mother/father of the [DISABLED ADULT'S FIRST NAME], [NAME OF  
21 MOTHER/FATHER], whose name appears on [DISABLED ADULT'S FIRST NAME]'s Certificate of  
22 Live Birth, consents to the Petition herein.

23 4. Petitioner requests the guardianship of the person and estate herein because [DISABLED  
24 ADULT'S FIRST NAME] suffers from [TYPE OF DISABILITY], as evidenced by [TYPE OF  
25 DOCUMENT] dated [DATE OF DOCUMENT], attached herewith and incorporated herein as Exhibit  
26 “B.”

27 5. [DISABLED ADULT'S FIRST NAME]'s disability renders him/her unable to properly  
28 manage and take care of himself/herself or his/her property without assistance and he/she relies on  
Petitioner for care.

1  
2 6. In addition to Petitioner, [DISABLED ADULT'S FIRST NAME]'s immediate family  
3 consists of [# OF SIBLINGS] siblings, namely: [NAME OF SIBLING 1], [NAME OF SIBLING 2],  
4 [NAME OF SIBLING 3], and [NAME OF SIBLING 4].

5 7. [DISABLED ADULT'S FIRST NAME] has an estate as set forth in the Affidavit of  
6 Petitioner Re: Ward's Estate filed herewith.

7 8. [DISABLED ADULT'S FIRST NAME] has never had a guardian appointed over  
8 him/her.

9 9. No previous application has been made for the Order herein or for a similar order.

10 10. It is in the best interest of [DISABLED ADULT'S FIRST NAME] that the Petitioner be  
11 appointed his/her legal guardian of the person and estate.

12 WHEREFORE, Petitioner prays that he/she be appointed legal guardian of the person and estate  
13 of [DISABLED ADULT'S NAME], that the Court direct to what person, in what manner and within  
14 what time notice of the presentation of this Petition be given, and for such other relief as the Court may  
15 deem just and proper.

16 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

17 \_\_\_\_\_  
18 [PETITIONER'S NAME],  
19 Self-Represented Litigant

20 **VERIFICATION**

21 I, the undersigned, am the Petitioner in the above-entitled matter; and I declare, under the penalty  
22 of perjury, that the foregoing statements are true and correct and to the best of my knowledge, except as  
23 to matters which are therein stated on my information or belief; and as to those matters I believe them to  
24 be true.

25 Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

26 \_\_\_\_\_  
27 [PETITIONER'S NAME],  
28 Self-Represented Litigant

1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

4 *Self-Represented Litigant*

5 IN THE SUPERIOR COURT OF GUAM

6  
7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

10 A Disabled Adult,

11 by

12 [PETITIONER'S NAME],

13 Petitioner.

14  
15 **LETTERS OF**  
16 **GUARDIANSHIP OF**  
17 **THE PERSON AND ESTATE**

15 [PETITIONER'S NAME], is hereby appointed legal guardian of the person and estate of the  
16 disabled adult, [DISABLED ADULT'S NAME].

17 Witness, RICHARD B. MARTINEZ, Clerk of the Superior Court of Guam, with the seal of the  
18 court affixed.

19 RICHARD B. MARTINEZ,  
20 Clerk of Court  
21 Superior Court of Guam

21 Dated: \_\_\_\_\_

22 \_\_\_\_\_  
23 Deputy Clerk

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**OATH OF GUARDIAN**

I, [PETITIONER'S NAME], solemnly affirm that I will perform my duties as guardian of the person and estate of the disabled adult, [DISABLED ADULT'S NAME], in accordance with the law.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
[PETITIONER'S NAME]  
Self-Represented Litigant

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**ACKNOWLEDGMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary, personally appeared, [PETITIONER'S NAME], the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
NOTARY PUBLIC

