

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) TELEPHONE NO: ATTORNEY FOR (Name)	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUTTER STREET ADDRESS: 1175 CIVIC CENTER BLVD. MAILING ADDRESS: SAME CITY AND ZIP CODE: YUBA CITY, CA 95993	
Guardianship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate	
RESPONSE TO PETITION FOR TERMINATION OF GUARDIANSHIP	CASE NUMBER:

I, _____, am related to the child as the: Parent Guardian
 Other _____

- I consent to the termination of the guardianship.
- I do not consent to the termination of the guardianship.

Facts to support my Response:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:

 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

 (SIGNATURE OF PERSON COMPLETING THIS FORM)

Response to Petition for Termination of Guardianship