

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: 315 W. ELM STREET MAILING ADDRESS: 315 W. ELM STREET CITY AND ZIP CODE: LODI, CA 95240 BRANCH OF NAME: LODI			
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(Name)</i> : _____ <div style="text-align: right;">, Conservatee</div>	CASE NUMBER: _____		
PETITION TO TERMINATE CONSERVATORSHIP	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: _____		

Petitioner, _____, alleges:

1. Petitioner is the ☐ mother ☐ father ☐ sibling ☐ friend ☐ Other: _____ of the Conservatee.
2. Petitioner ☐ is ☐ is not the Conservator of the ☐ person ☐ estate.
3. The Conservator resides at _____.
☐ The Conservator is deceased; Date of Death: _____.
4. The conservatorship of the ☐ person ☐ estate of _____, the Conservatee, is no longer required, because:

☐ Continued on Attachment 4

5. The Conservatee ☐ has ☐ has not been confined in a state hospital in California during the pendency of these proceedings.
6. The Conservatee ☐ is ☐ is not receiving or entitled to receive benefits from or through the Veterans Administration.
7. The following are the names and addresses of all persons entitled to notice of this petition:

<u>Name / Relationship</u>	<u>Address (number, street, city, state and zip code)</u>

PETITION TO TERMINATE CONSERVATORSHIP

CONSERVATORSHIP OF (Name):	CASE NUMBER:
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☐ Continued on Attachment 7

8. ☐ No one has filed a Request for Special Notice. ☐ The following are the names and addresses of all persons who have filed a Request for Special Notice:

Name

Address (number, street, city, state and zip code)

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☐ Continued on Attachment 8

WHEREFORE, Petitioner requests that the conservatorship of the ☐ person ☐ estate of _____, the Conservatee, be terminated and that other relief be granted that the Court considers proper.

Date: _____

Petitioner (Signature)

VERIFICATION

I, _____, am 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 (Signature)

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

PETITION TO TERMINATE CONSERVATORSHIP