**PETITION TO RESIGN AS GUARDIAN**

JR-301

Rev. Abr. 25

[ ] **Pensioner** [ ] **Beneficiary**

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| **INFORMATION OF PENSIONER OR BENEFICIARY** |
| Last Name(1) Last Name(2) Name Initial       | Social Security Number        |
| Date of Birth   /   /      Month Day YearMarital Status:  | Telephone number (1)       Telephone number (2)  | Street Address   |
| Briefly describe the reasons for your petition:    |
| **INFORMATION OF THE GUARDIAN** |
| Full Name In representation of:   | Personality:[ ] Care Home [ ] Private Person[ ] Other:  |
| Date of Birth / /  Month Day Year | Mailing Address   | Street Address   |
| Marital Status  | Email Address   | Relationship with beneficiary:  |
| Occupation  | Telephone Number  | Social Security Number - -  |
| I request to be discharged as guardian of pensioner/beneficiary, for the following reasons: |
|[ ]  A conflict of interests with the ward arose after my appointment as guardian |
|[ ]  I became disabled, after my appointment as guardian |
|[ ]  Guardianship has become a great burden for me due to my age or health condition |
|[ ]  I was the spouse of the ward, but decided to divorce him or her:Case number: ; or I am the spouse of the ward, but no longer reside with him or her. |
|[ ]  There are other circumstances that prevent me from serving as guardian diligently:  |
|[ ]  I lack the means to properly perform guardianship duties |
|[ ]  I have been convicted of an offense |
|[ ]  I have been removed by an administrative agency or the court from serving as guardian |
| [ ] [ ]  | I filed a cause of action on the ward’s marital status or the ownership of the ward’s property I will reside or currently reside outside of Puerto Rico and the ward is not with me |

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| **Does the ward have other family support resources?**  [ ] Yes [ ] NoJR-301Rev. Abr. 25**If ward has family support resources, check all that apply:**[ ] Spouse [ ] Parent(s) [ ] Grandparent(s) [ ] Sibling(s) [ ] Child (Children) [ ] Nephew/Niece(s) [ ] Uncle/Aunt(s) [ ] Other relatives: [ ] Other person:  |
| **CONTACT INFORMATION OF OTHER FAMILY SUPPORT RESOURCES**  |
| Full name: Mailing Address: Telephone number (1): Telephone number (2): Email Address: Relationship with pensioner/beneficiary:  |
| Full name: Mailing Address: Telephone number (1): Telephone number (2): Email Address: Relationship with pensioner/beneficiary:  |
| Full name: Mailing Address: Telephone number (1): Telephone number (2): Email Address: Relationship with pensioner/beneficiary:  |
| Full name: Mailing Address: Telephone number (1): Telephone number (2): Email Address: Relationship with pensioner/beneficiary:  |
| I affirm and declare, under penalty of perjury, that the forgoing information is true and correct. I understand that by resigning as guardian before the Retirement Board, I must fulfill my duties and responsibilities, as provided by law and regulations, including to file a Report on the transactions conducted on behalf and in the name of the ward, as of the date of resignation. / /  Petitioner’s signature Month Day Year |