**State of Minnesota District Court**

County of: Court File Number:

Judicial District: Case Type: Guardianship/Conservatorship

**In Re: the Guardianship of**

Petition to Terminate Guardianship (GAC1103)
Minn. Stat. § 524.5-317

I declare under penalty of perjury that everything I have stated in this document is true and correct.

## Information about Petitioner

1. **Petitioner’s full name, address, and contact information.**
	1. First Name:

Middle Name:

Last Name:

* 1. Petitioner’s Address:

City/State/Zip:

* 1. Petitioner’s Telephone Number:
	2. Petitioner’s Email Address:
1. **Petitioner’s interest in this matter.**

What is your interest in the welfare of the person subject to guardianship?

* Examples of someone who may be interested in the welfare of the person subject to guardianship include the person subject to guardianship, a spouse or sibling, an attorney for person subject to guardianship, and a government agency.

1. Why are you filing this *Petition*?

## Information in Support of Terminating (Ending) the Guardianship

1. **Information about the guardianship.**
	1. A guardian was appointed by Court Order dated: .
	2. Did the Order state when the guardianship was to end?

[ ]  Yes. According to the Order, the guardianship was of a **limited duration**.

Explain when the Order said the guardianship would end:

[ ]  No.

1. **Reasons the Guardianship should be terminated.** Check all that apply:

[ ]  The person subject to guardianship died on (date).

* Include a copy of the death certificate with this *Petition*.

[ ]  The limited duration guardianship expired on (date).

[ ]  The person subject to guardianship turned 18 years old on (date).

[ ]  The person subject to guardianship no longer needs the assistance or protection of a guardian. The following facts show that the person subject to guardianship is no longer an incapacitated person and can provide for their own care:

## Requests

Petitioner asks the Court for the following relief:

1. Terminate the guardianship and restore all the rights and powers of the person subject to guardianship.
2. Discharge (name) as guardian.
3. Grant other relief that is in the best interests of the person subject to guardianship.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: Signature:

Name:

 Address:

County and state where signed City/State/Zip:

Phone:

Email: