

Attorney or Party Without Attorney (Name, State Bar number, and address): Telephone No.: _____ Fax No. (Optional): _____ Email Address (Optional): _____ Attorney for Name: _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA Mailing Address: 1515 Court Street Street Address: 1515 Court Street City and Zip Code: Redding, CA 96001	
IN THE MATTER OF	Hearing Date:
	Time:
	Department:
PETITION TO TRANSFER PROCEEDINGS TO ANOTHER COUNTY IN CALIFORNIA	Case Number:

Petitioner alleges:

1. Petitioner is the guardian of the person of the above named minor.
2. The minor currently resides at the following address:

In the County of _____, California.

3. Petitioner(s) seeks to transfer this proceeding to the Superior Court of _____ County, State of California.
4. The transfer is in the minor's best interests for the following reasons:
5. As far as is known to Petitioner, the names and current addresses of the parents, grandparents and siblings of the minor are:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>
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☐ Additional relatives are listed in Attachment 5

6. The minor child's guardian is _____, whose address is:

7. If a Guardianship of the Estate, the character, value and location of the minor child's property is (provide a brief description):

Wherefore, Petitioner requests an order of this Court transferring this proceeding to the Superior Court of the State of California, County of _____, and for such other relief as the Court considers proper.

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

Petitioner's Signature: _____

Print Name: _____