



**ORDER TERMINATING DISABILITY
AND RESTORING RIGHTS**

Case No. _____
Court DISTRICT
County _____
Division _____

PETITIONER)
VS.)

RESPONDENT)
* * * * *)
* * * * *

A Petition having been filed on _____ by _____
to terminate the order of disability, (*choose one*) a bench trial a jury trial having been held, and the Court being
otherwise sufficiently advised;

IT IS HEREBY ORDERED, the Judgment of Disability dated _____ is hereby terminated
and _____ is hereby relieved of all legal disabilities and restored all the rights and
privileges of a citizen.

FURTHER, the (*check all that apply*) guardian, _____, and/or
 conservator, _____, is directed to file a Final Report within 30 days of the date
of this Order.

Date

Judge

Please print or type the name of the Judge

Copy Distribution: Petitioner/Attorney/County Attorney, Respondent/Attorney, Guardian/Conservator,
All persons named in Petition, Facility where or person with whom Respondent resides
Certified Copies: County Clerk, State Board of Elections, Department of Transportation,
Originating Court (if different from where original judgment entered)