



TERMINATION OF PROBATE COURT GUARDIANSHIP INFORMATION PACKET July 2018

A guardianship continues until the child turns 18, is emancipated (gets married or gets an emancipation court order), dies, or until the guardianship is terminated by court order. To regain custody, you would petition the court to terminate the guardianship. The “grounds” or “reason” is that there is no longer a need for the guardianship, since you can now resume caring for your child. In order for the court to terminate the guardianship, the court has to find that it is in your child’s interest to live with you instead of with the guardian.

You might also consider filing a request for visitation rights with your child, if you don’t already have them and as a backup in case the judge denies your petition to terminate the guardianship.

Here are the forms that you would use:

FW-001 Request to Waive Court Fees (2 pages)
FW-003 Order on Court Fee Waiver (2 pages)

You should fill out the above fee waiver forms if you are unable to afford the court filing fee.

GC-255 Petition for Termination of Guardianship (2 pages)
MC- 025 Attachment (1 page)

The Petition is the key document. You say what you want and why. You also have to list your child’s relatives (question 9). If you know you will be unable to send any of them copies of your Petition, you can ask the judge to dispense with notice (question 7).

You can use the Attachment form if you need more room for any of your answers. You can copy it if you need extra pages. You can and should attach any other helpful documents to your petition, such as documents about your recent achievements, your release date, verification about release plans, character reference letters about you, etc.

PB-4013 Petition for Visitation (1 page)

This form is optional. You can use it as a “back-up” position in case your petition for Termination of guardianship is denied. This form comes from Santa Clara County, but you can try and use it in the county where your child’s guardianship is filed.

GC-020 Notice of Hearing (2 pages)

DE-120(MA)/GC-020(MA) Attachment of Notice of Hearing Proof of Service by Mail (1 page)

GC-020(P) Proof of Personal Service of Notice of Hearing (1 page)

These forms provide people with notice of the court hearing and tell the court how you served them with this notice. The first two are mandatory. You can fill out the basics on the first page of the Notice of Hearing form, but will have to leave the Date/Time/Dept./Room information blank. The court clerk will fill in that information. Also, you can leave the second page of the Notice of Hearing and the DE-120(MA)/GC-020(MA) form blank at this point. (This second form is an attachment to the first form, to give you room to list additional people you will mail the papers to.) You would use the third form if you have someone served in person—one form for each person who is served in person.

Filing with the court:

After you fill out the basic mandatory paperwork, you should make at least 3 copies. Send the original and one copy to the court and keep one for yourself. Enclose a self-addressed, stamped envelope so the court can mail you back a file-endorsed set.

Hopefully, the court will grant your fee waiver request, file your papers and issue you a court date for a hearing. The clerk will mail you back one set of paperwork with a file-stamp on each form which was filed.

Serving copies on necessary persons:

After you receive the filed documents back from the court, finish filling out the Notice of Hearing and DE-120(MA)/GC-020(MA) forms, by listing the parties' names and addresses who you are going to serve. You will serve the guardians(s), all of the relatives that had to be served when the petition for guardianship was filed (parent, grandparents, brothers, and sisters), anyone who has a right to visitation, and any other relatives who may have appeared in court when the guardianship was established. People living in the same home are entitled to separate notice/separate envelopes.

Next, address and envelope for each person entitled to notice. Double-check that you have an envelope for all of the people listed on the Proof of Service documents.

Then make several sets of copies of the following forms—one set for each envelope and at least one set for yourself:

GC-020 Notice of Hearing & DE-120(MA)/GC-020(MA)

GC-255 Petition for Termination of Guardianship (2 pages)

MC-025 Attachment (if used)

Any other attachments you used

PB-4013 Petition for Visitation (if used)

Put one set in each envelope and put the correct amount of postage on each envelope.

The petitioner is not allowed to serve (mail) these documents. You will have to find someone else who is willing to place these envelopes in the mail for you. That person must then fill out the Proof of Service by mail of page 2 of a copy of the Notice of Hearing. Make 2 copies of the signed Proof of Service documents. Keep one copy for yourself. Send the original and one copy to the court, with a self-addressed stamped envelope so the court can mail you back a file-endorsed copy.

After filing and service:

After a petition to terminate guardianship is filed, a court investigator will investigate the situation and write a report for the judge. The court may appoint an attorney for the child(ren). The investigator and the child's attorney are resources who can probably help answer other questions about procedures.

The court hearing:

It is of course not important for you to attend the hearing. If you cannot attend in person, you should try and arrange a telephone court appearance.

GC-260 Order Terminating Guardianship (1 page)

This is the form the judge would use to grant your petition.

Before filing any of these forms out, it would be wise to make an extra copy. That way, if you make a mistake or change your mind about how you want to write something, you will have another blank form to work with.