1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

8 Special Proceedings Case No: SP \_\_\_\_\_

9 of

10 [DISABLED ADULT'S NAME],

11 A Disabled Adult,

12 by

13 [PETITIONER'S NAME],

14 Petitioner.

15 **ORDER APPOINTING**  
16 **GUARDIAN OF THE**  
17 **PERSON AND ESTATE**

18 The petition of [PETITIONER'S NAME], praying to be appointed legal guardian of the person  
19 and estate of [DISABLED ADULT'S NAME], coming on regularly to be heard, upon due proof to the  
20 satisfaction of the judge of said Court that notices have been given to the person in whose care  
21 [DISABLED ADULT'S NAME] resides and as is required by law, and as directed by this Court, and it  
22 duly appearing to the Court that [DISABLED ADULT'S NAME] has no legal guardian, that Petitioner  
23 is a resident of Guam, and that [DISABLED ADULT'S NAME] needs the care and attention of some  
24 fit and proper person.

25 **IT IS HEREBY ORDERED** that [PETITIONER'S NAME](DOB: \_\_\_\_\_) is  
26 appointed legal guardian of the person and estate of [DISABLED ADULT'S NAME] (DOB:  
27 \_\_\_\_\_), and that the Letters of Guardianship of the Person and Estate be issued to  
28 him/her upon taking the oath as required by law.

**IT IS FURTHER ORDERED** that the legal guardian shall not dispose, sell or otherwise convey  
any real property of the Ward, or expend an amount from the Ward's estate in excess of \$ \_\_\_\_\_  
without the consent of this court.

**IT IS FURTHER ORDERED** that no bond is required by the legal guardian who shall file an  
annual report regarding the Ward's estate with the Office of the Public Guardian and this Court.

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**IT IS FURTHER ORDERED** that this Order Appointing Guardian of the Person and Estate shall terminate on \_\_\_\_\_.

**SO ORDERED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE, Superior Court of Guam

1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

4 *Self-Represented Litigant*

5 IN THE SUPERIOR COURT OF GUAM

6 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

7 of

8 [DISABLED ADULT'S NAME],

9 A Disabled Adult,

10 by

11 [PETITIONER'S NAME],

12 Petitioner.

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**CONSENT OF  
PETITIONER/PROPOSED  
GUARDIAN**

15 I, [PETITIONER'S NAME], the Petitioner and proposed legal guardian of the person and estate  
16 herein, consent and desire that I be appointed legal guardian of the person and estate for my  
17 son/daughter, [DISABLED ADULT'S NAME].

18 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

19  
20 \_\_\_\_\_  
21 [PETITIONER'S NAME]  
22 Self-Represented Litigant

22 **ACKNOWLEDGMENT**

23 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
24 appeared, [PETITIONER'S NAME], the person whose name is signed on the preceding or attached  
25 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

26  
27 \_\_\_\_\_  
28 NOTARY PUBLIC

1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

10 A Disabled Adult,

**AFFIDAVIT OF PETITIONER  
RE: WARD'S ESTATE**

11 by

12 [PETITIONER'S NAME],

13 Petitioner.  
14

15 I, [PETITIONER'S NAME], being first duly sworn, depose and say:

16 1. That I am the Petitioner and proposed legal guardian of the person and estate of  
17 [DISABLED ADULT'S NAME] (hereinafter referred to as "[DISABLED ADULT'S FIRST NAME]"), an  
18 adult with a disability.

19 2. That based on my knowledge [DISABLED ADULT'S FIRST NAME] does receive  
20 [TYPE OF GOVERNMENT ASSISTANCE] in the amount of [\$AMOUNT], as evidenced by the  
21 [NAME OF DOCUMENT], attached herewith and incorporated herein as Exhibit "A."

22 3. That based on my knowledge, [DISABLED ADULT'S FIRST NAME] has the following  
23 real property:

24 [DESCRIPTION OF REAL PROPERTY]

25 4. That based on my knowledge, [DISABLED ADULT'S FIRST NAME] has the following  
26 assets or income:

27 [DESCRIPTION OF ASSETS AND/OR INCOME]  
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2 5. That I have been providing for [DISABLED ADULT'S FIRST NAME]'s everyday  
3 necessities such as food, clothing, toiletries, medication, hospital and medial care.

