



STANISLAUS COUNTY SUPERIOR COURT

<http://www.stanct.org>
(209)530-3100

Revised 7/12

TERMINATION OF GUARDIANSHIP PACKET

This packet contains forms required for Termination of Guardianship proceedings in Stanislaus County Superior Court.

Additional Judicial Council forms, local forms and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, and on the following Websites:

- ☛ Stanislaus County Superior Court: www.stanct.org
- ☛ Stanislaus County – Local Forms: www.stanct.org/Forms.aspx?id=3
- ☛ Free Interactive Electronic Forms Program: www.icandocs.org/ca/california.html
- ☛ California's Free Website for Legal Help: www.lawhelpcalifornia.org
- ☛ Law Libraries, Websites, or Self-Help Legal Books: www.courts.ca.gov/1091.htm

Superior Court Self-Help Center/Family Law Facilitator's Office

800 11th Street, Room 220, Modesto

PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES

*****Both offices provide services on a first come, first serve basis*****

The Superior Court Clerk's Office is prohibited from giving referrals to specific attorneys or legal counsel. Lawyer Referral Service may be able to assist you in finding an attorney. Their telephone number is (209) 571-5727. There are books available on how to do a guardianship at the public library, the Law library and in bookstores. More information is available in the Stanislaus County Local Rules of Court. You may also refer to Probate Code 2250.

Lawyer Referral Service may be able to assist you in finding an attorney. Their telephone number is (209) 571-5727. There are books available on how to do a guardianship at the public library, the Law library and in bookstores. More information is available in the Stanislaus County Local Rules of Court. Also, see Probate Code 2250.

FREQUENTLY ASKED QUESTIONS

Persons handling their own cases (self-represented) are required to prepare and present their pleadings (court documents) in complete and proper form without help from the court staff. **This office is prohibited from giving legal advice in any manner.** Doing so would constitute acting as an attorney or legal counsel. This office is also prohibited from giving referrals to specific attorneys or legal counsel. Questions on legal matters regarding the appropriate form or its proper completion and presentation should be referred to an attorney.

PREPARATION

You are required to bring in one (1) original plus two (2) copies of all documents. You may need to make additional copies after filing the original depending on how many people need to be served in your case. However, the clerk will only conform two copies. Whether typed or hand printed, your papers must be completed in blue or black ink, be legible and dark enough to photocopy. The petitioner's name, address and telephone number must be placed in the space in the upper left hand corner of each form. Pleadings are to be dated and signed before being presented for filing. Each form must have the court name and location in the heading as indicated below:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS
1100 I Street, PO Box 1098
Modesto, CA 95353-1098

TERMINATION OF GUARDIANSHIP

The following forms are included in this packet:

Petition for Termination of Guardianship (GC-255)

Order Terminating Guardianship (GC-260)

Notice of Hearing–Guardianship or Conservatorship (GC-020)

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

Petition for Termination of Guardianship

Fill out both sides of this form. The Clerk's Office will only conform two copies. You may need to make additional copies later for each person required to be served. The number of copies needed can vary case by case. Service by mail is required to the minor's parents, the current legal guardian(s), grandparents and any brothers/sisters.

Order Terminating Guardianship

This form needs to be filled out as much as possible. You will not know the answers to all the questions because some things (like the hearing) have not yet taken place. Fill in as much as you can now based on what you know about the case. This form will be kept in your file until the hearing or the Judge makes his/her decision.

Notice of Hearing

Fill out everything except the information box which tells when the hearing will happen. The clerk who files your documents will fill in this information. Bring the original and two (2) copies of this form to the Clerk's Office with the Petition and Order Terminating Guardianship. The clerk will enter the hearing information on the form and return it to you. You may need to make additional copies after filing depending on how many people you need to serve.

Please Note:

- Once you have filed your Petition, you are ready to have the Petition and Notice of Hearing served on the other people involved in your case. The person serving your documents must be at least 18 years old and not involved in your case. He/she must fill out the Proof of Service by Mail (located on the back of the Notice of Hearing) and then you must file the Notice of Hearing with the Court. If you have more than 3 people to serve you may use the **Attachment to Notice of Hearing Proof of Service by Mail**. It provides plenty of space for more names and addresses.
- A filing fee will be charged for the processing of your paperwork. You can request a fee waiver from the clerk if you would like to ask that your fees be deferred or reduced.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME: _____	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____	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:
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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. <input type="checkbox"/> Additional names and addresses continued in 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 MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF MINOR * GUARDIAN PARENT OTHER)

Additional signatures on Attachment 11.

* Minor over 12 years of age.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 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 (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 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.

JUDICIAL OFFICER

Date: _____

Signature follows last attachment.

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 STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME: _____	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____ <div style="text-align: right;"> <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE </div>	
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: _____

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; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE </div>	CASE NUMBER:
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NOTE: *

A copy of this *Notice of Hearing—Guardianship or Conservatorship* ("Notice") must be "served" on—delivered to—each person who has the 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*):

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: _____ b. Place mailed (*city, state*): _____
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: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

▶

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
2.	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
3.	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
4.	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>

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

<input type="checkbox"/> ESTATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> MATTER OF	CASE NUMBER:
(Name): _____	

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

<u>No.</u>	<u>Name of person served</u>	<u>Address (number, street, city, and zip code)</u>
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