

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):       TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> 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> ): _____  <div style="text-align: right;">MINOR</div>	
<b>PETITION FOR TERMINATION OF GUARDIANSHIP</b>	CASE NUMBER: _____

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 on (*date*): \_\_\_\_\_
4. ☐ (*Name*): \_\_\_\_\_ was appointed guardian of the ESTATE on (*date*): \_\_\_\_\_
5. It is no longer necessary that the minor have a guardian of the ☐ person ☐ estate and the best interests of the minor require termination of the guardianship 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*).

(Continued on reverse)

**NOTICE: Guardianships terminate automatically at age 18. No petition or court order is necessary to terminate the guardianship. Nevertheless, if this is a guardianship of the estate, termination of the guardianship does not eliminate the requirement that a final report or account be filed. (See Probate Code, § 1600.)**

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER:
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8. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are as follows:

- |   |  |
|---|--|
| a. Guardian:<br><br><br><br><br><br><br>b. Minor:<br><br><br><br><br><br><br>c. Father:<br><br><br><br><br><br><br>d. Mother:<br><br><br><br><br><br><br>e. Brother or sister:<br><br><br><br><br><br><br>f. Brother or sister: | g. Brother or sister:<br><br><br><br><br><br><br>h. Maternal grandfather:<br><br><br><br><br><br><br>i. Maternal grandmother:<br><br><br><br><br><br><br>j. Paternal grandfather:<br><br><br><br><br><br><br>k. Paternal grandmother:<br><br><br><br><br><br><br>l. <input type="checkbox"/> Additional names and addresses continued in Attachment 8. |
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9. Number of pages attached: \_\_\_\_\_

Date:

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

\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY \*)

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

Date:

\_\_\_\_\_  
 (SIGNATURE OF PETITIONER)

\_\_\_\_\_  
 (SIGNATURE OF PETITIONER)

### CONSENT TO TERMINATION AND WAIVER OF NOTICE

I consent to the termination of the guardianship of the ☐ person ☐ estate of the minor and waive 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)
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Date: _____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF <input type="checkbox"/> MINOR* <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
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Date: _____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF <input type="checkbox"/> MINOR* <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
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Date: _____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF <input type="checkbox"/> MINOR* <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
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☐ Additional signatures on attachment.

\* Minor over 12 years of age.