

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Comp. # (If applicable): _____

ARIZONA SUPERIOR COURT, PIMA COUNTY

In the Matter of the Guardianship of:

Case Number: _____

Date of birth:

**REVOCATION OF PARENT'S CONSENT
TO GUARDIANSHIP AND PETITION TO
TERMINATE THE GUARDIANSHIP**

Minor(s).

Petitioner states:

1. I am the parent of the minor child (ren).
2. On _____, _____ I consented to the guardianship.
3. I am ready to resume the care and custody of the minor child (ren).
4. I revoke my consent.

I request the Court terminate the guardianship and order the immediate return of the minor child (ren) to my care.

Date: _____

Petitioner: _____

Address: _____

Phone: _____

**Revocation Of Parent's Consent To Guardianship And
Petition To Terminate The Guardianship – Case Number: _____**

Copies mailed this date to:

Name

Address
