

General Information for Termination of Guardianship of Minors

Information that you enter on these forms can be saved on your computer ONLY if you are using Adobe Acrobat Version 8.0 or higher. They can be completed using the FREE Adobe Reader but you will not be able to save the information you enter.

The forms listed below are interactive. You can enter the information on these forms before you print them. If you fill the forms in on your computer, much of the information you enter on one form is automatically transferred to the other forms. For example, when you type the name of the minor on the “Petition for Appointment of a Guardian of Minor”, it will automatically add the minor’s name to the other petitions.

The packet contains bookmarks. These bookmarks help you navigate throughout these forms. There are “links” embedded in the forms. These links are usually green, and can take you to a related location in the forms. In addition, there are hyperlinks to required forms from the Missouri State Highway Patrol and Department of Health.

The Filing Requirement Checklist is included in the packet. It has been revised to include Hearing Readiness information – these are the things that must be completed before or at the hearing or a request for continuance will need to be filed with the clerk of the Judge hearing the matter.

E-filing information – the Petition and all Exhibits may now be filed as one document. The Request for Search of Putative Father Registry and any reports from the various organizations on the Caregivers Background Screening should be filed as separate documents.

Filing of a Petition for Termination of Guardianship of Minor may be done pro se (without an attorney) but it is STRONGLY recommended that you consult an attorney due to the complexity of this highly specialized area of the law. More information is available on the courts website <http://wp.stlcourtscourts.com> under the Frequently Asked Questions – look for Obtaining Guardianship of Minors – Policies, Procedures, Frequently Asked Questions. The last page of this information relates to termination of guardianship. However, the previous pages do provide lists some agencies that could be contacted for obtaining the assistance of an attorney.

Table of Contents

You may click on the green underlined text below to take you to each of the forms.

1. [Checklist of Documents Required to Initiate a Proceeding for the Termination of a Guardian of a Minor \(CCPR091-W\) – Public Filing.](#)
This document provides a list of what documents are needed when filing for guardianship of a minor.
2. [Confidential Filing Information Sheet \(CCPR040\) – Public Filing.](#)
Pursuant to Missouri Supreme Court Rule 4, this form must be completed with the information requested for each party to the case. It must contain full social security numbers and dates of birth.
3. [Petition for Termination of Guardianship of Minor \(CCPR0092\).](#)
The petitioner(s) should complete this form with the requested information as best they can. If there are areas that they cannot complete or not applicable, they should provide an explanation as to their efforts to get this information or put N/A. Do not leave any question blank.
4. [Exhibit B – Minor – Interested Persons \(CCPR015\).](#)
Information on certain people relating to the minor is required by law to be provided to the court. This form is broken down into the categories of information needed.
5. [Exhibit C – Consent of Guardian to Termination of Guardianship \(CCPR093\).](#)
This form needs to be completed by the guardian(s) of the minor child - one form for each guardian if co-guardians. This form must be notarized.
6. [Exhibit D – Waiver of Service of Summons and Consent to Termination of Guardianship by Minor Child Fourteen \(14\) Years of Age or Older \(CCPR094\).](#)
If the minor is fourteen (14) or older, this form needs to be completed. This form must be notarized. By completing this form, the minor waives service of the petition and consents to the termination of the guardianship.
7. [Exhibit E – Waiver of Service of Summons – Termination of Guardianship \(CCPR095\)](#)
This form needs to be completed by the parents of the minor child in conjunction with the Consent of Parent form – one form for each parent. By completing this form, they are waiving the requirement of service of the summons. This form must be notarized.
8. [Exhibit G – Request for Personal Service of Summons – Termination of Guardianship \(CCPR096\).](#)
This form must be completed if the guardian(s) or one of the parents have not waived service on the petition (Exhibit E above) and you know where they reside. There is an additional charge for this. Please see the Checklist or you may contact a Probate Division Issue Clerk for the required fees. Contact Information – (314) 615-2616.

