

TERMINATE GUARDIANSHIP

SAMPLE

Use the samples to help you complete
the packet of blank forms.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP CODE

TELEPHONE NO.: **YOUR PHONE#** FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **IN PRO PER****SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA**STREET ADDRESS: **191 NORTH FIRST STREET**MAILING ADDRESS: **191 NORTH FIRST STREET**CITY AND ZIP CODE: **SAN JOSE, CA 95113**BRANCH NAME: **PROBATE COURT**

GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE
 OF (Name): **CHILD(REN)'S NAME(S)**

 MINOR (PROPOSED) CONSERVATEE**NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP**

CASE NUMBER:

WRITE CASE NUMBER

**SAMPLE
 ONLY
 Do not write
 on this copy!**

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) : **YOUR NAME**
 (representative capacity, if any) :
 has filed (specify) :

PETITION FOR TERMINATION OF GUARDIANSHIP

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: _____

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.)



NOTE:*

A copy of this *Notice of Hearing-Guardianship or Conservatorship* ("Notice") must be "served" on-delivered to each person who has a right under the law to be notified of the date, time, place and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court. You may use form GC-020(P) to show personal service of this Notice.

** (This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing-Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)*

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*):
SERVER WRITES THEIR ADDRESS HERE
3. 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: **DATE MAILED** b. Place mailed (*city, state*): **CITY, STATE MAILED**
5. I served with the *Notice of Hearing-Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: ***SERVER* PRINTS NAME HERE**

***SERVER* PRINTS NAME HERE**
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

***SERVER* SIGNS NAME HERE**
(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

Address (number, street, city, state, and zip code)

1. **GUARDIAN'S NAME**

GUARDIAN'S ADDRESS

2. **NAME OF ALL OTHER PARTIES**

ADDRESSES OF ALL OTHER PARTIES

3. **NAME OF ALL OTHER PARTIES**

ADDRESSES OF ALL OTHER PARTIES

4. **NAME OF ALL OTHER PARTIES**

ADDRESSES OF ALL OTHER PARTIES

Continued on an attachment. (*You may use form DE-120(MA)/GC-020(MA) to show additional persons served.*)

GUARDIANSHIP OF:

CHILD(REN)'S NAME(S)

CASE NUMBER:

WRITE CASE NUMBER

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
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- 26
- 27

ATTACHMENT 5:

**WRITE WHY YOU THINK THE GUARDIANSHIP ISN'T NEEDED ANYMORE.
 WILL THE MINOR(S) HEALTH AND SAFETY STILL BE PROTECTED IF THE
 GUARDIANSHIP IS TERMINATED?**

EXPLAIN...

(Required for verified pleading) The items on this page stated on information and belief are *(specify item numbers, not line numbers)*:

This page may be used with any Judicial Council form or any other paper filed with the court.

Page _____

**ASK THE PERSON HELPING
YOU IF YOU NEED TO
FILL OUT
“ATTACHMENT 7”**

IN RE: GUARDIANSHIP OF: **CHILD(REN)'S NAME(S)**

Santa Clara County

Case # **WRITE CASE NUMBER**

AUTHORIZATION FOR RELEASE OF INFORMATION

Probate Code section 1513 requires that a probate court investigator conduct interviews and write a report and recommendations to the Court concerning the appropriateness of establishing a guardianship for the above-named child(ren). In order to assist in the gathering of pertinent information,

I/we, **YOUR NAME** /

Specifically authorize the release of school records, counseling records, probation records, public and private social service records, summaries of medical and psychological records, and records from any private or public agency which would assist in the determination of our petition for guardianship.

