STATE (OF NORTH DAKOTA	IN JUVENILE COURT
COUNT	Y OF	JUDICIAL DISTRICT
IN	THE INTEREST OF	, DOB, A CHILD.
VS	(Original) PETITIONER(S),) Case No) AFFIDAVIT FOR TERMINATION OF) GUARDIANSHIP AND DISCHARGE) OF GUARDIAN/CO-GUARDIANS
ī	(mother) (father))))
	(Original) RESPONDENT(S).)
-	_	
	l,	(name of Petitioner), state as
follows	:	
1.	My relationship to the child is as follows (choose one):
1	☐ I am a parent.	
I	☐ I am the guardian.	
1	$oldsymbol{\square}$ I am the child (must be 14 years of age a	or older).
I	☐ I am an interested person(s) (state relat	ionship to child):
2.	The Guardian/Co-Guardians were appoint	ed by Order of this Court on

3.	The Guardian/Co-Guardians are (names):	
4.	The child is currently years of age and currently resides at (address):	
	·	
5.	(Choose one.)	
	☐ The child has an attorney (name of attorney):	
	☐ The child does not have an attorney at this time.	
6.	The guardianship is no longer needed because (select all that apply):	
	$egin{array}{c} \Box$ If the parents gave written consent to the guardianship, the parents have withdrawn	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:	
7.	(Choose one. You must choose the same option as Paragraph 9 of the Petition.)	
	\square Not applicable. The parents did not give written consent to the guardianship.	
	$egin{array}{c} \Box$ The parents have withdrawn their written consent for the guardianship for the	
	following reasons:	

8. The basis for the guardianship no longer exists because (you must show clear and convincing evidence that the circumstances leading to the guardianship being established no longer exist. In the space below, tell the judge what has changed since the guardianship was put in place, and how the parents will be able to care for the child):

9.	Terminating the guardianship is in the best interest of the child because:

10. I declare, under penalty of pe	rjury under the law of North Dakota, that everything I stated
in this Affidavit is true and correct.	
STATE OF)
COUNTY OF)) ss.
COUNTRY OF)
Signed on this day of _	, 20
	Signature
	Printed Name
	Address
	City, State, Zip Code
	Telephone Number
	Email Address