9. Exhibit H – Application for Order of Publication in Termination of Guardianship Proceedings (CCPR097).

If the whereabouts of one parent is unknown or if there is an unknown father, service by publication will be required. This form must be completed and an Affidavit of Due and Diligent Search must be filed. Instructions for preparing the affidavit along with suggestions on what type of inquiries should be made is attached to the form. There is an additional charge for this. Please contact a Probate Division Issue Clerk for the required fees. Contact Information – (314) 615-2616.

Note: If matter will be heard by Family Court and service is by publication, Exhibit I – Order for Publication – Termination of Guardianship may be required. It is available on the court’s website.

10. Exhibit J – Confirmation of Petitioner’s Request for Termination of Guardianship Suitability Study (CCPR101).

This form should be completed by the organization chosen to perform the suitability study. This is their agreement to do the study. The list of organizations is attached to this form. The proposed guardian must file it with all of the other documents.

11. Exhibit K – Financial Statement of Parent(s) (CCPR102).

This form provides the court with the financial information on the parent(s). A copy of a pay check stub must be submitted with it.

12. Request for Search of Putative Father Registry

<http://health.mo.gov/IVrecords/PutativeFatherRegistry.pdf> If the father of the minor child is not listed on the birth certificate, this form needs to be completed and mailed to the address in the box on the upper right corner.

13. Caregiver Background Screening.

<https://www.mshp.dps.missouri.gov/MSHPWeb/Publications/Forms/documents/MO300-1590s.pdf>

Based on legislation enacted August 28, 2018, this form must be completed at petitioner(s) own expense. It must be completed for each petitioner and anyone over the age of 18 living in the household.

**CIRCUIT COURT OF ST. LOUIS COUNTY
PROBATE DIVISION/FAMILY COURT**

**Checklist of Documents Required to Initiate a Proceeding for the
Termination of a Guardianship of a Minor**

**YOU MUST BRING ALL NECESSARY FORMS PER THIS CHECKLIST AT THE TIME OF
FILING – THE COURT CANNOT ACCEPT INCOMPLETE FILINGS.**

- 1. Confidential Case Filing Information Sheet – Probate
- 2. Response to the Request for Search of Putative Father Registry (required when father is unknown or not named on the birth certificate.)
- 3. Caregiver Background Screening form –
 - Completed for you as petitioner and for anyone over the age of 18 living in the house with the minor.
 - Block I - Section A – check boxes 1 and 4
 - Block I - Section B – Requestor Information – an Issue Clerk will complete and sign.
 - Block II – Section C – Identifying Data for Background Screening - completed for petitioner and anyone over 18 living in house
 - Block II – Section D – Authorization – signed by individual named on form and must be signed before a notary public.
 - Block II – Section E – Notary Information – completed by the notary public.
 - Block III – Requestor Must Provide Return Address – an Issue Clerk will complete
 - Mail form to both agencies listed below:
 - Missouri State Highway Patrol
Criminal Justice Information Services Division
P.O. Box 9500
Jefferson City, MO 65102
 - Department of Mental Health
Central Office
1706 East Elm
Jefferson City, MO 65101
- 4. Petition for Termination of Guardianship of Minor and Exhibits.
 - Exhibit B – Minor – Interested Persons – minor information only
 - Exhibit C – Consent of Guardian to Termination of Guardianship (one for each guardian and must be notarized).
 - Exhibit D – Waiver of Service of Summons and Consent to Termination of Guardianship by Minor Child Fourteen (14) Years of Age or Older (must be notarized)
 - Exhibit E – Waiver of Service of Summons – Termination of Guardianship (one for each guardian and must be notarized).

