

Address of parent(s) resuming responsibility

First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____

First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____

☐ The Minor was adopted.

☐ Other: (Attach additional sheets or documents, if necessary)

4. Petitioner requests that

First Name M.I. Last Name

First Name M.I. Last Name

be appointed as successor Guardian(s) (Petitioner is not required to nominate a successor).

5. Petitioner requests a hearing be scheduled on this matter.

The Minor (if 14 years of age or older), guardian, and the parents of the minor, provided that the parental rights have not been terminated or a voluntary surrender has not been signed, are required by law to be given notice of the time and place of hearing on this Petition.

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing petition and that the statements set forth therein are true and correct to the best of my knowledge.

Date _____

Signature of Petitioner

Date _____

Signature of Co-Petitioner (if applicable)

Attorney for Petitioner

Print Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

BBO No.: _____