

**MADERA COUNTY SUPERIOR COURT
STATE OF CALIFORNIA**

PETITION FOR TERMINATION OF GUARDIANSHIP

Guardianships terminate automatically when the minor child turns 18. It will also automatically end if the child is adopted, marries, enters the military, or is declared an adult (emancipated) by court order. No petition or court order is necessary to terminate the guardianship at that time.

This petition may be filed by the child, if 12 or older, the guardian or the minor's parent. The court must be satisfied that the guardianship is no longer necessary, and the best interests of the minor require termination of the guardianship.

The attached forms are used to terminate a guardianship; Petition for Termination of Guardianship [form GC-255](#), Notice of Hearing - Guardianship [form GC-020](#), Order Terminating Guardianship [form GC-260](#), Court Order Appointing Superior Court Investigator in Probate Guardianship (Pursuant to Probate Code §1601) local form [MAD-FCS-014](#). Consent to Termination of Guardianship and Waiver of Service local form [MAD-CIV-016](#).

1. Fill out your forms

Fill out the forms listed above and included in this packet. You will have to call Court Services at (559) 416-5540 to reserve a hearing date. Write your hearing date on the Notice of Hearing - Guardianship [form GC-020](#).

2. Have your forms reviewed

Ask the court's [family law facilitator/self-help center](#) (located on the 1st Floor) to review your paperwork. You can also hire your own attorney to review your papers or to get legal advice.

3. File your forms with the court clerk

Take your forms to the Civil Division for filing (located on the 4th Floor). The clerk will provide you with file stamped copies of your Petition. Before your hearing, the court may appoint an investigator to conduct an investigation. If the clerk's office notifies you that the court signed the Court Order Appointing Superior Court Investigator local form MAD-FCS-014, please contact Family Court Services to schedule an appointment (located on the 1st Floor).

4. Give notice

For any relatives that agree to end the guardianship, you do not need to give notice. Just ask them to sign the "Consent to Termination and Waiver of Service" on the back of the Petition for Termination form GC-255 before you file. If you obtain a consent after you file you can have them sign Consent to Termination of Guardianship and Waiver of Service local [form MAD-CIV-016](#).

If they do not agree have someone (NOT you) serve/deliver a copy of the Notice of Hearing - Guardianship [form GC-020](#) along with a copy of your Petition for Termination of Guardianship [form GC-255](#).

5. File your Proof of Service

Have your server fill out the proof of service of the Notice of Hearing GC-020 and give it to you so you can file it with the court. It is very important that your server fills out the Proof of Service correctly. If possible, have your [family law facilitator/self-help center](#) review it to make sure it was filled out properly. Take your completed Notice of Hearing form GC-020 to the clerk to file, the clerk will return a copy to you for your records.

6. Attend your Court Hearing

Appear the day of your hearing in the department assigned. If the judge decides it's in the child's best interest to end the guardianship, they will sign the Order Terminating Guardianship for GC-0260 at the hearing.

For more information you can go online @ <https://www.courts.ca.gov>

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ MINOR	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 guardian 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.)

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

* 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): In Pro Per	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <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):	CASE NUMBER:
<input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

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*):

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)
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NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

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

1.		
2.		
3.		
4.		

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

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) : <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	CASE NUMBER:
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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.

Date:

(For California sheriff or marshal use only)

I certify that the foregoing is true and correct

Date:

▶ _____
(SIGNATURE)

▶ _____
(SIGNATURE)

I, the undersigned, consent to the termination of the guardianship of the person of the minor and waive service of a copy of, and notice of the hearing on, the petition for termination of guardianship, filed on (date) _____.

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

Dated: _____

Type or print name _____ Signature of ☐ Minor ☐ Guardian ☐ Parent ☐ Other: _____

<p align="center">SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERA Civil Division 200 South G Street Madera, CA 93637 (559) 416-5525</p>	<p align="center"><i>FOR COURT USE ONLY</i></p>
<p>IN RE: GUARDIANSHIP OF (NAME):</p> <p>MINOR(S)</p>	
<p align="center">COURT ORDER APPOINTING SUPERIOR COURT INVESTIGATOR IN PROBATE GUARDIANSHIP (Pursuant to Probate Code § 1601)</p>	<p>CASE NUMBER:</p>

IT IS ORDERED that the Superior Court Investigator of the Office of Family Court Services of the Madera County Superior Court, located at 200 South “G” Street, Madera CA 93637; be appointed Court Investigator in the above-entitled Probate matter pursuant to Probate Code §1601. The Court Appointed Investigator shall be granted authority to receive/access to all education information and grade reports, all law enforcement reports, all Parole or Probation information, all financial/banking documents, all child support information and information/records through the Department of Child Support Services, all Social Services (CPS and APS) reports, and access to medical, mental health, and drug treatment and /or drug testing records in accordance with HIPAA regulations.

The Court Investigator shall file his/her report with the court and provide copies to counsel for the petitioner, or to petitioner if in pro per, to counsel for the minor, if any, and to any objector of record. The Court Investigator’s report shall be deemed a confidential court document and copies shall not be provided except on order of the court.

IT IS SO ORDERED:

Date: _____

JUDGE OF THE SUPERIOR COURT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right;">MINOR</div>	
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.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA
200 South G Street
Madera, Ca 93637

(For Court Use Only)

Need an interpreter? | ¿Necesita un intérprete?

REQUEST FOR INTERPRETER SERVICES | solicitud para servicios de un intérprete

Fill out this form if you or your witness in your case needs an interpreter when you are in court. | Si usted o un testigo en su caso necesita un intérprete cuando esté en la corte, llene este formulario.

Case Number(s) | numero(s) del caso: _____

Case Name | nombre del caso: _____

Hearing Date | fecha de audiencia: _____

Time | hora: _____

Dept | sala: _____

INTERPRETER NEEDED IN THE FOLLOWING LANGUAGE | necesito un intérprete para el siguiente idioma:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Spanish/español | <input type="checkbox"/> Chatino* | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Amuzgo* | <input type="checkbox"/> Triqui Alto* | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mixteco Alto* | <input type="checkbox"/> Triqui Bajo* | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Mixteco Bajo* | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Zapoteco* | <input type="checkbox"/> ASL | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other/Otro: _____ |

***For indigenous languages, include country, state, municipality and town of origin** | para los idiomas indígenas, incluya su país, estado, municipio y ciudad de origen: _____

INTERPRETER NEEDED FOR |
se necesita intérprete para:

- ☐ **Plaintiff/Petitioner**
☐ Demandante/Solicitante
- ☐ **Defendant/Respondent**
☐ Demandado(a)

☐ _____ **# of Witnesses** | cantidad de testigos

☐ **Estimated duration time of witness** | tiempo
estimado de duración del testimonio: _____

REQUESTING PARTY'S INFORMATION | datos del solicitante:

Name | nombre: _____

Email | correo electrónico: _____

Phone Number | número de teléfono: _____

Please email this request to | favor de enviar esta solicitud por correo electrónico a:

Interpreter.Madera@madera.courts.ca.gov

or file it with the clerk's office | ó entregue este formulario a la oficina del secretario

Please submit this form with a minimum of ten (10) court days in advance. | favor de entregar este formulario con un mínimo de diez (10) días hábiles antes de la fecha de su audiencia.