- Exhibit G – Request for Personal Service of Summons – Termination of Guardianship (when guardian(s) are not consenting or waiving service.)
 - If living in St. Louis County, will require additional \$36.00 filing fee for each person being served.
 - Exhibit H – Application for Order of Publication in Termination of Guardianship Proceedings**.
 - Requires filing of Affidavit of Due and Diligent Search for Missing or Unknown Parent with application per the instructions attached.
 - Additional filing fees are required – amount to be determined by choice of legal newspaper.
 - **If matter will be transferred and heard by Family Court, Exhibit I will need to be obtained and completed.
 - Exhibit J – Confirmation of Petitioner’s Request for Termination of Guardianship Suitability Study –
 - Pick agency from list attached to form.
 - Fee required is based on agency and paid directly to them.
 - Exhibit K – Financial Statement of Parent(s).
 - If employed, attach a copy of your most recent paycheck stub.
5. Copy of Death Certificate if one parent is deceased.
6. Filing Fees –
- If petitioning for appointment of multiple minors, only 1 filing fee is required. The costs are waived for the others.
 - Depending on the situation, an Issue Clerk can advise you of the required filing fee and if any additional costs are required for service.
 - \$150.00 \$400.00 Sheriff Fees - \$_____ Publication - \$_____
 - If Children’s Division is involved and the case is being transferred to Family Court, a request for waiver of prepayment of fees must be filed.

Additional Information:

1. Although you may proceed without an attorney, it is STRONGLY recommended that you seek the assistance of an attorney. Here are the names and phone numbers for some agencies that may be able to assist you:
 - a. BAMSL Lawyer Referral Service – (314) 621-6681
 - b. Legal Services of Eastern Missouri – (314) 534-4200
 - c. Catholic Legal Assistance – (314) 977-3993
2. Your filing fees include a deposit for the attorney that will be appointed to represent the minor in these proceedings.

CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE
21ST JUDICIAL CIRCUIT, ST. LOUIS COUNTY, MISSOURI

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Place a check in the box next to the appropriate Case Type and Party Type. If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: Name; addresses; DOB; and Social Security Number should be listed for all parties on the case including heirs and interested parties if reasonably available. The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: _____ Estate of In the Matter of Plaintiff v. Defendant Petitioner v. Respondent

Name(s): _____

Case Type: WILLS - P7 - Will Filed During Lifetime; P9 - Will Filed Only – Deceased; PK - Will Admitted or Rejected.

REFUSALS: - PE - Refusal of Letters – Creditor; PF – Refusal of Letters – Spouse; PF – Refusal of Letters – Minor;

SMALL ESTATES: PH – Small Estate Affidavit with Will; PI – Small Estate Affidavit without Will;

FULL ADMINISTRATION: PC - Independent Administration with Will; PD – Independent Administration without Will;

PA - Supervised Administration with Will; PB – Supervised Administration without Will;

OTHER DECEDENT: PJ - Determination of Heirs; PX - Required Administration;

GUARDIAN/CONSERVATOR – ADULT: PR – Guardianship – Adult; PT – Limited Guardianship – Adult;

PN – Conservatorship – Adult; PP- Limited Conservatorship – Adult; PU – Guardian/Conservator – Adult;

PW – Limited Guardian/Conservator – Adult;

GUARDIAN/CONSERVATOR – MINOR: PS – Guardianship – Minor; PL – Limited Guardianship – Minor;

PO – Conservatorship – Minor; PV – Guardian/Conservator – Minor; PY – Limited Guardian/Conservator – Minor;

MISCELLANEOUS ADULT/MINOR: PQ – Dispense with Conservator; - P1 - Standby Guardianship – Adult;

- P2 – Standby Guardianship – Minor; G1 – Registration Foreign Order Guardian/Conservator – Adult;

G2 – Registration Foreign Order Guardian/Conservator – Minor;

TRUSTS: P3 – Successor Trustee; P4 – Trust Registration; P5 – Trust Litigation;

OTHER MISCELLANEOUS: P0 – Removal of Firearm Disqualification; P6 – Sexual Predator;

P8 – Probate Miscellaneous – Non Case; PZ – Miscellaneous Probate – Other

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
 Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent;
 Trustee; Successor Trustee; Settlor; Grantor; Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

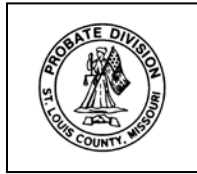
Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

***IMPORTANT:** It is the parties' responsibility to keep the court informed of any change of address or employment.*



IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
Probate Division/Family Court

In the matter of

Date Division

No.