4 **FURTHER AFFIANT SAYETH NAUGHT.**

5 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

6 \_\_\_\_\_  
7 [PETITIONER'S NAME],  
8 Self-Represented Litigant

9 **VERIFICATION**

10 I, the undersigned, am the Petitioner in the above-entitled matter; and I declare, under the penalty  
11 of perjury, that the foregoing statements are true and correct and to the best of my knowledge, except as  
12 to matters which are therein stated on my information or belief; and as to those matters I believe them to  
13 be true.

14 Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

15 \_\_\_\_\_  
16 [PETITIONER'S NAME],  
17 Self-Represented Litigant  
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1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7  
8 IN THE MATTER OF THE GUARDIANSHIP  
9 of  
10 [DISABLED ADULT'S NAME],  
11 A Disabled Adult,  
12 by  
13 [PETITIONER'S NAME],  
14 Petitioner.

Special Proceedings Case No: SP \_\_\_\_\_

**NOTICE OF HEARING**

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16  
17 **NOTICE IS HEREBY GIVEN** that on \_\_\_\_\_, at \_\_\_\_\_, or as soon  
18 thereafter as the matter can be heard, the above-captioned matter will come before the court for a  
19 hearing on the Petition for the Appointment of Guardian of the Person and Estate at the Superior Court  
20 of Guam, 120 West O'Brien Drive, Hagåtña, Guam 96910 / Superior Court of Guam Northern Court  
Satellite, 132 West Marine Drive, Dededo, Guam 96929.

21 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

22  
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24 \_\_\_\_\_  
25 [PETITIONER'S NAME],  
Self-Represented Litigant  
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27  
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1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

10 A Disabled Adult,

11 by

12 [PETITIONER'S NAME],

13 Petitioner.

**CONSENT OF SIBLING**  
**[NAME OF SIBLING 1]**

14 I, [NAME OF SIBLING 1], the biological brother/sister of [DISABLED ADULT'S NAME],  
15 consent and desire that my parent, [PETITIONER'S NAME], be appointed legal guardian of the person  
16 and estate for my brother/sister.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

18  
19 \_\_\_\_\_  
20 [NAME OF SIBLING 1]

21 **ACKNOWLEDGMENT**

22 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
23 appeared, [NAME OF SIBLING 1], the person whose name is signed on the preceding or attached  
24 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

25  
26 \_\_\_\_\_  
27 NOTARY PUBLIC  
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1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

4 *Self-Represented Litigant*

5 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

10 A Disabled Adult,

11 by

12 [PETITIONER'S NAME],

13 Petitioner.

**CONSENT OF SIBLING**  
**[NAME OF SIBLING 2]**

14 I, [NAME OF SIBLING 2], the biological brother/sister of [DISABLED ADULT'S NAME],  
15 consent and desire that my parent, [PETITIONER'S NAME], be appointed legal guardian of the person  
16 and estate for my brother/sister.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

19 \_\_\_\_\_  
[NAME OF SIBLING 2]

21 **ACKNOWLEDGMENT**

22 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
23 appeared, [NAME OF SIBLING 2], the person whose name is signed on the preceding or attached  
24 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

26 \_\_\_\_\_  
NOTARY PUBLIC

1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

10 A Disabled Adult,

**CONSENT OF SIBLING  
[NAME OF SIBLING 3]**

11 by

12 [PETITIONER'S NAME],

13 Petitioner.

14  
15 I, [NAME OF SIBLING 3], the biological brother/sister of [DISABLED ADULT'S NAME],  
16 consent and desire that my parent, [PETITIONER'S NAME], be appointed legal guardian of the person  
17 and estate for my brother/sister.

