

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

MOTION TO TERMINATE GUARDIANSHIP

1. Petitioner name: _____ Telephone: _____

Mailing address: _____

2. Guardian name: _____ Telephone: _____

Mailing address: _____

3. We request that guardianship over person estate person and estate be terminated.

4. State below the reasons why the guardianship is no longer necessary:

5. *Guardianship of Incapacitated Person (Adult) only:*

If filed by the Ward, will a Motion by Ward for Authority to Access, or Grant Release of, Confidential Records be filed? Yes No

I certify that on this date I provided this document(s) to the parties who have filed an appearance for this case or who are otherwise interested parties by: Hand-delivery OR US Mail OR Email (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).

Date

Signature of Petitioner

ORDER

Motion to terminate the guardianship is granted.

Final account for the period ending _____ shall be filed by _____

Motion to terminate the guardianship is denied, and the guardianship shall continue.

It is further ordered that _____

Recommended:

Date

Signature of Referee/Hearing Officer

Printed name of Referee/Hearing Officer

So Ordered:

I hereby certify that I have read the recommendation(s) and agree that, to the extent the referee/hearing officer has made factual findings, they have applied the correct legal standard to the facts determined by the referee/hearing officer.

Date

Signature of Judge

Printed name of Judge