

STATE OF NORTH DAKOTA
COUNTY OF _____

IN JUVENILE COURT
_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

(Original) PETITIONER(S),
vs

(Original) RESPONDENT(S).

Case No. _____

**PETITION FOR TERMINATION OF
GUARDIANSHIP AND DISCHARGE
OF GUARDIAN/CO-GUARDIANS**

1. Petitioner(s) bring(s) this action before the Court to terminate the guardianship of the child under North Dakota Century Code Section 27-20.1-16(3), which states, in part, that any party to the proceeding in which the child's status was adjudicated, may petition for termination of the guardianship due to the withdrawal of the parent's consent; or, if the basis for the guardianship no longer exists.

2. **Petitioner(s).** The names and addresses of the Petitioner(s) is/are *(throughout this document, the "Petitioner(s)" refers the individual(s) bringing this Petition for Termination. The "Petitioner(s)" may be different than the Original Petitioner(s) listed at the top of this page):*

Name: _____

Address: _____

Phone Number: _____

Name *(write "N/A" if no Co-Petitioner)*: _____

Address: _____

Phone Number: _____

3. **Relationship to Child.** The Petitioner(s) (*individual(s) bringing this Petition for Termination*) is/are the (*choose one*):

☐ Parent(s)

☐ Guardian(s)

☐ The child (*must be 14 years of age or older*)

☐ Other interested person(s) (*state relationship to child*): _____

4. **Guardian Appointment.** The Guardian/Co-Guardians were appointed by Order of this Court on _____, _____ (*date*).

5. **Guardian(s).** The names and addresses of the Guardian(s) are:

☐ The same as Paragraph 2 above (*if the Guardian(s) is/are the Petitioner(s)*).

Name: _____

Address: _____

Phone Number: _____

Name (*write "N/A" if no Co-Guardian*): _____

Address: _____

Phone Number: _____

6. **Child.** The child is currently _____ years of age and currently resides at:

Address: _____

7. **Attorney** (*choose one*).

☐ The child has an attorney (*write the name of the attorney*): _____

☐ The child does not have an attorney at this time.

8. **Reason for Termination.** The guardianship is no longer needed because (*select all that apply*):

- ☐ If the parents gave written consent to the guardianship, the parents have withdrawn their consent of the guardianship.
- ☐ The basis for the guardianship no longer exists.
- ☐ Other: _____

9. **Parent's Consent Withdrawn** (*choose one*):

- ☐ Not applicable. The parents **did not** give written consent to the guardianship.
- ☐ The parents have withdrawn their written consent for the guardianship. A supporting affidavit demonstrating that written consent is withdrawn is filed with this petition and is incorporated by reference.

10. **The basis for the guardianship no longer exists.** A supporting affidavit demonstrating that the basis for the guardianship no longer exists is filed with this petition and is incorporated by reference.

11. **Terminating the guardianship is in the best interest of the child.** A supporting affidavit demonstrating that terminating the guardianship is in the best interest of the child is filed with the petition and incorporated by reference.

12. The Petitioner(s) request an Order of this Court confirming the termination of the guardianship and discharging the Guardian/Co-Guardians.

13. The Petitioner(s) request that the Guardian/Co-Guardians file a complete final accounting of the financial matters handled for the child in conjunction with this guardianship.

14. The Petitioner(s) further request an Order of this Court ordering the Guardian/Co-Guardians to surrender titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets as the court directs.

15. I verify that I have read the Petition and know the contents thereof. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Petition is true and correct, except as to matters stated therein upon information and belief as to those matters I state that I believe them to be true.

(The Petitioner completes.)

Signed on this ____ day of _____, 20 ____, at _____
County, State of _____, Country of _____.

Signature

Printed Name

Address

City, State, Zip Code

Telephone Number: _____

Email Address: _____

(The Co-Petitioner completes, if there is a Co-Petitioner. Otherwise, write "N/A").

Signed this _____ day of _____, 20____, at _____

County, State of _____, Country of _____.

Signature

Printed Name

Address

City, State, Zip Code

Telephone Number: _____

Email Address: _____