

TERMINATE GUARDIANSHIP

FORMS ARE AVAILABLE ON THE INTERNET AT WWW.SUTTERCOURTS.COM OR WWW.COURTS.CA.GOV

To Terminate a Guardianship, the following forms are required:

- **GC-255:** Petition for Termination of Guardianship
- **MC-025:** Attachment (optional attachment to GC-255)
- **GC-020:** Notice of Hearing
- **GC-260:** Order Terminating Guardianship

Complete the forms and make one full set of copies of everything listed above.


File everything at the Civil windows.

Make copies of all Endorsed Filed documents and have a copy served on the child's parents, grandparents, siblings over the age of 12, and the current guardian(s). The person serving the papers must be someone over the age of 18 who is not you. After the documents have been served, the person who served the papers must complete and file a Proof of Service. Instructions for a **Proof of Service by Mail, FL-335**, are included.

REVISED 12/1/17

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER**


530-822-3305

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 2px; color: red;">YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE</div> TELEPHONE NO.: TELEPHONE # FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): WRITE "IN PRO PER"	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME: _____	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): CHILD'S NAME HERE MINOR	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; text-align: center;">CASE NUMBER HERE</div>
PETITION FOR TERMINATION OF GUARDIANSHIP	HEARING DATE AND TIME: _____ DEPT.: _____

1. Petitioner (name): YOUR NAME HERE requests that
- a. the guardianship of the PERSON of (minor): CHILD'S NAME HERE 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): CHECK BOX
THAT APPLIES

2. Petitioner is the minor minor's guardian minor's parent.

3. (Name): GUARDIANS NAME HERE was appointed guardian of the PERSON
 of the minor named in item 1a on (date): DATE GUARDIANSHIP WAS GRANTED

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): _____

CHECK ANY BOXES
THAT APPLY

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 checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): MINORS NAME HERE	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; text-align: center; width: 100%;">CASE NUMBER</div>
MINOR	

9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are (specify):

- a. Guardian:
- g. Brother or sister:

- b. Minor:
- h. Maternal grandfather:

ENTER ALL INFORMATION ABOUT THESE RELATIVES; THEY ARE THE LIST OF PEOPLE ENTITLED TO NOTICE OF THIS PETITION.

- c. Father:
- i. Maternal grandmother:

- d. Mother:
- j. Paternal grandfather:

- e. Brother or sister:
- k. Paternal grandmother:

- f. Brother or sister:
- l. Additional names and addresses continued on Attachment 9.

10. Number of pages attached: _____

Date:

DATE
HERE

SIGN NAME HERE

(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:

DATE
HERE

PRINT NAME HERE

SIGN NAME HERE

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

PRINT NAME HERE IF TWO PETITIONERS

SIGN NAME HERE IF TWO PETITIONERS

(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.

SHORT TITLE:	WRITE "GUARDIANSHIP OF CHILD'S NAME" HERE	CASE NUMBER: CASE NUMBER HERE
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GC-255 #5

ATTACHMENT (Number):

(This Attachment may be used with any Judicial Council form.)

TELL THE COURT WHY IT IS NOW IN THE
 BEST INTEREST OF THE MINOR THAT THE
 GUARDIANSHIP BE TERMINATED.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____
(Add pages as required)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; text-align: center; color: red; margin: 10px 0;"> YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="border: 1px solid red; padding: 2px; display: inline-block; margin: 5px 0;">CHILD'S NAME</div> <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;">CASE NUMBER</div>

**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: THE CLERK WILL GIVE YOU A HEARING DATE WHEN YOU FILE YOUR PAPERS

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 checked="" type="checkbox"/> PERSON	<input type="checkbox"/> ESTATE	CASE NUMBER:
OF (Name):				CASE NUMBER	
CHILD'S NAME				<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 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, § 2513(c).)

PROOF OF SERVICE

**LEAVE THE REST OF THIS FORM BLANK.
AFTER THE CLERK GIVES YOU A HEARING DATE AND FILES YOUR DOCUMENTS, SOMEONE OVER THE AGE OF 18 WHO IS NOT YOU, MUST SERVE YOUR DOCUMENTS AND COMPLETE A SEPARATE PROOF OF SERVICE TO BE FILED WITH THE COURT.**

1. I am over the age of 18 and not a party to this cause. I am a minor and an adult.
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: _____

<p style="text-align: center;">(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)</p>	▶	<p style="text-align: center;">(SIGNATURE OF PERSON COMPLETING THIS FORM)</p>
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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.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;">YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <div style="border: 1px solid red; padding: 5px; margin: 5px auto; width: 80%;"> FILL OUT ONLY THE CAPTION BOXES AT THE TOP OF THIS FORM BEFORE YOU TURN IT IN TO THE CLERK'S WINDOW. THE REST OF THE ORDER TERMINATING GUARDIANSHIP MUST BE COMPLETED AFTER THE HEARING HAS OCCURRED. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____ <div style="border: 1px solid red; padding: 5px; margin: 5px auto; width: 60%;"> COURT'S STREET ADDRESS HERE CITY AND ZIP CODE HERE </div>	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="border: 1px solid red; padding: 5px; display: inline-block;">CHILD'S NAME HERE</div> MINOR	
ORDER TERMINATING GUARDIANSHIP	CASE NUMBER: <div style="border: 1px solid red; padding: 5px; display: inline-block;">CASE NUMBER</div>

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:

Hearing Date

 Time:

Time

 Dept.

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): _____

CHECK THE BOX FOR ALL PARTIES WHO APPEARED

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): _____

CHECK ANY FINDINGS THAT THE COURT MADE THAT WAS INCLUDED IN COURT MINUTES

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.

CHECK THE BOXES FOR THE ORDERS THAT THE COURT MADE AND ARE IN THE COURT MINUTES

Date: _____

 JUDICIAL OFFICER
 Signature follows last attachment.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;">YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: _____ MAILING ADDRESS: COURT'S PHYSICAL ADDRESS CITY AND ZIP CODE: COURT'S CITY, STATE, ZIP CODE BRANCH NAME: _____	
PETITIONER/PLAINTIFF: GUARDIANSHIP OF CHILD(REN)'S NAME(S) RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: CASE NUMBER <small>(if applicable, provide):</small> HEARING DATE: DATE OF HEARING HEARING TIME: TIME OF HEARING DEPT.: COURTROOM
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is:

SERVER'S STREET ADDRESS
SERVER'S CITY, STATE, ZIP

THE PERSON SERVING YOUR PAPERS MUST BE SOMEONE OVER THE AGE OF 18 WHO IS NOT YOU.

3. I served a copy of the following documents (specify):

PETITION FOR TERMINATION OF GUARDIANSHIP, GC-255
NOTICE OF HEARING, GC-020

by enclosing them in an envelope AND

CHECK THE APPROPRIATE BOX

- a. depositing the sealed envelope with the United States Postal Service 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. The envelope was addressed and mailed as follows:

- a. Name of person served: NAME
- b. Address: ADDRESS WHERE THE DOCUMENTS WERE MAILED
- c. Date mailed: DATE MAILED
- d. Place of mailing (city and state): CITY AND STATE WHERE MAILED FROM

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

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

Date: DATE

PRINT SERVER'S NAME



SIGNATURE OF SERVER

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)