

State of Minnesota

District Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: Guardianship/Conservatorship

In Re: the Guardianship of

Petition to Terminate Guardianship (GAC1103)

Minn. Stat. § 524.5-317

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Information about Petitioner

1. Petitioner’s full name, address, and contact information.

a. First Name: _____

Middle Name: _____

Last Name: _____

b. Petitioner’s Address: _____

City/State/Zip: _____

c. Petitioner’s Telephone Number: _____

d. Petitioner’s Email Address: _____

2. Petitioner’s interest in this matter.

What is your interest in the welfare of the person subject to guardianship?

- Examples of someone who may be interested in the welfare of the person subject to guardianship include the person subject to guardianship, a spouse or sibling, an attorney for person subject to guardianship, and a government agency.

3. Why are you filing this *Petition*? _____

Information in Support of Terminating (Ending) the Guardianship

4. **Information about the guardianship.**

a. A guardian was appointed by Court Order dated: _____.

b. Did the Order state when the guardianship was to end?

Yes. According to the Order, the guardianship was of a **limited duration**.
Explain when the Order said the guardianship would end: _____

No.

5. **Reasons the Guardianship should be terminated.** Check all that apply:

The person subject to guardianship died on _____ (date).

→ Include a copy of the death certificate with this *Petition*.

The limited duration guardianship expired on _____ (date).

The person subject to guardianship turned 18 years old on _____ (date).

The person subject to guardianship no longer needs the assistance or protection of a guardian. The following facts show that the person subject to guardianship is no longer an incapacitated person and can provide for their own care:

Requests

Petitioner asks the Court for the following relief:

1. Terminate the guardianship and restore all the rights and powers of the person subject to guardianship.
2. Discharge _____ (name) as guardian.
3. Grant other relief that is in the best interests of the person subject to guardianship.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: _____

Signature: _____

Name: _____

Address: _____

County and state where signed

City/State/Zip: _____

Phone: _____

Email: _____