Dated: **TODAY'S DATE**

SIGN YOUR NAME _____

Dated: _____

ANSWER EACH OF THE QUESTIONS BELOW

Perm nrg date:

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP

Case Number (if you have one) : **WRITE CASE NUMBER**Conservatorship of (name): **CHILD(REN)'S NAME(S)** Person Estate

• Do you think anyone will disagree with the guardianship? Yes No

If yes, who? Name:

Telephone number:

• Has Child Protective Services (CPS) ever been called about the child(ren) in this case? Yes No

If yes, which County: Santa Clara Other (County name):

Are there any custody orders about the child(ren) in this case? Yes No

If yes, which County: Santa Clara Other (County name):

Information about the CHILD(REN)

- Child ① Name: **CHILD # 1'S NAME**
- Birth Date: **CHILD # 1'S BIRTH DATE**
- Social Security Number: **CHILD #1's SSN#**
- School, Grade, School Telephone Number: **CHILD #1's School, Grade, phone #**

- Child ② Name: **CHILD # 2'S NAME**
- Birth Date: **CHILD # 2'S BIRTH DATE**
- Social Security Number: **CHILD #2's SSN#**
- School, Grade, School Telephone Number: **CHILD #2's School, Grade, phone #**

- Child ③ Name:
- Birth Date:
- Social Security Number:
- School, Grade, School Telephone Number:

Check if there are more children in the case; add information about them on another page.

CONFIDENTIAL - DO NOT PUT IN COURT FILE

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP
(PROBATE)

Page 1 of 3



Information about the PROPOSED GUARDIAN'S ATTORNEY

Proposed Conservator doesn't have an attorney

ANSWER EACH OF THE QUESTIONS BELOW

Phone Number:

Fax Number:

Information about the PROPOSED GUARDIAN(S)

Proposed Guardian ① :

- Name: **YOUR NAME**
- Relationship to child(ren): Grandparent Aunt/Uncle Other: **Your relationship to the child(ren)**
- Birth Date: **YOUR BIRTHDATE**
- Social Security Number: **YOUR SSN#**
- Driver's License Number: **YOUR DL#**
- Home Address: **YOUR ADDRESS**
- Home Phone Number: **YOUR PHONE NUMBER** Cell Phone Number: **YOUR CELL#**
- Work Address: **YOUR WORK ADDRESS**
- Work Phone Number: **YOUR WORK#** Fax Number:

Proposed Guardian ② :

- Name:
 - Relationship to child(ren):
 - Birth Date:
 - Social Security Number:
 - Driver's License Number:
 - Home Address:
 - Home Phone Number:
 - Work Address:
 - Work Phone Number:
- INFORMATION ABOUT THE 2ND GUARDIAN IF THERE IS ONE**
- Cell Phone Number:
Fax Number:

All proposed Guardians must answer these questions:

1. Have you ever been convicted of a misdemeanor or felony offense? Yes No

If yes, what offense(s): Date: County:

2. Is there a social worker, probation or parole officer supervising you or ANY person who lives with you?

Yes No

If yes, explain:

CONFIDENTIAL - DO NOT PUT IN COURT FILE

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP (PROBATE)

I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **TODAY'S DATE**

Proposed Guardian 1 signs here: **SIGN YOUR NAME** _____

IF THERE ARE ANY OTHER ADULTS LIVING IN YOUR HOME, PLEASE FILL A BOX OUT FOR EACH ADULT.

Social Security Number:

- **Driver's License Number:** _____ **State:** _____

- **Name:** _____
- **Birth Date:** _____
- **Social Security Number:** _____
- **Driver's License Number:** _____ **State:** _____

- **Name:** _____
- **Birth Date:** _____
- **Social Security Number:** _____
- **Driver's License Number:** _____ **State:** _____

- **Name:** _____
- **Birth Date:** _____
- **Social Security Number:** _____
- **Driver's License Number:** _____ **State:** _____

- **Name:** _____
- **Birth Date:** _____
- **Social Security Number:** _____
- **Driver's License Number:** _____ **State:** _____

More adults live in my home. I've attached information about them on a separate page.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) :

FOR COURT USE ONLY

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP CODE

TELEPHONE NO.: **YOUR PHONE#** FAX NO. (Optional):

E-MAIL ADDRESS (Optional) :

ATTORNEY FOR (Name) : **IN PRO PER**SUPERIOR COURT OF CALIFORNIA, COUNTY OF **SANTA CLARA**STREET ADDRESS: **191 NORTH FIRST STREET**MAILING ADDRESS: **191 NORTH FIRST STREET**CITY AND ZIP CODE: **SAN JOSE, CA 95113**BRANCH NAME: **PROBATE COURT**GUARDIANSHIP OF THE PERSON ESTATE OF
(Name) : **CHILD(REN)'S NAME(S)**

