

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 (Name, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
GUARDIANSHIP OF THE PERSON ESTATE OF	CASE NUMBER:	
(Name):		
MINOR	HEARING DATE AND TIME:	DEPT.:
PETITION FOR TERMINATION OF GUARDIANSHIP	HEARING DATE AND TIME.	DEF 1
1. Petitioner (name):	request	s that
a. the guardianship of the PERSON of (minor):	be term	ninated.
b. the guardianship of the ESTATE of (minor):	be term	ninated.
(1) The estate has been entirely exhausted through expenditures of	or disbursements (Probate Code, § 20	626).
(2) The estate falls within the provisions of Probate Code section 2	628(b) (small estate), and no accour	nts
have been required.	, , ,	
(3) Other (specify):		
()		
2. Petitioner is the minor minor's guardian minor's parent.		
3. (Name):	was appointed guardian of the Pl	ERSON
	was appointed guardian or the ri	_1\001\
of the minor named in item 1a on (date):		
4. (Name):	was appointed guardian of the ES	STATE
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 person	estate be terminated for the reas	sons
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 beca	use	
a. they cannot with reasonable diligence be given notice (specify name)		7).
b. other good cause exists to dispense with notice (specify names and		. /-
	·	
8. Legitioner is the minor's guardian. Petitioner requests reasonable visitation with guardianship as specified in Attachment 8. A completed <i>Declaration Under Uni</i>		
Enforcement Act (UCCJEA) (form FL-105/GC-120) is also attached.	Tomic Stille Sustage Surfacion and	
	o 40. No motition on several and a fee	
NOTICE: This guardianship will terminate automatically when the child reaches ag	· · · · · · · · · · · · · · · · · · ·	i
necessary to terminate the guardianship at that time. Nevertheless, if the termination of the guardianship does not eliminate the requirement that		iled
(See Prob. Code, § 1600.)	aar roport of account must be in	

		RDIANSHIP OF THE	PERSON ESTATE	OF	CASE NUMBER:
(Name	e):			MINOR
9.		e names and residence ad Guardian:	Idresses of the guardian, minor,		minor's parents, brothers, sisters, and grandparents are (specify): Brother or sister:
	b.	Minor:		h.	Maternal grandfather:
	C.	Father:		i.	Maternal grandmother:
	d.	Mother:		j.	Paternal grandfather:
	e.	Brother or sister:		k.	Paternal grandmother:
	f.	Brother or sister:		I.	Additional names and addresses continued on Attachment 9.
10.	. Nı	umber of pages attached:			
Da	te:				
* (S	Signa	ture of all petitioners also req	uired (Prob. Code. § 1020).)		(SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY *)
l de Da		e under penalty of perjury	under the laws of the State of	Califo	rnia that the foregoing is true and correct.
		(TYPE OR PR	RINT NAME)		(SIGNATURE OF PETITIONER)
		(TYPE OR PR	RINT NAME)		(SIGNATURE OF PETITIONER)
		CONSEN	T TO TERMINATION AND WA	IVER	OF SERVICE AND NOTICE OF HEARING
11.			ination of the guardianship of th ce of the hearing on, this petitio		person estate of the minor and waive service
D	ate:	-	(TYPE OR PRINT NAME)		(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)
D	ate:		, ,		
٦	ato.	_	(TYPE OR PRINT NAME)		(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)
D	ate:	-	(TYPE OR PRINT NAME)		(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)
D	ate:	-			<u> </u>
		Additional signatures on A	(TYPE OR PRINT NAME) Attachment 11.		(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)
		* Minor over 12 years of age.			

(Name, Address, Fax, Telephone & State Ba			
Attorney for: (Name) Superior Court of California, County of Sacra STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY & ZIP CODE: Sacramento, California S GUARDIANSHIP OF THE PERSON (Name)		Hearing Date: Time:	Dept.
TERMINATION OF GUARDIANSHIP, SUPPLEMENTAL INFORMATION	, a	Probate Case Number:	
NAME OF CHILD(REN) UNDER GUARI	DIANSHIP:		
DATE(S) OF BIRTH:	ardianship?	☐ No	
If yes, who?			
Explain why the guardianship was neede	d when it was establis	hed (be specific).	
Why is the guardianship no longer neces the problems that led to the need for the including certificates of completion.	-	-	

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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).

