

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)	
TELEPHONE NUMBER:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA MAILING ADDRESS: 1515 COURT STREET, RM 110 CITY AND ZIP CODE: REDDING CA 96001	
GUARDIANSHIP OF (Name):	
PARENT INFORMATION FORM	CASE NUMBER:

INFORMATION ABOUT PARENTS

All parents must be listed on this form.

Father's Last Name: _____

First Name: _____ ***Middle Name:*** _____

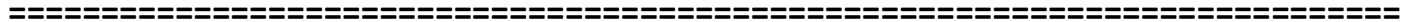
Father of which minor: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____

Driver's License Number: _____



Father's Last Name: _____

First Name: _____ ***Middle Name:*** _____

Father of which minor: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____

Driver's License Number: _____

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GUARDIANSHIP OF (<i>Name</i>):	CASE NUMBER:
----------------------------------	--------------

Father's Last Name: _____

First Name: _____ **Middle Name:** _____

Father of which minor: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____

Driver's License Number: _____

=====

Mother's Last Name: _____

First Name: _____ **Middle Name:** _____

Mother of which minor: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____

Driver's License Number: _____

=====

Mother's Last Name: _____

First Name: _____ **Middle Name:** _____

Mother of which minor: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____

Driver's License Number: _____