ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)		For Court Use Only	
TELEPHONE NO.:	FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFO			
☐ UKIAH Courthouse 100 North State Street Ukiah, CA 95482 ☐ TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA			
Conservatorship of:		Case Number:	
PETIONER:			
PETITION FOR 1	FRMINATION OF	HEARING DATE:	
PETITION FOR TERMINATION OF CONSERVATORSHIP		HEARING TIME:	
☐ PERSON ☐ ESTATE ☐ LIMITED CONSERVATORSHIP		DEPARTMENT:	
Petitioner,, respectfully represents and alleges:			
 Petitioner is: The Conservator of the Person Estate Limited Conservatorship of The Conservatee. An interested party (explain): 			
2. At the hearing on (date), (Conservator's name) was appointed Conservator of (Conservatee's name) and Letters of Conservatorship were issued on (date)			
3. At the time of the appointment a conservatorship was necessary for the following reason(s):			
4. The best interests of the conservatee require termination of the conservatorship for the following reason(s):			
5. The Conservator \square has \square has not taken possession or control of assets of the Conservatee.			
6. [For Conservators of the Estate] The total assets of the Conservatee's Estate were \$ on (date of appointment) and \$ on (current date or date of last month's bank statement) Conservatee's monthly income consists of \$ in public benefits (e.g. Social Security) and \$ of other income.			
7. The names, addresses, and relationships of the Conservatee's relatives within the second degree as known to the Petitioner are listed as follows as attached:			

8.	A Request for Special Notice: ☐ has NOT been filed.	
	HAS been filed by:	
9.	or in part from money received from consist of money or property receiv	Des does not include money or property acquired in whole in the Veteran's Administration. (Note: If the estate does ed from the Veteran's Administration, the Veteran's of the termination petition, supporting documents, and
10.	the jurisdiction of the State Departm Developmental Services during the been a patient in or on leave from s	t been a patient in or on leave from a state hospital under nent of Mental Health or the State Department of conservatorship proceeding. (Note: If the Conservatee has such a State Hospital, the director of the appropriate State ceive copies of the termination petition, supporting
WHE	REFORE, Petitioner requests:	
The C	Conservatorship of the PERSON [be terminated.	☐ ESTATE ☐ LIMITED CONSERVATORSHIP of
	☐ The Conservator of the ☐ Person	ted by the Court for the Person Estate. on Estate Limited Conservatorship for the Ithe surety of his/her bond, if any, be discharged.
	are, under penalty of perjury under th orrect.	e laws of the State of California, that the foregoing is true
Dated	d:	
	(PRINT NAME)	(SIGNATURE OF PETITIONER)