18 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

19 \_\_\_\_\_  
20 [NAME OF SIBLING 3]

21 **ACKNOWLEDGMENT**

22 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
23 appeared, [NAME OF SIBLING 3], the person whose name is signed on the preceding or attached  
24 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

25  
26 \_\_\_\_\_  
27 NOTARY PUBLIC  
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1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

A Disabled Adult,

**CONSENT OF SIBLING  
[NAME OF SIBLING 4]**

11 by

12 [PETITIONER'S NAME],

13 Petitioner.

14 I, [NAME OF SIBLING 4], the biological brother/sister of [DISABLED ADULT'S NAME],  
15 consent and desire that my parent, [PETITIONER'S NAME], be appointed legal guardian of the person  
16 and estate for my brother/sister.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

19 \_\_\_\_\_  
[NAME OF SIBLING 4]

21 **ACKNOWLEDGMENT**

22 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
23 appeared, [NAME OF SIBLING 4], the person whose name is signed on the preceding or attached  
24 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

26 \_\_\_\_\_  
NOTARY PUBLIC

1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

4 *Self-Represented Litigant*

5 IN THE SUPERIOR COURT OF GUAM

6 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

7 of

8 [DISABLED ADULT'S NAME],

9 A Disabled Adult,

10 by

11 [PETITIONER'S NAME],

12 Petitioner.

**13 CONSENT OF  
14 NATURAL FATHER**

14 I, [NAME OF NATURAL FATHER], whose name appears on [DISABLED ADULT'S  
15 NAME]'s Certificate of Live Birth as his/her natural father, consent and desire that, [PETITIONER'S  
16 NAME], be appointed legal guardian of the person and estate for my son/daughter.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

18  
19 \_\_\_\_\_  
20 [NATURAL FATHER]

21 **ACKNOWLEDGMENT**

22 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
23 appeared, [NAME OF NATURAL FATHER], the person whose name is signed on the preceding or  
24 attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

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26 \_\_\_\_\_  
27 NOTARY PUBLIC  
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1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

A Disabled Adult,

10 by

11 [PETITIONER'S NAME],

12 Petitioner.

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**CONSENT OF  
NATURAL MOTHER**

I, [NAME OF NATURAL MOTHER], whose name appears on [DISABLED ADULT'S NAME]'s Certificate of Live Birth as his/her natural mother, consent and desire that, [PETITIONER'S NAME], be appointed legal guardian of the person and estate for my son/daughter.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
[NATURAL MOTHER]

**ACKNOWLEDGMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary, personally appeared, [NAME OF NATURAL MOTHER], the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
NOTARY PUBLIC

1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP\_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

10 A Disabled Adult,

11 by

12 [PETITIONER'S NAME],

13 Petitioner.

14 **PETITION FOR APPOINTMENT  
OF GUARDIAN OF THE PERSON**

15 Petitioner, [PETITIONER'S NAME], alleges as follows:

16 1. [DISABLED ADULT'S NAME] (“[DISABLED ADULT'S FIRST NAME]”), was born  
17 on [DISABLED ADULT'S DOB], as evidenced by the Certificate of Live Birth attached herewith and  
18 incorporated herein as Exhibit “A.”

19 2. Petitioner [PETITIONER'S NAME], is the natural parent of [DISABLED ADULT'S  
20 FIRST NAME] as evidenced by Exhibit “A”, the Certificate of Live Birth.

21 3. The natural mother/father of the [DISABLED ADULT'S FIRST NAME], [NAME OF  
22 MOTHER/FATHER], whose name appears on [DISABLED ADULT'S FIRST NAME]'s Certificate of  
23 Live Birth, consents to the Petition herein.

24 4. Petitioner requests the guardianship of the person herein because [DISABLED ADULT'S  
25 FIRST NAME] suffers from [TYPE OF DISABILITY], as evidenced by [TYPE OF DOCUMENT]  
26 dated [DATE OF DOCUMENT], attached herewith and incorporated herein as Exhibit “B.”

27 5. [DISABLED ADULT'S FIRST NAME]'s disability renders him/her unable to properly  
28 manage and take care of himself/herself without assistance and relies on Petitioner for care.



1 [PETITIONER'S NAME]  
ADDRESS  
2 CITY, STATE, ZIP CODE  
3 Telephone No: \_\_\_\_\_

4 *Self-Represented Litigant*

5 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP\_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

10 A Disabled Adult,

11 by

12 [PETITIONER'S NAME],

13 Petitioner.

14 **LETTERS OF  
GUARDIANSHIP OF THE PERSON**

16 [PETITIONER'S NAME], is hereby appointed legal guardian of the person of the disabled adult,  
17 [DISABLED ADULT'S NAME].

