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|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Case Title:                                                                                                                        | Case Number:                             |
| <i>This form must be attached to another form or court paper before it can be filed with the court.</i>                            |                                          |
| <b>ATTACHMENT 10 TO PETITION FOR APPOINTMENT OF GUARDIAN</b>                                                                       |                                          |
| I, _____, declare that I am _____ in this case, and I have attempted to locate the following person(s) through the efforts listed. |                                          |
| <u>Name of Person:</u>                                                                                                             | <u>Relationship to proposed ward(s):</u> |
| <b>I have checked the following as detailed:</b> (Use additional pages if needed.)                                                 |                                          |
| <input type="checkbox"/> 10a. Telephone directories:                                                                               |                                          |
| <input type="checkbox"/> 10b. Friends and Relatives:                                                                               |                                          |
| <input type="checkbox"/> 10c. Former employers:                                                                                    |                                          |
| <input type="checkbox"/> 10d. Last known address:                                                                                  |                                          |
| <input type="checkbox"/> 10e. Voter registration:                                                                                  |                                          |
| <input type="checkbox"/> 10f. Department of Motor Vehicles:                                                                        |                                          |
| <input type="checkbox"/> 10g. Internet search:                                                                                     |                                          |
| <input type="checkbox"/> 10h. Other:                                                                                               |                                          |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.               |                                          |
| Signature:                                                                                                                         | Date:                                    |
| Print name:                                                                                                                        |                                          |
| <b>ATTACHMENT 10</b>                                                                                                               |                                          |