Your Name:
Your Address:
Your City, State, Zip Code:
Your Telephone Number:
Attorney Bar Number (if applicable):
Representing Self or Attorney for

SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY

In the Matter of (check one <i>or both</i>)			Case Number:	
the		dianship [] Conservatorship of	PETITION FOR TERMINATION OF (check all that apply) GUARDIANSHIP OF A MINOR CONSERVATORSHIP OF A MINOR AND RELEASE OF RESTRICTED FUNDS	
1.	INF((Nan		POINTED GUARDIAN and/or CONSERVATOR: was appointed and accepted	
		Guardian and Conservator on: Guardian on:	(date) (Month, Day, Year) (date) (Month, Day, Year) date) (Month, Day, Year)	
2.	INFORMATION ABOUT THE WARD (the person for whom the Guardian and/or Conservator was appointed): Date of Birth// (Name) One of the following documents is attached as proof of the Ward's age: A copy of the Ward's birth certificate; or A copy of the Ward's driver's license.			
3.			N THE PARENT'S WITHDRAWAL OF CONSENT: onsent to the guardianship. Now I withdraw that	
4.	TERMINATION OF GUARDIANSHIP UPON GUARDIAN AND/OR CONSERVATOR'S REQUEST: (check one box)			
	 I am the Guardian and/or Conservator. Guardianship and/or Conservatorship should terminate because: (attach proof of terminating event) The ward has: □ turned 18; □ died; □ married; □ been adopted;			
		(date of event) The need for the Guardianship and/or Conservatorship has terminated because the rights of the parents are no longer terminated or suspended by circumstances, parent withdrew consent or prior court order <i>because</i> (explain):		
		(add additional page(s) if necessary)		
		I am the guardian and/or conservator,	and I submit my resignation because:	

		Complete the information for number 4, 5, and 6 for Conservatorship only.			
	RES	RESTRICTED FUNDS: INFORMATION ABOUT THE CURRENT RESTRICTED ACCOUNT:			
4.	A.	Amount now in restricted account: \$			
	В.	Financial Account (last 4 numbers only):			
	C.	Name and address of financial institution:			
		Information about additional restricted accounts is listed on attached page.			
		TEMENT ABOUT RESTRICTED FUNDS: (check one box) I HAVE NOT MADE or HAVE MADE previous withdrawals from this or any other restricted account with, or ithout a written order of this Court, as follows (explain carefully; give details about amount, date on):			
6.	REQUEST REGARDING RESTRICTED FUNDS: (check one box) I ask that the Ward's restricted funds be released to the Ward in this matter because he or she is now an adult entitled to control the funds currently held for his or her benefit by the Conservator.				
		I ask that the Ward's restricted funds be released to the Ward's estate because the Ward has died.			
		Other (Explain):			
		(add additional page(s) if necessary)			
	THE	REFORE, I ask the Court to enter an order:			
	THE A. [REFORE, I ask the Court to enter an order:			

OATH OR AFFIRMATION

I swear or affirm the contents of this document are true and correct under penalty of					
an and/or Conservator	Date				
lder)					
5.4	-				
Date					
	Deputy Clerk or Notary Public				
n and/or Conservator	Date				
Date	-				
	Deputy Clerk or Notary Public				
	Ider) Date n and/or Conservator				