**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 Year  Marital 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 No  JR-301  Rev. 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 |