

Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing Self or Attorney for _____

SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY

In the Matter of (check one or both)
 the Guardianship Conservatorship of

Case Number: _____

a Minor

PETITION FOR TERMINATION OF
(check all that apply)
 GUARDIANSHIP OF A MINOR
 CONSERVATORSHIP OF A MINOR AND
 RELEASE OF RESTRICTED FUNDS

1. INFORMATION ABOUT THE PERSON APPOINTED GUARDIAN and/or CONSERVATOR:
(Name) _____ was appointed and accepted
appointment as: (check one box):

- Guardian **and** Conservator on: _____ (date) (Month, Day, Year)
 Guardian on: _____ (date) (Month, Day, Year)
 Conservator on: _____ (date) (Month, Day, Year)
Guardian/Conservator's address: _____

2. INFORMATION ABOUT THE WARD (the person for whom the Guardian and/or Conservator was appointed): _____ **Date of Birth** ____/____/____.
(Name)

One of the following documents is attached as proof of the Ward's age:
 A copy of the Ward's birth certificate; or A copy of the Ward's driver's license.

3. TERMINATION OF GUARDIANSHIP UPON THE PARENT'S WITHDRAWAL OF CONSENT:

- I am the ward's parent. I signed the Consent to the guardianship. Now I withdraw that consent.

4. TERMINATION OF GUARDIANSHIP UPON GUARDIAN AND/OR CONSERVATOR'S REQUEST: (check one box)

- I am the Guardian and/or Conservator. Guardianship and/or Conservatorship should terminate because: (attach proof of terminating event)
The ward has: turned 18; died; married; been adopted; _____ .
(date of event)
- The need for the Guardianship and/or Conservatorship has terminated because the rights of the parents are no longer terminated or suspended by circumstances, parent withdrew consent or prior court order **because** (explain): _____

(add additional page(s) if necessary)

- I am the guardian and/or conservator, and I submit my resignation because: _____

Complete the information for number 4, 5, and 6 for Conservatorship only.

4. RESTRICTED FUNDS: INFORMATION ABOUT THE CURRENT RESTRICTED ACCOUNT:

- A. Amount now in restricted account: \$ _____
- B. Financial Account (last 4 numbers only): _____
- C. Name and address of financial institution: _____

Information about additional restricted accounts is listed on attached page.

5. STATEMENT ABOUT RESTRICTED FUNDS: (check one box) I HAVE NOT MADE or I HAVE MADE previous withdrawals from this or any other restricted account with, or without a written order of this Court, as follows (explain carefully; give details about amount, date, reason):

6. REQUEST REGARDING RESTRICTED FUNDS: (check one box)

- I ask that the Ward's restricted funds be released to the Ward in this matter because he or she is now an adult entitled to control the funds currently held for his or her benefit by the Conservator.
- I ask that the Ward's restricted funds be released to the Ward's estate because the Ward has died.
- Other (Explain): _____

(add additional page(s) if necessary)

7. THEREFORE, I ask the Court to enter an order:

- A. Terminating the Guardianship and discharging the Guardian.
- B. Terminating the Conservatorship and discharging the Conservator.
 - 1. Directing the release of funds to the former ward as requested in the Petition;
 - 2. Requiring proof that the funds have been released to the former ward or his or her estate within 30 days after entry of an order;
 - 3. Other (Explain): _____

OATH OR AFFIRMATION

STATE OF ARIZONA)
) ss.

County of Yavapai

I swear or affirm the contents of this document are true and correct under penalty of perjury.

Signature of Parent or Guardian and/or Conservator Date
(May be the Ward, if 18 or older)

Sworn to or Affirmed before me: _____
 Date

Seal/My Commission expires Deputy Clerk or Notary Public

Signature of Parent or Guardian and/or Conservator Date

Sworn to or Affirmed before me: _____
 Date

Seal/My Commission expires Deputy Clerk or Notary Public