

PERSON FILING PAPERS <i>(Name and address, include Karuk Tribal Bar # if applicable):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
KARUK TRIBAL COURT STREET ADDRESS: MAILING ADDRESS: P.O. Box 629 CITY AND ZIP CODE: Yreka, CA 96097 TELEPHONE NO.: (530) 842-9228 FAX NO.: (530) 842-9227	
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.
 - (2) The estate is a 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 KTFL-105/KTGC-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.

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: _____
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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 ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY *)

* (Signature of all petitioners also required.)

I declare under penalty of perjury under the laws of the Karuk Tribe 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.