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, crimina
background, violent behavior, mental illness,alcohol or drug problem? Yes No
Explain:

YOUR FINANCIAL INFORMATION: Amount: Amount Income: Net monthly pay (wages/retirement) Your monthly income: Amount Amount Welfare SSL 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 ____ Amount _____ Welfare **Social Security** ☐ Amount ____ Amount _____ Veteran's benefits Amount _____ Othe (WIC, Food Stamps) 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?				
When and where:				
SCHOOL AND/OR DAY CARE:				
Are you keeping the child in the same school or daycare?				
Child's Schedule: Days Times				
Name of the school or daycare:				
Address:				
Phone Number: Is the day care licensed?				
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:				

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il yes, please provide the hame of the serv	vice coordinator.
If there are special needs, please describe	e your plans to provide for those needs:
MEDICAL /UEAL TU CADE.	
MEDICAL/HEALTH CARE: Name of child's physician:	
Medical Insurance:	
Date of last examination:	
	oitalizations, physical or developmental disabilities, etc.?
Is there any additional information not requalers. ☐ Yes ☐ No	uested on this form that you would like the Court to be
I declare under penalty of perjury that the	foregoing is true and correct and executed in
	on
(city, state)	(date)
Signature:	

TELEPHONE NO. EANAL ADDRESS (Goldenie) ATTORNEY FOR (Mond) STREAT ADDRESS. CHY AND ZP CODE BRANGET-MANE GUARDIANSHIP OF THE PERSON ESTATE OF (Name): MINOR ORDER TERMINATING GUARDIANSHIP 1. The petition to terminate the guardianship came on for hearing as follows (check boxes c-1 to indicate personal presence): a. Judical Officer (name): b. Hearing date: Time: Dept. Rm: c. Petitioner (name): d. Attorney for putitioner (name): e. Minor (name): f. Attorney for putition (name): g. Guardian of the person (name): h. Attorney for guardian of the person (name): j. Attorney for guardian of the estate (name): j. Attorney for putition of the estate (name): k. Parent of minor (name): b. Notice of hearing has been should be dispensed with to the following persons (specify): THE COURT FINDS 2. a. All notices required by law have been given. b. Notice of hearing has been entirely exhausted through expenditures or disbursements (Prob. Code, § 2626). (2) The estate has been entirely exhausted through expenditures or disbursements (Prob. Code, § 2626). (3) Other reasons (specify): THE COURT ORDERS 3. The guardianship of the PERSON of (minor):	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ON	LY
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EANIAL ADDRESS (Opervoll)	TELEPHONE NO.			
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R. Parent of minor (name): Attorney for parent (name): THE COURT FINDS Notice of hearing				
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.				
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c.				
d.	b. Notice of hearing has been should be	dispensed with to t	he following persons (specify	<i>ı):</i>
d.				
d.				
d.	c. It is in the minor's best interest to terminate the guardians	hip of the PERSON.		
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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.				is terminated.
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.		ed with.		
Attachment 6. 7. Other (specify): Continued on Attachment 7. Date:			e estate — is ordered as prov	vided in
7. Other (specify): Continued on Attachment 7. Date:	-	percent er ur	o colato di oracioa ao pro-	naca in
Continued on Attachment 7. Date:				
Date:				
Date:	Continued on Attachment 7			
JUDICIAL OFFICER			JUDICIAL OFFICER	
Signature follows last attachment. Page 1 of 1		Signature fol	lows last attachment.	Page 1 of 1

			MC-030
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ON	LY
TELEPHONE NO.: FAX NO. (Optional):			
MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER:			
EFENDANT/RESPONDENT:			
		CASE NUMBER:	
DECLARATION			
I declare under penalty of perjury under the laws of the State o	f California that the foregoi	ng is true and correct.	
Date:			
(TYPE OR PRINT NAME)	(SIC	GNATURE OF DECLARANT)	
	☐ Attorney for ☐	Plaintiff Petitioner	☐ Defendan
		Other (Specify):	

	CACE NUMBER:	MC-
PLAINTIFF/PETITIONER:	CASE NUMBER:	
EFENDANT/RESPONDENT:		
DECLARATI	ION	
(This form must be attached to another form or cou		
(This is in his as a diagnost to directly form of occ	in paper sere it can se med in ceartif	
eclare under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and correct.	
ate:		
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)	

Respondent Other (Specify):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE	
OF (Name):	
of (warne).	
MINOR (PROPOSED) CONSERVATEE	
	CASE NUMBER:
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	
This notice is required by law.	
This notice does not require you to appear in court, but you may attend the h	earing if you wish.
4. NOTIOE is all and ()	
NOTICE is given that (name): (representative capacity, if any):	
has filed (specify):	
nac med (openny).	
2. You may refer to documents on file in this proceeding for more information. (Some documents	
Under some circumstances you or your attorney may be able to see or receive copies of confiding the proceeding or apply to the court.)	ential documents if you file papers
 The petition includes an application for the independent exercise of powers by a guardian 	o or concentator under
Probate Code section 2108 Probate Code section 2590.	Tor conservator under
Powers requested are specified below specified in Attachment 3.	
4. A HEARING on the matter will be held as follows:	
Don't	Poom:
a. Date: Time: Dept.:	Room:
b. Address of court same as noted above is (specify):	
Aggistive listening evetome computer aggisted real time aggisted aggisted and time	a continue are
Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter available upon request if at least 5 days notice is provided. Contact the clerk's office for Requesting 1.	

