

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>): TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 180 E WEBER AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH OF NAME: STOCKTON			
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): _____ _____	CASE NUMBER: _____		
PETITION TO REMOVE <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE	HEARING DATE: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DEPT: _____</td> <td style="width: 50%; padding: 2px;">TIME: _____</td> </tr> </table>	DEPT: _____	TIME: _____
DEPT: _____	TIME: _____		

I, (my name) _____, declare:

I am a: Parent Guardian Conservator Other:

I am petitioning to remove (name) _____ as

Guardian Conservator in this matter for the following reasons:

Continued on attachment

PETITION TO REMOVE GUARDIAN OR CONSERVATOR

GUARDIANSHIP OR CONSERVATORSHIP OF (<i>Name</i>):	CASE NUMBER:
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VERIFICATION

I, _____, the Petitioner in the above-entitled proceeding, have read the foregoing petition and know the contents thereof. The same is true of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Petitioner's Signature

PLEASE NOTE: Notice of Hearing (Form GC-020), properly served, is required and must be filed with the Court before the hearing date.