PETITION TO RESIGN AS GUARDIAN OF A MINOR	Docket No.	Commonwealth of Massachuset The Trial Court Probate and Family Court	
the Interests of:			Division
First Name Middle Name	Last Name		
/ard/Minor			
I/We, is/are the petitioner(s) who was/were appoint represent(s) that I/we cannot continue to serve as g		ne guardian(s) of the ab	ove named minor,
First Name	M.I	Last Name	

M.I.

(Apt, Unit, No. etc.)

(Apt, Unit, No. etc.)

(Apt, Unit, No. etc.)

M.I.

2. I/We, resign as guardian(s) of the minor and respectfully ask this court to accept my/our resignation,

and appoint some other suitable person to serve as guardian with custody of the minor.

First Name

First Name

Last Name

(State)

Last Name

(State)

Last Name

(State)

(Zip)

(Zip)

(Zip)

(City/Town)

(City/Town)

(City/Town)

Last Name

M.I.

M.I.

Guardian(s). (Petitioner is not required to nominate a Successor.)

First Name

First Name

(Address)

Primary Phone #:

The parent(s) can now resume parental responsibilities.

(Address)

(Address)

Name of Parent 1:

Name of Parent 2:

4. Petitioner requests that a hearing be scheduled on this matter.

Other

3.

I/We, request that

and

be appointed as

The Minor (if 14 years of age or older), guardian, and the parents of the minor, provided that the parental rights have not been terminated or a voluntary surrender has not been signed, are required by law to be given notice of the time and place of hearing on this Petition.

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing petition and that the statements set forth therein are true and correct to the best of my knowledge.

Date					
	Signature	Signature of Petitioner			
Date					
	Signature of Co-Pe	Signature of Co-Petitioner (if applicable)			
Attorney for Petitioner					
	Print	Print Name			
	(Address)		(Apt, Unit, No. etc.)		
	(City/Town)	(State)	(Zip)		
	Primary Phone #:				
	BBO No.:				