

No. _____

PETITION TO TERMINATE GUARDIANSHIP

The Applicant, _____, states to the Court that:

1. _____, a Minor who is _____
years old is under Guardianship in Clay County, Missouri and that _____
_____ is Guardian of _____

2. The Applicant hereby requests that the Guardianship be terminated for the following reasons:_____

[illegible]

(If you do not have enough space, please continue on the back.)

WHEREFORE, the applicant requests that the Guardianship of _____
 _____ be terminated and custody be given to _____
 _____ upon the signing of the Order to Terminate.

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

Date _____

Applicant's Signature _____

Address _____

Phone

Attorney _____

Bar #	Phone #
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