



Petition for Termination of Guardianship

Review the California Probate Code regarding Termination of Guardianships before you attempt to complete the attached forms. You can review the California Probate Code at the Public Law Library and on the web at <http://www.leginfo.ca.gov/calaw.html>.

ASSISTANCE

The Termination of a Guardianship is a complex legal procedure. You may get assistance from the Court's Self Help Center located in Room 113 on the first floor of the Family Relations Courthouse. If you need help finding an attorney, contact the State Bar (www.calbar.ca.gov) or the County Bar (www.sacbar.org) before attempting to complete this packet yourself.

FILING FEE

The Court must assess a mandatory filing fee, which can be found at <http://www.saccourt.ca.gov/indexes/fees-forms.aspx>. See Court Form FW-001-INFO, INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS for information on who is eligible for a fee waiver. If you qualify, you may submit a completed **Request to Waive Court Fees (FW-001 GC)** and **Order on Court Fee Waiver (FW-003 GC)**.

COMPLETE THE ATTACHED FORMS AS APPROPRIATE

GC-255 – Petition for Termination of Guardianship

PR/E-LP-039 – Termination of Guardianship, Supplemental Information

GC-260 – Order Terminating Guardianship

MC-030 – Declaration

MC-031 – Attached Declaration

GC-020 – Notice of Hearing – Guardianship or Conservatorship



GC-020 (MA) – Attachment to Notice of Hearing Proof of Service by Mail

GC-020 (P) – Proof of Personal Service of Notice of Hearing – Guardianship or Conservatorship

COPIES

Make at least two copies of the completed forms and present the copies and the original documents to the filing counter. The Court will file and keep the original and one copy, returning an endorsed copy to you. Bring an endorsed copy of all documents to all Court hearings.

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;">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. |
|---|--|

10. Number of pages attached: _____

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

(SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY *)

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Fax, Telephone & State Bar Number): Attorney for: (Name)	
Superior Court of California, County of Sacramento STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY & ZIP CODE: Sacramento, California 95826	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF: (Name) _____, a Minor(s)	Hearing Date: _____ Time: _____ Dept. _____
TERMINATION OF GUARDIANSHIP, SUPPLEMENTAL INFORMATION	Probate Case Number: _____

NAME OF CHILD(REN) UNDER GUARDIANSHIP: _____

DATE(S) OF BIRTH: _____

Does anyone object to terminating the guardianship? Yes No

If yes, who? _____

Explain why the guardianship was needed when it was established (be specific).

Why is the guardianship no longer necessary? Be specific about what efforts you made to resolve the problems that led to the need for the guardianship. Please attach any supporting documentation including certificates of completion.

YOUR SOCIAL HISTORY:

NAME: _____

TELEPHONE NUMBER (WORK): _____

TELEPHONE NUMBER (HOME): _____

ADDRESS: _____

If you have lived at this address for less than five years, please list your previous addresses:

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NUMBER: _____

CURRENT MARITAL Status: Married Live In Widowed Single Separated
 Divorced

Present Spouse's Name: _____ Spouse's Date of Birth _____

Spouse's Social Security Number: _____

Spouse's Driver's License Number: _____

Were you previously married? Yes No

If yes, provide name(s) of previous spouse(s) and date of divorce or death that ended the marriage.

Contact Information for the other parent of the child(ren) under Guardianship:

Name: _____ Phone Number: _____

Address: _____

List any other children you have (provide their date of birth, address, and with whom they are living).

1) _____

2) _____

3) _____

4) _____

Have you ever been convicted of any crime, including driving under the influence of drugs/alcohol?

Yes No

If yes, provide details such as the crime(s), date(s), place(s):

Have you ever been involved with Child Protective Services? Yes No

If yes, provide the dates and the name of the County?

Are there any circumstances which may affect your ability to resume care, custody or control of the child(ren) if guardianship is terminated? (For example, do you suffer from any health problems or mental illness?) Yes No

If yes, describe and provide any medication being taken for these conditions:

Who will you rely on for assistance and support if the child(ren) is returned to your custody?

EMPLOYMENT:

Are you employed? Yes No

Current employer: _____

Employer's Phone Number: _____ Length of employment: _____

Housing:

Describe your home and accommodations for the minor if the guardianship is terminated. Number of bedrooms and baths. Will the child have own room or bed, shared, with whom?

Do you have any guns or other weapons? Yes No

If yes, please describe how they are stored: _____

Do you have any pets or other animals? Yes No

If yes, please describe how they are housed: _____

OTHER CHILDREN IN THE HOME: (under 18 years of age)

Give names, dates of birth, school attending, and how they are related to.

1) _____

2) _____

3) _____

4) _____

OTHER ADULTS IN THE HOME (18 AND OVER)

Give names, dates of birth, social security number, and their relationship to you and the child.

