CONFIDENTIAL

Firm Name Mailing Address City, State, Zip Code						
TORY, State, ZIP Code						
Phone Number(s)						
Fax Number Email Address						
	- 4					
Attorney for {INSERT NAME} or Self-Represented	90					
SUPERIOR COURT OF	THE STATE OF CALIFORNIA					
COUNTY OF SAN FRANCISCO						
Guardianship of:	Case Number: PGN-					
·						
{INSERT NAME(S) OF CHILD(REN)}	CONFIDENTIAL REQUEST TO END GUARDIANSHIP					
Child/Ward						
Cilid/ Wald						
The person who wants the guardianship	to end must answer these questions					
If you need more space to answer the quest	tions, add your own pages to the form.					
Your Name:						
Your Relationship to the Child:						
Your Relationship to the Child:						
Your Relationship to the Child: Your Date of Birth: Social Security #:						
Your Relationship to the Child: Your Date of Birth: Social Security #: Your Street Address:						
Your Relationship to the Child: Your Date of Birth: Social Security #:						
Your Relationship to the Child: Your Date of Birth: Social Security #: Your Street Address: Your Phone Number and Email Address:						
Your Relationship to the Child: Your Date of Birth: Social Security #: Your Street Address:						

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4.	If the Court ends the guardianship, will the child move? ☐ Yes ☐ No							
	If YES, when will the child move?							
	If YES, please write the address and phone number of the child's new house:							
5.	Does the child want the guardianship to end? ☐ Yes ☐ No							
6.	Do the parents agree that the guardianship should end? \square Yes \square No							
7.	If the Court ends the guardianship, who else will live with the child?							
	Please list all the people	st all the people who will live in the same household with the child:						
		wno wiii live in the s	same nousenou	i with the child	:			
	Complete Legal Name	Date of Birth (MM-DD-YYYY)	Relationship to Child(ren)	Social Security Number	Drive			
		Date of Birth	Relationship	Social Security	Drive Licens			
		Date of Birth	Relationship	Social Security	Drive Licens			
		Date of Birth	Relationship	Social Security	Drive Licens			
		Date of Birth	Relationship	Social Security	Drive Licens			
		Date of Birth	Relationship	Social Security	Drive Licens			
3.		Date of Birth (MM-DD-YYYY)	Relationship to Child(ren)	Social Security Number	Drive Licens			
3.	Complete Legal Name	Date of Birth (MM-DD-YYYY)	Relationship to Child(ren)	Social Security Number	Drive Licens Num			

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9.	. Have any of the adults you listed had contact with Child Protective Services?					
	□ Yes □ No	If YES, when? What h	appened?			
10.	Are there any wea	pons in the child's nev	v house? □ Yes □ No			
		Where are they store	d?			
 11.		t the guardianship to o	ontinue? □ Yes □ No			
	•	it to continue? Why?				
12.			ase, need an interprete			
	If YES, what langu	age do you speak?				
	eclare under penalt ormation is true and		laws of the State of Ca	lifornia that the above		
Da	te:					
Pri	nted Name		Signature			

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