

TRIBAL SPOKESPERSON, ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, Tribal/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 TRIBAL COURT USE ONLY	
<b>TRIBAL COURT 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> ): _____ MINOR	CASE NUMBER:	
<b>PETITION FOR TERMINATION OF GUARDIANSHIP</b>	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: _____
--	--------------------

9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are *(specify)*:
- |   |  |
|---|--|
| a. Guardian:<br><br>b. Minor:<br><br>c. Father:<br><br>d. Mother:<br><br>e. Brother or sister:<br><br>f. Brother or sister: | g. Brother or sister:<br><br>h. Maternal grandfather:<br><br>i. Maternal grandmother:<br><br>j. Paternal grandfather:<br><br>k. Paternal grandmother:<br><br>l. <input type="checkbox"/> Additional names and addresses continued on Attachment 9. |
|---|--|

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.