18 Witness, RICHARD B. MARTINEZ, Clerk of the Superior Court of Guam, with the seal of the  
19 court affixed.

20 RICHARD B. MARTINEZ,  
Clerk of Court  
21 Superior Court of Guam

23 Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Deputy Clerk

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**OATH OF GUARDIAN**

I, [PETITIONER'S NAME], solemnly affirm that I will perform my duties as legal guardian of the person of the disabled adult, [DISABLED ADULT'S NAME], in accordance with the law.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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\_\_\_\_\_  
[PETITIONER'S NAME]  
Self-Represented Litigant

**ACKNOWLEDGMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary, personally appeared, [PETITIONER'S NAME], the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
NOTARY PUBLIC

1 [PETITIONER'S NAME]  
ADDRESS  
2 CITY, STATE, ZIP CODE  
Telephone No: \_\_\_\_\_

3 *Self-Represented Litigant*

4 IN THE SUPERIOR COURT OF GUAM

5 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

6 of

7 [DISABLED ADULT'S NAME],

8 A Disabled Adult,

**ORDER APPOINTING  
GUARDIAN**

9 by

10 [PETITIONER'S NAME],

11 Petitioner.

12  
13  
14 The petition of [PETITIONER'S NAME], praying to be appointed guardian of the person of  
15 [DISABLED ADULT'S NAME], coming on regularly to be heard, upon due proof to the satisfaction of  
16 the judge of said Court that notices have been given to the person in whose care [DISABLED ADULT'S  
17 NAME] resides and as is required by law, and as directed by this Court, and it duly appearing to the  
18 Court that [DISABLED ADULT'S NAME] has no legal guardian of the person, that Petitioner is a  
19 resident of Guam, and that [DISABLED ADULT'S NAME] needs the care and attention of some fit  
20 and proper person.

21 **IT IS HEREBY ORDERED** that [PETITIONER'S NAME](DOB: \_\_\_\_\_) is appointed  
22 legal guardian of the person of [DISABLED ADULT'S NAME] (DOB: \_\_\_\_\_), and that Letters of  
23 Guardianship of the Person be issued to him/her upon taking the oath as required by law.

24 **IS FURTHER ORDERED** that this Order Appointing Guardian of the Person shall terminate  
25 on \_\_\_\_\_.

26 **SO ORDERED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

27 \_\_\_\_\_  
28 JUDGE, Superior Court of Guam

1 [PETITIONER'S NAME]  
ADDRESS  
2 CITY, STATE, ZIP CODE  
Telephone No: \_\_\_\_\_

3 *Self-Represented Litigant*

4 IN THE SUPERIOR COURT OF GUAM

5  
6 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

7 of

8 [DISABLED ADULT'S NAME],

9 A Disabled Adult,

**CONSENT OF  
PETITIONER/PROPOSED GUARDIAN**

10 by

11 [PETITIONER'S NAME],

12 Petitioner.

13  
14 I, [PETITIONER'S NAME], the Petitioner and proposed legal guardian of the person herein,  
15 consent and desire that I be appointed legal guardian of the person for my son/daughter, [DISABLED  
16 ADULT'S NAME].

17 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

18  
19 \_\_\_\_\_  
[PETITIONER'S NAME]  
Self-Represented Litigant

20  
21  
22 **ACKNOWLEDGMENT**

23 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary, personally  
24 appeared, [PETITIONER'S NAME], the person whose name is signed on the preceding or attached  
25 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

26  
27 \_\_\_\_\_  
NOTARY PUBLIC  
28

1 [PETITIONER'S NAME]  
ADDRESS  
2 CITY, STATE, ZIP CODE  
Telephone No: \_\_\_\_\_

3 *Self-Represented Litigant*

4 IN THE SUPERIOR COURT OF GUAM

5 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

6 of

7 [DISABLED ADULT'S NAME],

8 A Disabled Adult,

**AFFIDAVIT OF PETITIONER  
RE: WARD'S ESTATE**

9 by

10 [PETITIONER'S NAME],

11 Petitioner.  
12  
13  
14

15 I, [PETITIONER'S NAME], being first duly sworn, depose and say:

16 1. That I am the Petitioner and proposed legal guardian of the person [DISABLED  
17 ADULT'S NAME] (hereinafter referred to as "[DISABLED ADULT'S FIRST NAME]"), an adult with  
18 a disability.

