

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NUMBER		FOR COURT USE ONLY	
TELEPHONE NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES COURTHOUSE ADDRESS: _____ GUARDIANSHIP OF: _____			
SUPPLEMENT TO PETITION FOR TERMINATION OF GUARDIANSHIP (re Dispensing with Notice)				CASE NUMBER:	
				HEARING DATE:	
				DEPT.:	TIME:

Petitioner, _____, hereby supplements item 7 of
 (Name)
 her/his petition for termination of guardianship as follows:

(Check the box and complete the following for each person for whom you are requesting that notice be dispensed with.)

☐ Notice to _____
 (Name and Relationship to Minor)

should be dispensed with because (describe the efforts you made to locate this person and provide reasons why notice should be dispensed with):

☐ Notice to _____
 (Name and Relationship to Minor)

should be dispensed with because (describe the efforts you made to locate this person and provide reasons why notice should be dispensed with):

☐ Notice to _____
(Name and Relationship to Minor)

should be dispensed with because (describe the efforts you made to locate this person and provide reasons why notice should be dispensed with):

☐ Notice to _____
(Name and Relationship to Minor)

should be dispensed with because (describe the efforts you made to locate this person and provide reasons why notice should be dispensed with):

Use additional pages if necessary.

_____ additional pages are attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own personal knowledge, except as to matters stated on information and belief, and as to those matters I believe them to be true.

Dated: _____

(Signature)

Petitioner (Typed or Printed Name)

Supplement to Petition for Termination of Guardianship (re Dispensing with Notice)