

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

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

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

Case Number: PB \_\_\_\_\_

### PETITION FOR TERMINATION OF

(check all that apply)

- GUARDIANSHIP OF A MINOR  
 CONSERVATORSHIP OF A MINOR  
 RELEASE OF RESTRICTED FUNDS

\_\_\_\_\_ A Minor

#### 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. REASON FOR TERMINATION OF THE GUARDIANSHIP AND/OR CONSERVATORSHIP:

(check one box)

The Ward 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, parental consent or prior court order **because** (explain): \_\_\_\_\_

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

**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 number: \_\_\_\_\_

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 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): \_\_\_\_\_

\_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

**UNDER OATH OR BY AFFIRMATION**

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

\_\_\_\_\_  
**Petitioner's Signature** (May be the Ward, if 18 or older)

\_\_\_\_\_  
Date

Sworn to or Affirmed before me: \_\_\_\_\_  
Date

\_\_\_\_\_  
Seal/My Commission expires

\_\_\_\_\_  
Deputy Clerk or Notary Public

\_\_\_\_\_  
**Ward's Signature** (if not same as Petitioner)

\_\_\_\_\_  
Date

Sworn to or Affirmed before me: \_\_\_\_\_  
Date

\_\_\_\_\_  
Seal/My Commission expires

\_\_\_\_\_  
Deputy Clerk or Notary Public