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| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:   |  | | --- | |  | |  | |  | |  |  |  |  |  | | --- | --- | --- | | TELEPHONE NO: |  | FAX NO. (Optional): | | E-MAIL ADDRESS *(Optional)*: |  |  | | ATTORNEY FOR *(Name)*: |  |  | | *FOR COURT USE ONLY* |
| **SUPEROR COURT OF CALIFORNIA, COUNTY OF MADERA**  200 South G Street  Madera California 93637  Civil Division |
| GUARDIANSHIP OF (Name):  Minor(s) |
| **CONSENT TO TERMINATION OF GUARDIANSHIP AND WAIVER OF SERVICE OF PETITION AND NOTICE OF HEARING** | CASE NUMBER: |

I, the undersigned, consent to the termination of the guardianship of the person of the minor and waive service of a copy of, and notice of the hearing on, the petition for termination of guardianship, filed on (date)      .

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or print name Signature of Minor Guardian Parent  Other: \_\_\_\_\_\_\_\_\_