

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No. _____

In re Guardianship of:

MOTION TO TERMINATE ADULT GUARDIANSHIP

1. I, _____ (name) request that the court terminate the guardianship of the Respondent (the person under guardianship).

In support of this request, I state:

2. My relationship to the Respondent is (describe): _____ .

3. This Court appointed _____ (name) as guardian on _____ (date). The guardian has the following guardianship powers (check all that apply):

- to have general supervision over the Respondent, including care, habilitation, education, employment and choosing or changing where the Respondent lives, subject to the requirements of 14 V.S. A. §§2691, 3073 and 3074;
- to seek, approve or refuse medical or dental treatment, subject to the provisions of 14 V.S.A. §3075 and any constitutional right of the Respondent to refuse treatment;
- to supervise Respondent’s income and resources;
- to approve or withhold approval of any contract the Respondent wishes to make, except a contract for basic needs;
- to approve or withhold approval of the sale, lease or encumbrance of the Respondent’s real property subject to the provisions of 14 V.S.A. §2881-2891;
- to seek legal advice and to start or defend against a court action in the Respondent’s name.

4. The reasons for my request are as follows: (Briefly describe the reasons why the guardianship should be terminated.)

(Add additional pages if needed.)

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Petitioner 1 Information:

Date: _____ Signature _____

Mailing Address

_____ Printed Name _____
Home/Cell Phone _____
Work Phone _____
Email Address _____

Petitioner 2 Information (if any):

Date: _____ Signature _____

Mailing Address

_____ Printed Name _____
Home/Cell Phone _____
Work Phone _____
Email Address _____