

**NOTICE OF REVOCATION/STATEMENT
OF REFUSAL – STANDBY GUARDIAN**

Using This Revisable PDF Form

1. This form is prepared by the qualified parent or the standby guardian.
2. The person filing this form is required to serve it on the other party. The court is not required to take any action in response to the filing of this form.
3. Data elements No. 1-9 should always be completed. If the qualified parent is revoking the standby guardian's authority, data elements No. 10-15 should be completed. If the standby guardian is declining to serve, data elements No. 14-16 should be completed.

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Data Elements

1. Court case number.
2. Court name.
3. Name of child for whom approval of standby guardian is requested.
4. Child's address.
5. Name and address of father.
6. Name and address of mother.
7. Check appropriate box.
8. Name and address of standby guardian.
9. Name and address of alternate standby guardian, if applicable.
10. Check if notice of revocation by qualified parent.
11. Name of qualified parent.
12. Name of standby guardian and check appropriate box for title.
13. Name of standby guardian or alternate standby guardian.
14. Check if Statement of Refusal.
15. Name of standby guardian.
16. Name of child.
17. Date of signing.
18. Signature of parent or standby guardian.

NOTICE OF REVOCATION/STATEMENT OF REFUSAL — STANDBY GUARDIAN

Commonwealth of Virginia VA. CODE § 16.1-354

Case No.: **1**

2 Juvenile and Domestic Relations District Court

In re **3**, a child under eighteen years of age

4
CHILD'S ADDRESS

PARENTS

5
NAME OF FATHER

6
NAME OF MOTHER

7
ADDRESS

.....
ADDRESS

Father Mother is the qualified parent.

APPROVED STANDBY GUARDIAN

8
NAME OF STANDBY GUARDIAN

9
ALTERNATE STANDBY GUARDIAN

.....
ADDRESS

.....
ADDRESS

NOTICE OF REVOCATION

10 I, **11** hereby revoke the authority of **12**,
NAME OF PARENT NAME OF STANDBY GUARDIAN

Standby guardian alternate standby guardian. A copy of this revocation has been delivered to **13** whose authority is being revoked by this document.
NAME OF STANDBY GUARDIAN/ALTERNATE STANDBY GUARDIAN

STATEMENT OF REFUSAL

14 I, **15**, hereby decline to serve as a standby guardian for
NAME OF STANDBY GUARDIAN

16 The qualified parent and any alternate standby guardian have been
NAME OF CHILD personally served with this statement of refusal.

17
DATE

18
SIGNATURE OF PARENT/STANDBY GUARDIAN