1) _____

2) _____

3) _____

Does any adult in the home have any problem(s) that could affect the minor, for example, criminal background, violent behavior, mental illness, alcohol or drug problem? Yes No

Explain: _____

YOUR FINANCIAL INFORMATION:

Income: Amount: Amount
 Net monthly pay
 (wages/retirement) _____

Your monthly income: Amount Amount
 Welfare _____
 SSI _____
 Unemployment _____
 Spousal/Child Support _____
 Investments _____
 Expenses _____

Rent: _____ monthly Mortgage: _____ monthly

Large debts/car payments: _____

Total monthly expenses: _____

Are you able to financially support the child? Yes No

If no, what assistance will you receive? _____

Have you applied or are you receiving assistance for this child through:

	Yes	No
Welfare	<input type="checkbox"/> Amount _____	<input type="checkbox"/>
Social Security	<input type="checkbox"/> Amount _____	<input type="checkbox"/>
Veteran's benefits	<input type="checkbox"/> Amount _____	<input type="checkbox"/>
Othe (WIC, Food Stamps)	<input type="checkbox"/> Amount _____	<input type="checkbox"/>

INFORMATION ABOUT THE CHILD(REN) UNDER THE GUARDIANSHIP:

Please describe the amount of contact you have had with the child since the guardianship was established. For example, how often did you visit and for how long?

Please describe how your visits with the child have been. Describe any problems that have arisen and how you have resolved them. _____

Please describe your methods of disciplining the child: _____

Have you attended or completed a parenting class? Yes No

When and where: _____

SCHOOL AND/OR DAY CARE:

Are you keeping the child in the same school or daycare? Yes No

Child's Schedule: Days _____ Times _____

Name of the school or daycare: _____

Address: _____

Phone Number: _____ Is the day care licensed? Yes No

Teacher's Name: _____

Does the child have any special educational needs? Yes No

Describe: _____

Is the child receiving Special Education/Resource Services? Yes No

Describe: _____

Is the child receiving services through the Regional Center? Yes No

If yes, please provide the name of the service coordinator: _____

If there are special needs, please describe your plans to provide for those needs:

MEDICAL/HEALTH CARE:

Name of child's physician: _____

Address: _____

Phone Number: _____

Medical Insurance: _____ Medical Number: _____

Date of last examination: _____

Are you aware of any serious illness, hospitalizations, physical or developmental disabilities, etc.?

Yes No

Is there any additional information not requested on this form that you would like the Court to be aware of or consider? Yes No

If yes, please explain: _____

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

_____ on _____

(city, state)

(date)

Signature: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	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 (Name): _____ MINOR	
ORDER TERMINATING GUARDIANSHIP	CASE NUMBER: _____

1. The petition to terminate the guardianship came on for hearing as follows (check boxes c-l to indicate personal presence):

- a. Judicial Officer (name): _____
- b. Hearing date: _____ Time: _____ Dept. Rm.:
- c. Petitioner (name): _____
- d. Attorney for petitioner (name): _____
- e. Minor (name): _____
- f. Attorney for minor (name): _____
- g. Guardian of the person (name): _____
- h. Attorney for guardian of the person (name): _____
- i. Guardian of the estate (name): _____
- j. Attorney for guardian of the estate (name): _____
- k. Parent of minor (name): _____
- l. Attorney for parent (name): _____

THE COURT FINDS

- 2. a. All notices required by law have been given.
- b. Notice of hearing has been should be dispensed with to the following persons (specify): _____
- c. It is in the minor's best interest to terminate the guardianship of the PERSON.
- d. It is in the minor's best interest to terminate the guardianship of the ESTATE.
 - (1) The estate has been entirely exhausted through expenditures or disbursements (Prob. 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 reasons (specify): _____

THE COURT ORDERS

- 3. The guardianship of the PERSON of (minor): _____ is terminated.
- 4. The guardianship of the ESTATE of (minor): _____ is terminated.
- 5. Notice of hearing to the persons named in item 2b is dispensed with.
- 6. Visitation between the minor and the guardian of the person of the estate is ordered as provided in Attachment 6.
- 7. Other (specify): _____

Continued on Attachment 7.

Date: _____

 JUDICIAL OFFICER
 Signature follows last attachment.

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:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION	CASE NUMBER:

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 DECLARANT)

- Attorney for Plaintiff Petitioner Defendant
 Respondent Other *(Specify)*:

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

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 DECLARANT)

- Attorney for Plaintiff Petitioner Defendant
- Respondent Other (*Specify*):

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:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER: _____

**This notice is required by law.
This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (*name*):
(*representative capacity, if any*):
has filed (*specify*):

2. You may refer to documents on file in this proceeding for more information. (*Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.*)

3. The petition includes an application for the independent exercise of powers by a guardian or conservator under Probate Code section 2108 Probate Code section 2590.
Powers requested are specified below specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date:	Time:	Dept.:	Room:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> is (<i>specify</i>):			

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



<input type="checkbox"/> ESTATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> MATTER OF (Name): _____	CASE NUMBER: _____
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ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

<u>No.</u>	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
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<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: center;"> <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE </div>	CASE NUMBER: _____
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PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents *(specify)*:

Continued on Attachment 4.

5. I am *(check all that apply)*:
 - a. not a registered California process server.
 - b. a California sheriff or marshal.
 - c. a registered California process server.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are *(specify)*:

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

List of names and addresses of persons personally served by the undersigned continued on an attachment. *(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)*

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

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct

Date: _____

Date: _____

▶ _____

▶ _____

(SIGNATURE)

(SIGNATURE)