

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): _____ TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____	CASE NUMBER: _____
PETITION FOR TERMINATION OF GUARDIANSHIP	HEARING DATE AND TIME: _____ DEPT.: _____

1. Petitioner (*name*): _____ **requests that**
- a. the guardianship of the PERSON of (*minor*): _____ **be terminated.**
- b. the guardianship of the ESTATE of (*minor*): _____ **be terminated.**
- (1) The estate has been entirely exhausted through expenditures or disbursements (Probate Code, § 2626).
- (2) The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
- (3) Other (*specify*): _____
2. Petitioner is the minor minor's guardian minor's parent.
3. (*Name*): _____ was appointed guardian of the PERSON
of the minor named in item 1a on (*date*): _____ .
4. (*Name*): _____ was appointed guardian of the ESTATE
of the minor named in item 1b on (*date*): _____ .
5. It is in the best interest of the minor that the guardianship of the person estate be terminated for the reasons stated in Attachment 5 stated below (*specify*): _____
6. A request for special notice
- a. has not been filed.
- b. has been filed and notice will be given to (*names*): _____
7. Notice to the persons identified in Attachment 7 should be dispensed with because
- a. they cannot with reasonable diligence be given notice (*specify names and efforts to locate in Attachment 7*).
- b. other good cause exists to dispense with notice (*specify names and reasons in Attachment 7*).
8. Petitioner is the minor's guardian. Petitioner requests reasonable visitation with the minor after termination of the guardianship as specified in Attachment 8. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105/GC-120) is also attached.

NOTICE: This guardianship will terminate automatically when the child reaches age 18. No petition or court order is necessary to terminate the guardianship at that time. Nevertheless, if this is a guardianship of the estate, termination of the guardianship does not eliminate the requirement that a final report or account must be filed. (See Prob. Code, § 1600.)

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF _____ (Name): <div style="text-align: right; margin-right: 50px;">MINOR</div>	CASE NUMBER:
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9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are (specify):
- | | |
|---|--|
| a. Guardian:

b. Minor:

c. Father:

d. Mother:

e. Brother or sister:

f. Brother or sister: | g. Brother or sister:

h. Maternal grandfather:

i. Maternal grandmother:

j. Paternal grandfather:

k. Paternal grandmother:

l. <input type="checkbox"/> Additional names and addresses continued on Attachment 9. |
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10. Number of pages attached: _____

Date: _____

(SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY *)

* (Signature of all petitioners also required (Prob. Code, § 1020).)

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

Date: _____

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF PETITIONER)
_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF PETITIONER)

CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING

11. I consent to the termination of the guardianship of the person estate of the minor and waive service of a copy of, and notice of the hearing on, this petition.

Date:	_____ (TYPE OR PRINT NAME)	(SIGNATURE OF <input type="checkbox"/> MINOR * <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
Date:	_____ (TYPE OR PRINT NAME)	(SIGNATURE OF <input type="checkbox"/> MINOR * <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
Date:	_____ (TYPE OR PRINT NAME)	(SIGNATURE OF <input type="checkbox"/> MINOR * <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
Date:	_____ (TYPE OR PRINT NAME)	(SIGNATURE OF <input type="checkbox"/> MINOR * <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)

Additional signatures on Attachment 11.

* Minor over 12 years of age.