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
Your financial situation improves during this case, or
You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

1 Your Information (person asking the court to waive the fees):

Name:
Street or mailing address:
City: State: Zip:
Phone:

2 Your Job, if you have one (job title):

Name of employer:
Employer's address:

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature:
If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

- I receive (check all that apply; see form FW-001-INFO for definitions): Food Stamps Supp. Sec. Inc. SSP Medi-Cal County Relief/Gen. Assist. IHSS CalWORKS or Tribal TANF CAPI
My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Table with 6 columns: Family Size, Family Income, Family Size, Family Income, Family Size, Family Income. Rows show income thresholds for family sizes 1-6.

c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you must fill out page 2):

- wave all court fees and costs wave some of the court fees
let me make payments over time

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date:

Print your name here

Sign here



Your name: _____

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7 Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____

b. Your total monthly income: \$ _____

9 Household Income

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8b plus 9b): \$ _____

10 Your Money and Property

- a. Cash \$ _____
- b. All financial accounts (List bank name and amount):
 - (1) _____ \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

11 Your Monthly Deductions and Expenses

- a. List any payroll deductions and the monthly amount below:
 - (1) _____ \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
 - (4) _____ \$ _____
- b. Rent or house payment & maintenance \$ _____
- c. Food and household supplies \$ _____
- d. Utilities and telephone \$ _____
- e. Clothing \$ _____
- f. Laundry and cleaning \$ _____
- g. Medical and dental expenses \$ _____
- h. Insurance (life, health, accident, etc.) \$ _____
- i. School, child care \$ _____
- j. Child, spousal support (another marriage) \$ _____
- k. Transportation, gas, auto repair and insurance \$ _____

l. Installment payments (list each below):

Paid to:

(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

m. Wages/earnings withheld by court order \$ _____

n. Any other monthly expenses (list each below):

Paid to:	How Much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

Total monthly expenses (add 11a – 11n above): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page.

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

**Order on Court Fee Waiver
(Superior Court)**

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

1 Person who asked the court to waive court fees:
Name: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number): _____

3 A request to waive court fees was filed on (date): _____
 The court made a previous fee waiver order in this case on (date): _____

Read this form carefully. All checked boxes are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your: *Request to Waive Court Fees* *Request to Waive Additional Court Fees*
the court makes the following orders:

a. The court **grants** your request, as follows:

(1) **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rules 3.55 and 8.818.*) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff’s fee to give notice
- Court fee for phone hearing
- Reporter’s fee for attendance at hearing or trial, if reporter provided by the court
- Assessment for court investigations under Probate Code section 1513, 1826, or 1851
- Preparing, certifying, copying, and sending the clerk’s transcript on appeal
- Holding in trust the deposit for a reporter’s transcript on appeal under rule 8.130 or 8.834
- Making a transcript or copy of an official electronic recording under rule 8.835
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court

(2) **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- Jury fees and expenses
- Fees for court-appointed experts
- Other (specify): _____
- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness

Case Number: _____

Your name: _____

b. The court **denies** your fee waiver request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1) The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

(2) The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): _____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c. below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): _____

Bring the following proof to support your request if reasonably available: _____

Name and address of court if different from above: _____

Hearing Date

Date: _____ Time: _____

Dept.: _____ Room: _____

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

Signature of (check one): Judicial Officer Clerk, Deputy



Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*): A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (*city*): _____, California on the date below.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

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; margin-top: 10px;">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:

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 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.

SHORT TITLE: 	CASE NUMBER:
----------------------	----------------------

ATTACHMENT (Number): _____

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____
(Add pages as required)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address):</i> TELEPHONE NUMBER: _____ FAX NUMBER: _____ ATTORNEY FOR: <i>(name):</i> _____	<p style="text-align: center;">FOR COURT USE ONLY</p>
<p style="text-align: center;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF: <p style="text-align: center;">MINOR</p>	
<p>PETITION FOR VISITATION</p>	CASE NUMBER: _____

1. **Petitioner** *(name):* _____ **requests**

the following specific visitation schedule for the minor *(name):* _____

2. Petitioner is the minor's Parent Grandparent Other:

3. *Name(s):* _____ was appointed guardian of the PERSON on *(date):* _____

4. Petitioner should be granted visitation for the reasons specified below specified in Attachment 4.

5. Notice to the persons identified in Attachment 5 should be dispensed with because
- they cannot with reasonable diligence be given notice *(specify names and efforts to locate them in Attachment 5).*
 - other good cause exists to dispense with notice *(specify names and reasons in Attachment 5).*

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON OF (<i>Name</i>): <div style="text-align: right; font-weight: bold;">MINOR</div>	CASE NUMBER:
---	--------------

6. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters and grandparents are as follows:

- | | |
|---|--|
| <p>a. Guardian:</p> <p>b. Minor:</p> <p>c. Father:</p> <p>d. Mother:</p> <p>e. Brother(s) or Sister(s):
(12 years old or older)</p> | <p>f. Maternal Grandfather:</p> <p>g. Maternal Grandmother:</p> <p>h. Paternal Grandfather:</p> <p>i. Paternal Grandmother:</p> <p>j. <input type="checkbox"/> Additional names and addresses continued in Attachment 6.</p> |
|---|--|

7. Number of pages attached: _____

Date: _____
 (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: _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Consent to Visitation and Waiver of Notice

I consent to the attached visitation schedule and waive notice of the petition:

(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF GUARDIAN)
(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF GUARDIAN)

I consent to attend orientation and mediation and waive notice of the petition:

(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF GUARDIAN)
(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF GUARDIAN)

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:
		<input type="checkbox"/>	<input type="checkbox"/>

 b. Address of court same as noted above is (*specify*):

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"/> 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: _____
--	--------------------

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)

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.