PETITION TO RESIGN AS GUARDIAN OF A MINOR	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of:		Division
First Name Middle Name	Last Name	
Ward/Minor		

1. I/We, is/are the petitioner(s) who was/were appointed by this court to be the guardian(s) of the above named minor, represent(s) that I/we cannot continue to serve as guardian(s).

	First Name		M.I.		Last Name	
	(Address)		(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
	Primary Phone #:					
and	First N	lame	M.I.		Last Name	
	(Address)		(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
	Primary Phone #:					
т	and appoint some other suita The parent(s) can now resun Name of Parent 1:	·	oonsibilities.	n custody of the minor.	Last Name	
	(Address)		(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
Ν	Name of Parent 2:					
		First Name	e	M.I.	Last Name	
	(Address)		(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
	Other					
3. I/We,	, request that	First Name		Last Name	be app	pointed as

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

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