First Middle Last

PETITION FOR TERMINATION OF GUARDIANSHIP OF MINOR

Come(s) now (use full name(s) of person(s) requesting termination of guardianship), who is/are the

of the male/female minor child, age (minor's age), named below and state that (relationship to minor child)

he/she/they wish to terminate guardianship for said minor child. The child is domiciled in St. Louis County or Other (list county where domiciled).

Full Name of Child Date of Birth

Present residence address:

How long has the minor lived at this address? Years and months.

The termination of the guardianship is sought because: The Mother of the child is in that she

The Father of the child is

Service is required and will be: Personal - Exhibit H needed Publication - Exhibit I needed

Exhibit B - Minor - Interested Persons

List information regarding minor's parents; spouse; living children; the person having custody or who claims to have custody of the minor; any guardian or conservator appointed in Missouri or any other state; any other persons petitioner is already guardian and/or conservator; and trust information.

Exhibit C - Consent of Guardian to Termination of Guardianship

If the guardian(s) are consenting to the termination of the guardianship, this form must be filed by all guardians and be notarized.

Exhibit D - Waiver of Service of Summons and Consent to Termination of Guardianship by Minor Child Fourteen (14) Years of Age or Older

Minor is over the age of 14 and waives service of summons of the petition. Must be notarized.

Exhibit E - Waiver of Service of Summons - Termination of Guardianship

If the guardian(s) are waiving service of summons of the petition, this form must be filed by all guardian(s) and be notarized.

Exhibit G - Request for Personal Service of Summons – Termination of Guardianship

List the name and addresses of person(s) requiring personal service.

Exhibit H - Application for Order of Publication in Termination of Guardianship Proceeding**

Complete form with the name(s) of person(s) requiring service by publication. Check box of choice for legal newspaper. **An Affidavit of Due and Diligent Search must be submitted listing the efforts and results to find the person whereby requiring service by publication. See attached list of instructions.**

****Exhibit I - Order for Publication of Notice in Termination of Guardianship Proceeding**

Not included in packet. Only used for publication in cases being transferred to Family Court. Would need to be completed once deemed publication is necessary.

Exhibit J - Confirmation of Petitioner’s Request for Termination of Guardianship Suitability Study

Arrangements for the Guardianship Suitability Study have been made with a Licensed Child Placing Agency from the list attached. A representative of said agency has completed this form.

Exhibit K - Financial Statement of Parent(s)

List financial information for the parent(s). If employed, attach a copy of most recent paycheck stub.

Request for Search of Putative Father Registry – Required when minor child is born out of wedlock, the father is not named on the birth certificate and a court has not established paternity thereby requiring a search of the Putative Father Registry. Form is available online at <http://health.mo.gov/IVrecords/PutativeFatherRegistry.pdf> - or contact them at (573) 751-6387. Completed form has been submitted to Missouri Department of Health and Senior Services at the address listed on the form.

Caregiver Background Screening – This form must be completed for petitioner and any other adults, ages 18 or older, living in the home. You can contact them at (573) 526-6153 or it’s available online at <https://www.mshp.dps.missouri.gov/MSHPWeb/Publications/Forms/documents/MO300-1590s.pdf>. Choose Items 1 and 4 in Section A – Type of Screenings; complete remaining sections and submit form to Missouri State Highway Patrol and Department of Mental Health at the addresses listed on the Instructions page of the form.

To your knowledge is there any other matter concerning the custody of the child in this or any other court?

