

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, ACBCI/State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
AGUA CALIENTE BAND OF CAHUILLA INDIANS TRIBAL COURT STREET ADDRESS: 980 E. Tahquitz Canyon Way CITY AND ZIP CODE: Palm Springs, CA 92262	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(Name):</i> _____ MINOR	CASE NUMBER: _____
PETITION FOR TERMINATION OF GUARDIANSHIP OF MINOR	HEARING DATE AND TIME: _____ DEPT.: _____

1. Petitioner *(name)*: _____ requests that
- a. the guardianship of the PERSON of *(minor)*: _____ be terminated.
- b. the guardianship of the ESTATE of *(minor)*: _____ be terminated.
- (1) The estate has been entirely exhausted through expenditures or disbursements.
- (2) The estate has been valued at \$1,000.00 or less, and no accounts have been required.
- (3) Other: *(specify)*: _____

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

3. *(Name)*: _____ was appointed guardian of the PERSON
 of the minor named in item 1a on *(date)*: _____

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. 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.

**PETITION FOR TERMINATION OF GUARDIANSHIP
OF MINOR**

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER: _____
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7. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are (specify):

- | | |
|---|--|
| a. Guardian:

b. Minor:

c. Father:

d. Mother:

e. Brother or sister:

f. Brother or sister: | g. Brother or sister:

h. Maternal grandfather:

i. Maternal grandmother:

j. Paternal grandfather:

k. Paternal grandmother:

l. <input type="checkbox"/> Additional names and addresses continued on Attachment 7. |
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8. Number of pages attached: _____

Date: _____

 (SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY *)

* (Signature of all petitioners also required.)

I declare under penalty of perjury under the laws of the Agua Caliente Band of Cahuilla Indians that the foregoing is true and correct. Date:

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF PETITIONER)
_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF PETITIONER)

CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING

9. 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 <input type="checkbox"/> MINOR * <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
Date:	_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF <input type="checkbox"/> MINOR * <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
Date:	_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF <input type="checkbox"/> MINOR * <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)
Date:	_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF <input type="checkbox"/> MINOR * <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER)

Additional signatures on Attachment 9.

* Minor over 12 years of age.