Page 1 of 2

Accommodations by Persons with Disabilities and Order (form MC-410). (Civil Code section 54.8.)

GUARDIANSHIP CONSERVATORS OF (Name):	SHIP OF THE PERSON	ESTATE CASE NUMB	ER:	
Or (Name).	MINOR (PROPOSE	ED) CONSERVATEE		
	NOTE: *	'		
A copy of this <i>Notice of Hearing—Guardia</i> , has the right under the law to be notified of Copies of this Notice may be served by mai personally served on certain persons; and of guardianships and conservatorships. The pether service by mail or personal service allows. The petitioner does this by arrangin which the petitioner then files with the origin. This page contains a proof of service that it performs the service must complete and signattached to this Notice when it is filed with the	nship or Conservatorship ("Not the date, time, place, and purp in most situations. In a guard opies of this Notice may be pe etitioner (the person who requ be, but must show the court that of for someone else to perform al Notice. may be used only to show service, as	ose of a court hearing in a g ianship, however, copies of rsonally served instead of se ested the court hearing) may copies of this Notice have be the service and complete arrice by mail. To show personand each signed copy of that	uardianship or conservatorship. this Notice must sometimes be erved by mail in both y not personally perform een served in a way the law nd sign a proof of service, hal service, each person who t proof of service must be	
* (This Note replaces the clerk's certificate of form GC-020(C), Clerk's Certificate of Pos				
	PROOF OF SERVICE	BY MAIL		
 I am over the age of 18 and not a party t My residence or business address is (sp 		f or employed in the county v	vhere the mailing occurred.	
 I served the foregoing Notice of Hearing—Guardianship or Conservatorship on each person named below by enclosing a copy in an envelope addressed as shown below AND a depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid. b placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid. 4. a. Date mailed: b. Place mailed (city, state): 				
5. I served with the <i>Notice of Hearin</i> the Notice.	g—Guardianship or Conserva	torship a copy of the petition	or other document referred to in	
I declare under penalty of perjury under the l	aws of the State of California t	nat the foregoing is true and	correct.	
Date:				
Dutc.	•			
(TYPE OR PRINT NAME OF PERSON COMPLETING	G THIS FORM)	(SIGNATURE OF PERSON C	OMPLETING THIS FORM)	
NAME AND ADD	RESS OF EACH PERSON TO	WHOM NOTICE WAS MA	ILED	
Name of person served	Address (number, street, city, state, a	nd zip code)	
1.				
2.				
3.				
4.				
Continued on an attachment. (You	u may use form DE-120(MA)/0	GC-020(MA) to show addition	nal persons served.)	

(Nama):	ESTATE	GUARDIANSHIP	CONSERVATORSHIP	MATTER	OF	CASE NUMBER:
(Name).	(Name):					
_						

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>	Name of person served	Address (number, street, city, state, and zip code)

Page ___ of ___

						GC-020	(P)
GUARDIANSHIP CONS	ERVATORSHIP O	F THE	PERSON		ESTATE	CASE NUMBER:	
OF (Name):							
	MIN		(PROPOSED				
PROOF OF PERSONAL							
(Attach a separate compl Hearing—Guardianship o	r Conservatorship						
 I am over the age of 18 and not a p I served the attached <i>Notice of Heabelow</i> at the address and on the day 	aring—Guardiansh		rvatorship by	persor	nally deliveri	ng a copy to each person listed	
3. I served with the attached / referred to in the Notice.	Notice of Hearing—	-Guardiansh	ip or Conserv	atorsh'	nip a copy of	the petition or other document	
4. I served with the attached <i>I</i>	Notice of Hearing—	-Guardiansh	nip or Conserv	/atorsl	hip copies of	f the following documents (special	fy):
Continued on Attach	ment 4.						
5. I am (check all that apply):							
a. not a registered Californ b. a California sheriff or m	•						
b. a California sheriff or m							
d. an employee or indepe		•	•	ocess	server.		
e. exempt from registratio6. My name, address, telephone num	•	. •	. ,,	and n	umher are	(specify):	
,,,,	oor, arra, ir apprioa	J.C, J.C				(0,000)	
NAME OF EACH PERSON PERSON	MALLY SERVED /	ADDDESS V	VUEDE SEDI	/ED /		AND TIME SERVICE WAS MAI	\ E
Name Name	Address where s			-		Date and time service made	
1.						Date:	
1.						Time:	
2.						Date:	
						Time:	
3.						Date:	
						Time:	
4.						Date:	
						Time: ———	
List of names and addresses (You may use Attachment to						on an attachment. A <i>)/GC-020(PA), for this purp</i> ose.	.)
I declare under penalty of perjury under California that the foregoing is true and	er the laws of the S		(For Califo	ornia s	sheriff or m	arshal use only) true and correct	-
Date:			Date:				

Page 1 of 1

(SIGNATURE)

(SIGNATURE)