Yes No If so, please list the style of the case, case number, court location and type of proceeding below:

_____	<input type="checkbox"/> Pending	<input type="checkbox"/> Prior
_____	<input type="checkbox"/> Pending	<input type="checkbox"/> Prior
_____	<input type="checkbox"/> Pending	<input type="checkbox"/> Prior
_____	<input type="checkbox"/> Pending	<input type="checkbox"/> Prior

WHEREFORE, petitioner(s) pray(s) that the guardianship of the above named minor child be terminated and the care of custody of said minor be returned to _____, parent(s) of said minor.

Petitioner(s) state(s) that the foregoing is made on this ____ day of _____, _____, under oath or affirmation, and its representations are true and correct to the best of petitioner's knowledge and belief, subject to penalties of making a false affidavit or declaration.

Petitioner's Signature

Petitioner's Name (Typed)

Street Address

City State Zip Code

Telephone Number including Area Code

Attorney's Signature

Attorney's Name (Typed)

Street Address

City State Zip Code

Telephone Number including Area Code

Missouri Bar Number

Petitioner's Signature

Petitioner's Name (Typed)

Street Address

City State Zip Code

Telephone Number including Area Code

Attorney's Signature

Attorney's Name (Typed)

Street Address

City State Zip Code

Telephone Number including Area Code

Missouri Bar Number

IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

In the matter of

_____ No. _____
Minor

**EXHIBIT B – MINOR
Interested Persons**

TRUSTS:

Is there a trust where the minor is the grantor, qualified beneficiary or trustee or co-trustee? Yes No

If so, the purpose of the trust is: _____
and the name(s) and address(es) of the presently acting trustee(s) is/are:

Name _____

Address: _____

Name _____

Address: _____

PARENTS:

If parent is deceased, please submit copy of his/her death certificate.

Mother _____ Deceased Date of Death _____

Address _____

Father _____ Deceased Date of Death _____

Address _____

SPOUSE:

Is the minor married? Yes No If so, please list below:

Name _____

Address: _____

CHILDREN:

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

GUARDIAN and/or CONSERVATOR:

Has a guardian and/or conservator for the minor been appointed by a court? Yes No If so, please list below:

Name _____

Address: _____

CUSTODY OF:

Who has custody or claims to have custody of the minor? Please list below.

Name _____

Address: _____

Name _____

Address: _____

GUARDIAN and/or CONSERVATOR OF:

Has petitioner(s) been appointed by a court as guardian and/or conservator of any other persons? Yes No
If so, please list below:

Name _____

Address: _____

Name _____

Address: _____

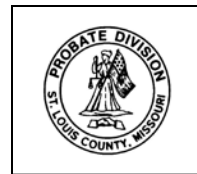
Name _____

Address: _____

Name _____

Address: _____

(Attach additional sheets if necessary)



**IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
Probate Division/Family Court**

In the matter of _____

_____ Date _____ Division _____

No. _____

Minor's First _____ Middle _____ Last _____

Petitioner(s) Name(s)

**EXHIBIT C
CONSENT OF GUARDIAN TO
TERMINATION OF GUARDIANSHIP**

I, _____, state that I am the guardian of
_____, a male/female child who is _____ years old and
resides in the County of _____, State of _____,
having been born to _____ and _____.
(mother) (father)

I hereby consent to the termination of my authority as legal guardian of this child per 475.083 RSMo. I understand that the parent(s) shall be entitled to the custody and control of this child and shall provide for his or her maintenance. **As guardian, I am relinquishing any authority to control, direct, monitor the actions, behavior, and activities of said minor child.**

Guardian Signature

Date

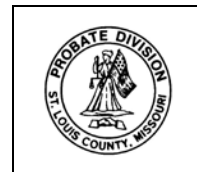
Street Address City State Zip Code

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Seal)

Notary Public

Notary Commission expires: _____



**IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
Probate Division/Family Court**

In the matter of

_____ Date _____ Division

No. _____

Minor's First _____ Middle _____ Last _____

Petitioner(s) Name(s)

**EXHIBIT D
WAIVER OF SERVICE OF SUMMONS AND CONSENT TO TERMINATION OF
GUARDIANSHIP BY MINOR CHILD FOURTEEN (14) YEARS OF AGE OR OLDER**

I, _____, a minor child 14 years of age or older, hereby waive service of summons and pleadings upon me as allowed under the provisions of Section 475.070 RSMo.

