

4A-512. Motion to revoke kinship guardianship.

STATE OF NEW MEXICO

COUNTY OF _____
_____ JUDICIAL DISTRICT

_____, Petitioner(s)

No. _____

IN THE MATTER OF THE KINSHIP GUARDIANSHIP OF

_____,¹ (a) Child(ren) (*use initials only*), and concerning
_____, Respondent(s).

MOTION TO REVOKE KINSHIP GUARDIANSHIP

COME(S) NOW [Respondent] [Kinship Guardian] [Other] (*circle one*), _____
_____ (*name*) pro se, and respectfully requests that this court revoke the
kinship guardianship of _____ (*name(s) of child(ren)*). As
grounds for this motion, movant states the following:

1. The court has jurisdiction under the Kinship Guardianship Act, Sections 40-10B-1 to -15
NMSA 1978.

2. The name, year of birth, and age of the minor child(ren) are as follows:

| Child's name | Birth year | Age |
|---------------------|-------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Kinship guardian(s), _____ (*name(s) of kinship
guardian(s)*), were appointed on _____ (*date*).

4. The circumstances have changed as follows (*describe what has changed and why the
guardianship should be revoked*): _____

5. A transition plan is attached to this motion. A transition plan must be attached to this
motion or the judge may not grant this motion.²

6. It is in the child(ren)'s best interests to revoke the guardianship.

7. I have contacted the other parties and they
 agree with this motion;
 do not agree with this motion; or
 did not respond after I asked them if they agreed or disagreed with this motion;
OR
 I have not contacted the other parties.

WHEREFORE, Movant(s) respectfully request(s) that the court, after a hearing, grant the Motion to Revoke Kinship Guardianship.

Respectfully submitted by:

Respectfully submitted by,

Signature

Printed name

Address

Phone number and email address

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that on _____ (date), I (check the applicable item below and fill in all information)

- mailed a copy of this motion by United States mail, postage prepaid, to:

Name: _____

Mailing address: _____

City, state, and zip code: _____;

- delivered a copy of this motion to _____ (the other party or the other party's attorney); or

- emailed a copy of this motion to _____ (the other party or the other party's attorney) using the following email address: _____. The time and date of the email was _____ (a.m) (p.m) on _____ (date).

Signature of person who made service

Date of signature

USE NOTES

1. Insert the initials of each child listed in the Petition to Appoint Kinship Guardian(s).
2. Describe the plan for moving the child(ren) from the kinship guardians to the parent. Include information about how quickly the move will occur and how the child(ren)'s needs will be met like school, doctor(s), activities, and visits with the kinship guardians.

[Provisionally approved, effective August 15, 2003 until August 31, 2004; approved, effective January 20, 2005; 4-991 recompiled and amended as 4A-512 by Supreme Court Order No. 16-8300-020, effective for all pleadings and papers filed on or after December 31, 2016; as amended by Supreme Court Order No. 22-8300-020, effective for all pleadings and papers filed on or after December 31, 2022.]