19 2. That based on my knowledge [DISABLED ADULT'S FIRST NAME] has no income,  
20 property and assets.

21 3. That I have been providing for [DISABLED ADULT'S FIRST NAME]'s everyday  
22 necessities such as food, clothing, toiletries, medication, hospital and medial care.  
23

24 **FURTHER AFFIANT SAYETH NAUGHT.**

25 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

26  
27 \_\_\_\_\_  
[PETITIONER'S NAME]  
Self-Represented Litigant  
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**VERIFICATION**

I, the undersigned, am the Petitioner in the above-entitled matter; and I declare, under the penalty of perjury, that the foregoing statements are true and correct and to the best of my knowledge, except as to matters which are therein stated on my information or belief; and as to those matters I believe them to be true.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
[PETITIONER'S NAME],  
Self-Represented Litigant

1 [PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7  
8 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

9 of

10 [DISABLED ADULT'S NAME],

11 A Disabled Adult,

12 **NOTICE OF HEARING**

13 by

14 [PETITIONER'S NAME],

15 Petitioner.

16  
17 **NOTICE IS HEREBY GIVEN** that on \_\_\_\_\_, at \_\_\_\_\_, or as soon  
18 thereafter as the matter can be heard, the above-captioned matter will come before the court for a  
19 hearing on the Petition for the Appointment of Guardian of the Person at the Superior Court of Guam,  
20 120 West O'Brien Drive, Hagåtña, Guam 96910 / Superior Court of Guam Northern Court Satellite, 132  
21 West Marine Drive, Dededo, Guam 96929.

22 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

23  
24 By: \_\_\_\_\_  
25 [PETITIONER'S NAME],  
26 Self-Represented Litigant  
27  
28

1 [[PETITIONER'S NAME]  
ADDRESS  
CITY, STATE, ZIP CODE  
2 Telephone No: \_\_\_\_\_

3 *Self-Represented Litigant*

4 IN THE SUPERIOR COURT OF GUAM

5 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

6 of

7 [DISABLED ADULT'S NAME],

8 A Disabled Adult,

**CONSENT OF SIBLING  
[ NAME OF SIBLING 1]**

9 by

10 [PETITIONER'S NAME],

11 Petitioner.  
12

13  
14 I, [NAME OF SIBLING 1], the biological brother/sister of [DISABLED ADULT'S NAME],  
15 consent and desire that my parent [PETITIONER'S NAME], be appointed legal guardian of the person  
16 for my brother/sister.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

18  
19 \_\_\_\_\_  
20 [NAME OF SIBLING 1]

21 **ACKNOWLEDGMENT**

22  
23 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary, personally  
24 appeared, [NAME OF SIBLING 1], the person whose name is signed on the preceding or attached  
25 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

26  
27 \_\_\_\_\_  
28 NOTARY PUBLIC

1 [[PETITIONER'S NAME]  
ADDRESS  
CITY, STATE, ZIP CODE  
2 Telephone No: \_\_\_\_\_

3 *Self-Represented Litigant*

4 IN THE SUPERIOR COURT OF GUAM

5 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

6 of

7 [DISABLED ADULT'S NAME],

8 A Disabled Adult,

9 by

10 [PETITIONER'S NAME],

11 Petitioner.

12 **CONSENT OF SIBLING**  
13 **[ NAME OF SIBLING 2]**

14 I, [NAME OF SIBLING 2], the biological brother/sister of [DISABLED ADULT'S NAME],  
15 consent and desire that my parent [PETITIONER'S NAME], be appointed legal guardian of the person  
16 for my brother/sister.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

18 \_\_\_\_\_  
19 [NAME OF SIBLING 2]