Further, I, _____, consent to the termination of guardianship.

Date

Signature of Minor

Address

City State Zip Code

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Seal)

Notary Public

Notary Commission expires: _____



IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
Probate Division/Family Court

In the matter of

_____ Date _____ Division _____

No. _____

Minor's First Middle Last

EXHIBIT E
WAIVER OF SERVICE OF SUMMONS
TERMINATION OF GUARDIANSHIP

I, _____, guardian of
_____, hereby waive service of summons as required
by law in this case, acknowledge receipt of a copy of the petition in the above styled action to be filed herein,
enter my appearance as party to this cause and consent that a hearing be held by this court.

Print Full Name

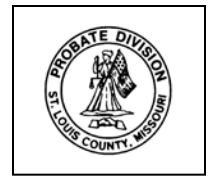
Sign Full Name

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Seal)

Notary Public

Notary Commission expires: _____



IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
Probate Division/Family Court

In the matter of

_____ Date _____ Division

No. _____

_____ First Middle Last

EXHIBIT G
REQUEST FOR PERSONAL SERVICE OF SUMMONS
TERMINATION OF GUARDIANSHIP

Petition for Termination of Guardianship of Minor is being set for hearing. Service of summons is to be made by the sheriff in the manner provided in Sections 472.100.2(1) and 506.140 RSMo on:

_____ Name

_____ Name

_____ Address

_____ Address

_____ City State Zip Code

_____ City State Zip Code

Note: Complete information must be provided on the Confidential Filing Information Sheet – Non-Domestic Relations for any person requiring personal service.

However, if personal service of summons cannot be made and service is not waived, please see instructions for service by publication.

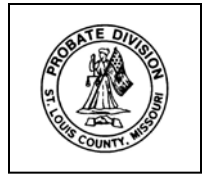
Date: _____

_____ Petitioner(s)/Attorney for Petitioner(s) Bar No.

_____ Address

_____ City State Zip Code

_____ Phone Number Fax Number



IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
Probate Division/Family Court

In the matter of _____

_____ Date _____ Division _____

No. _____

Minor's First _____ Middle _____ Last _____

Petitioner(s) Name(s)

EXHIBIT H
APPLICATION FOR ORDER OF PUBLICATION
IN TERMINATION OF GUARDIANSHIP PROCEEDINGS

Come(s) now _____, petitioner(s) in said
(petitioner(s) name(s))
cause, and state(s) that to the best of petitioner(s) knowledge and belief, service on _____
_____ cannot be obtained under Supreme Court Rules 54.13, 54.14, or 64.16,
by reason of the following facts:

_____.

Petitioner(s) further state that this is a suit brought by him/her/them to terminate guardianship for

(name of minor child)

Petitioner(s) further state that the name, address and telephone number of the attorney for the petitioner(s) is
_____.

WHEREFORE, petitioner(s) pray(s) that an Order of Publication issue notifying said _____
_____ of the commencement of this action to obtain a judgment for relief as
prayed for in the petition as follows: _____

The last known address of the party to be served is: _____
_____.

Publish in a St. Louis County newspaper – check the box for newspaper of your choice:

- St. Louis Countian; St. Louis County Legal Ledger;

Petitioner(s) state(s) that the foregoing is made on this _____ day of _____, _____, under
oath or affirmation, and its representations are true and correct to the best of petitioner's knowledge and belief, subject to
penalties of making a false affidavit or declaration.

