

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 ALAMEDA			
STREET ADDRESS: 2120 Martin Luther King Jr., Way			
MAILING ADDRESS:			
CITY AND ZIP CODE: Berkeley, CA 94704			
BRANCH NAME: " PROBATE DEPARTMENT "			
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF		CASE NUMBER:	
(Name):			
MINOR			
PETITION FOR TERMINATION OF GUARDIANSHIP		HEARING DATE AND TIME:	DEPT.:

1. Petitioner (name):
 - a. the guardianship of the PERSON of (minor): requests that
 - b. the guardianship of the ESTATE of (minor): be terminated.
 - (1) The estate has been entirely exhausted through expenditures or disbursements (Probate Code, § 2626). be terminated.
 - (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. 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)

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PETITIONER)

 (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.