

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR 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: _____