Petitioner(s)

Certificate of Mailing

I hereby certify that on _____, _____, I mailed a copy of the foregoing notice and a copy of the petition to each of the parties to be served whose address was stated in the verified statement filed by the party desiring service by publication.

JOAN M. GILMER, Circuit Clerk

By: _____
Deputy Clerk

AFFIDAVIT OF DUE AND DILIGENT SEARCH

Required for Service by Publication

If the whereabouts or identity of a parent is unknown, you must prepare an Affidavit of Due and Diligent Search setting forth your attempts to locate the parent or why the identity of the father is unknown. It must be titled as such and must be notarized.

At least four (4) of the inquiries listed below must be completed and contained in your Affidavit of Due and Diligent Search in order to obtain an order of the court for service by publication.

Suggestions of required inquiries that you may make and must be contained in an Affidavit of Due and Diligent Search:

1. Send a registered letter to the last known residence of the missing person with a request, if applicable, for any forwarding addresses.
2. An inquiry directed to family members and/or friends of the missing person, with an indication of who was questioned, where the questioning took place and when the said questioning occurred.
3. When was the petitioner(s) last contact(s) with the missing person, including where the contact(s) occurred?
4. An inquiry of personnel at the missing person's last known place of employment; or, an inquiry directed to the neighbors of the missing person at the last known residence.
5. An inquiry directed to the Bureau of Vital Statistics in the city and state of the last known residence of the missing person.
6. An inquiry utilizing REJIS or any other court system to ascertain whether there is any court case concerning the missing person.
7. An inquiry directed to the Board of Election Commissioner, Social Security Administration, local church affiliations, or marriage and divorce records bureaus maintained in the city and state of the last known residence for the missing person.
8. An inquiry directed to the Bureau of Motor Vehicle Department in the state of the last known residence of the missing person.
9. An inquiry directed to the Armed Forces of the United States concerning the missing person.
10. An inquiry utilizing a database search system concerning the missing person.

**IN THE CIRCUIT COURT OF ST. LOUIS COUNTY, MISSOURI
PROBATE DIVISION/FAMILY COURT**

**EXHIBIT J –
CONFIRMATION OF PETITIONER’S REQUEST FOR
TERMINATION OF GUARDIANSHIP SUITABILITY STUDY**

This is to confirm that on the _____ day of _____, _____,
_____, the parent(s) of _____,
_____, requested that a Guardianship
Suitability Study be conducted by our agency. We understand that the Guardianship Suitability Study shall
be completed and returned to the petitioner no later than 45 days after the date of the request.

Signature of Agency Representative

Date

Agency Name

Street Address

City, State and Zip Code

Phone Number with Area Code

LICENSED CHILD PLACING AGENCIES FOR
GUARDIANSHIP SUITABILITY STUDIES

Bringing Families Together

7151 North Lindbergh
Hazelwood, Missouri 63042
314-731-3969

Contact: Randi Howard

Children's Home Society of Missouri

1167 Corporate Lake Drive
St. Louis, Missouri 63132
314-968-2350

Contact:

Christian Family Services

7955 Big Bend Boulevard
St. Louis, Missouri 63119
314-968-2216

Contact: Amy Weiler

**Lutheran Family and Children's
Services of Missouri**

9666 Olive Boulevard, Suite 400
St. Louis, Missouri 63132
314-787-5100

Contact: Jean Mockobey

William Cunningham, Ph.D, LCSW

352 Tulip Drive
St. Louis, Missouri 63119
314-968-9337

Sharon Mink, LCSW

Family Connections
P.O. Box 191354
St. Louis, Missouri 63119
314-477-4253

**Above is a list of agencies that respond to letters of inquiry from the Court. Arrangements for Studies may be made with any child-placing agency licensed by the State of Missouri. Please contact the agency regarding the Guardianship Suitability Study fee.