20 **ACKNOWLEDGMENT**

21 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
22 appeared, [NAME OF SIBLING 2], the person whose name is signed on the preceding or attached  
23 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

24 \_\_\_\_\_  
25 NOTARY PUBLIC  
26  
27  
28

1 [[PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

A Disabled Adult,

**CONSENT OF SIBLING  
[ NAME OF SIBLING 3 ]**

10 by

11 [PETITIONER'S NAME],

12 Petitioner.

13  
14 I, [NAME OF SIBLING 3], the biological brother/sister of [DISABLED ADULT'S NAME],  
15 consent and desire that my parent [PETITIONER'S NAME], be appointed legal guardian of the person  
16 for my brother/sister.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

18  
19 \_\_\_\_\_  
20 [NAME OF SIBLING 3]

21 **ACKNOWLEDGMENT**

22 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
23 appeared, [NAME OF SIBLING 3], the person whose name is signed on the preceding or attached  
24 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.  
25

26  
27 \_\_\_\_\_  
28 NOTARY PUBLIC

1 [[PETITIONER'S NAME]  
2 ADDRESS  
3 CITY, STATE, ZIP CODE  
4 Telephone No: \_\_\_\_\_

5 *Self-Represented Litigant*

6 IN THE SUPERIOR COURT OF GUAM

7 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

8 of

9 [DISABLED ADULT'S NAME],

A Disabled Adult,

10 by

11 [PETITIONER'S NAME],

12 Petitioner.

**CONSENT OF SIBLING  
[ NAME OF SIBLING 4]**

13  
14 I, [NAME OF SIBLING 4], the biological brother/sister of [DISABLED ADULT'S NAME],  
15 consent and desire that my parent [PETITIONER'S NAME], be appointed legal guardian of the person  
16 for my brother/sister.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

18  
19 \_\_\_\_\_  
20 [NAME OF SIBLING 4]

21 **ACKNOWLEDGMENT**

22  
23 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
24 appeared, [NAME OF SIBLING 4], the person whose name is signed on the preceding or attached  
25 document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

26  
27 \_\_\_\_\_  
28 NOTARY PUBLIC

1 [PETITIONER'S NAME]  
ADDRESS  
2 CITY, STATE, ZIP CODE  
Telephone No: \_\_\_\_\_

3 *Self-Represented Litigant*

4  
5 IN THE SUPERIOR COURT OF GUAM

6 IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

7 of

8 [DISABLED ADULT'S NAME],

9 A Disabled Adult,

10 by

11 [PETITIONER'S NAME],

12 Petitioner.

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**CONSENT OF  
NATURAL FATHER**

14 I, [NAME OF NATURAL FATHER], whose name appears on [DISABLED ADULT'S  
15 NAME]'s Certificate of Live Birth, as his/her natural father, consent and desire that, [PETITIONER'S  
16 NAME], be appointed legal guardian of the person for my son/daughter.

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

18  
19  
20 \_\_\_\_\_  
[NATURAL FATHER]

21  
22 **ACKNOWLEDGMENT**

23 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally  
24 appeared, [NAME OF NATURAL FATHER], the person whose name is signed on the preceding or  
25 attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

26  
27 \_\_\_\_\_  
NOTARY PUBLIC  
28

[PETITIONER'S NAME]  
ADDRESS  
CITY, STATE, ZIP CODE  
Telephone No: \_\_\_\_\_

*Self-Represented Litigant*

IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE GUARDIANSHIP

Special Proceedings Case No: SP \_\_\_\_\_

of

[DISABLED ADULT'S NAME],

A Disabled Adult,

by

[PETITIONER'S NAME],

Petitioner.

**CONSENT OF  
NATURAL MOTHER**

I, [NAME OF NATURAL MOTHER], whose name appears on [DISABLED ADULT'S NAME]'s Certificate of Live Birth as his/her natural mother, consent and desire that, [PETITIONER'S NAME], be appointed legal guardian of the person for my son/daughter.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
[NATURAL MOTHER]

**ACKNOWLEDGMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared, [NAME OF NATURAL MOTHER], the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
NOTARY PUBLIC