

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	<i>FOR COURT USE ONLY</i>	
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)

Supplement to Petition for Termination of Guardianship (re Relatives)

- 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)