MINOR

ORDER TERMINATING GUARDIANSHIP

CASE NUMBER:

WRITE CASE NUMBER

**SAMPLE
ONLY
Do not write
on this copy!**

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: **LEAVE BLANK** Time: **BLANK** Dept.: **13** Rm.:
- c. Petitioner (name) : **YOUR NAME**
- d. Attorney for petitioner (name) :
- e. Minor (name) : **CHILD(REN)'S NAME(S)**
- f. Attorney for minor (name) :
- g. Guardian of the person (name) : **CURRENT GUARDIAN'S NAME(S)**
- 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) : **CHILD(REN)'S MOTHER AND FATHER NAMES**
- 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) : **CHILD(REN)'S NAME(S)** 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.

Page 1 of 1

If you are the guardian of the child(ren) and you are filing to end your guardianship but want the court to order visitation between you and the child(ren) after the guardianship is ends, you have to fill out the attached form (Declaration Under UCCJEA).

The attached form asks you to provide addresses of the child(ren) for the last 5 years.

SSC new 1/06 (See item 8 form GC-255)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) : Your Name Your Address TELEPHONE NO.: Your Phone Number FAX NO. (Optional): E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate	
Guardianship of: CHI LD(REN)' S NAME(S)	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	CASE NUMBER: _____ WRITE CASE NUMBER

1. I am a party to this proceeding to determine custody of a child.
2. My present address is not disclosed. It is confidential under Family Code section 3429. I have listed the address of the children presently residing with me as confidential.
3. (Number) : **# of Children** minor children are subject to this proceeding as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name Child #1's Name (oldest child)	Place of birth For Ex., San Jose, CA	Date of birth Birthday	Sex M or F?
Period of residence 1/05 to present	Address 234 Current St, San Jose, CA <input type="checkbox"/> Confidential	Person child lived with (name and present address) Elton Smith Same address	Relationship Father
Period of residence 3/99 to 1/05	Address 432 Previous Ave., Fresno, CA	Person child lived with (name and present address) Oprah Doe	Relationship Mother

LIST WHERE THE CHILD(REN) HAVE LIVED FOR THE LAST 5 YEARS AND WHO THE CHILD HAS LIVED WITH. START WITH CURRENT ADDRESS, AND WORK BACKWARDS

b. Child's name Child #2's Name (2nd Oldest)	Place of birth For Ex., Fresno, CA	Date of birth Birthday	Sex M or F?
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence ↑ to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and present address)	Relationship

IF THERE ARE 3 OR MORE CHILDREN ASK FOR AN ATTACHMENT. IF THE ADDRESS IS THE SAME FOR ALL THE CHILDREN, CHECK THE BOX IN ITEM B.

- c. Additional children are listed on Attachment 3c. (Provide all requested information for additional children.)

GUARDIANSHIP OF: _____ <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CHILD(REN)'S NAME(S)</div>	CASE NUMBER: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">WRITE CASE NUMBER</div>
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4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?

No Yes (If yes, provide the following information):

a. Name of each child:

b. I was a: party witness

c. Court (specify name, state, location):

d. Court order or judgment (date):

5. Do you have information about a custody proceeding other than that stated in item 4?

No Yes (If yes, provide the following information):

a. Name of each child:

b. Nature of proceeding: dissolution or divorce guardianship adoption other (specify):

c. Court (specify name, state, location):

d. Status of proceeding:

6. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

a. <input type="checkbox"/> Criminal: County/state: _____ Case No. (if known): _____	c. <input type="checkbox"/> Juvenile: County/state: _____ Case No. (if known): _____
b. <input type="checkbox"/> Family: County/state: _____ Case No. (if known): _____	d. <input type="checkbox"/> Other: County/state: _____ Case No. (if known): _____

7. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?

No Yes (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

8. Number of pages attached after this page: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.