

FOR CLERK'S USE ONLY

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: _____
Attorney Bar Number (if applicable) _____
Representing: Self (Without a Lawyer) or
 Attorney for _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of the Guardianship
and/or Conservatorship of:

A Minor

Case No: _____

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

1. INFORMATION ABOUT MY APPOINTMENT: I was appointed and accepted the following appointment (check one box):
 Guardian and Conservator on _____ (date); OR
 Guardian _____ (date); OR
 Conservator _____ (date).

My address is: _____

2. INFORMATION ABOUT THE MINOR: The person for whom I am Guardian and/or conservator is:

(Name of Minor) Date of Birth: _____

One of the following documents is attached to this Petition as proof of the minor's age:
 A copy of the minor's birth certificate; OR
 A copy of the minor's driver's license.

3. REASON FOR TERMINATION OF THE GUARDIANSHIP AND/OR CONSERVATORSHIP: (check one box)
 The need for the Guardianship and/or Conservatorship has terminated because the minor reached the age of 18, on _____ (date); OR
 The need for the Guardianship and/or Conservatorship has terminated because the rights of the parents are no longer terminated or suspended by circumstances, or by parental consent or by prior court order because (explain): _____

 The need for the Guardianship and/or Conservatorship has terminated because the minor has died. The date of death was _____ (Attach copy of death certificate)

COMPLETE THE INFORMATION FOR NUMBERS 4, 5, AND 6 FOR CONSERVATORSHIPS ONLY

4. REASON FOR RELEASE OF FUNDS: Information about the current restricted account:

- A. Amount now in restricted account: \$ _____
- B. Account number # _____
- C. Name and address of financial institution: _____

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 without a written order of
 this court, as follows (explain carefully; give details about amount, date, reason):

6. REQUEST ABOUT RESTRICTED FUNDS: (check one box)
 I ask that the minor's restricted funds be released to the minor 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 minor's restricted funds be released to the minor's estate because the minor has
 died.

THEREFORE, I ask the court to enter an order:

- A. **FOR GUARDIANSHIP:** Terminating the guardianship and discharging me as Guardian.
- B. **FOR CONSERVATORSHIP:**
 1. Terminating the Conservatorship;
 2. Directing the release of funds to the former minor as requested in the Petition;
 3. Requiring proof that the funds have been released to the former minor or his or her
 estate within 30 days after entry of an order; and,
 4. Discharging me as Conservator

OATH AND VERIFICATION OF PETITIONER:

STATE OF ARIZONA)
 County of Mohave) ss.

I, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true
 and correct and complete to the best of my knowledge and belief.

SIGNATURE OF PETITIONER: _____ DATE: _____

Sworn to or affirmed before me this _____ day of _____, 20____

by _____

My Commission Expires: _____

 Notary Public / Deputy Clerk

SIGNATURE OF MINOR: _____ DATE: _____

Sworn to or affirmed before me this _____ day of _____, 20____

by _____

My Commission Expires: _____

 Notary Public / Deputy Clerk