

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 Names and Addresses of Relatives)				CASE NUMBER: _____	
				HEARING DATE: _____	
				DEPT.: _____	TIME: _____

Petitioner, _____, hereby supplements item 9 of her/his
(Name)
petition for termination of guardianship filed herein on _____ as follows:
(Date)

(Fill in all of the following that apply):

☐ The name and address of the minor's ☐mother ☐father are:

_____ (Name)	_____ (Address)
_____ (Name)	_____ (Address)

☐ The name and address of the minor's ☐maternal grandmother (mother's mother)
☐maternal grandfather (mother's father) are:

_____ (Name)	_____ (Address)
_____ (Name)	_____ (Address)

- ☐ The name and address of the minor's ☐paternal grandmother (father's mother)
☐paternal grandfather (father's father) are:

(Name) (Address)

(Name) (Address)

- ☐ The name and address of the minor's ☐brother(s) ☐sister(s) are:

(Name) (Address)

(Name) (Address)

(Name) (Address)

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 Relatives)