

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> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN</b> STREET ADDRESS: 180 E WEBER AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH OF NAME: STOCKTON	
<input type="checkbox"/> <b>GUARDIANSHIP</b> <input type="checkbox"/> <b>CONSERVATORSHIP OF THE</b> <input type="checkbox"/> <b>PERSON</b> <input type="checkbox"/> <b>ESTATE</b> OF (name): _____	CASE NUMBER: _____
<b>PETITION TO REMOVE</b> <input type="checkbox"/> <b>GUARDIAN</b> <input type="checkbox"/> <b>CONSERVATOR OF THE</b> <input type="checkbox"/> <b>PERSON</b> <input type="checkbox"/> <b>ESTATE</b>	HEARING: DATE: _____
	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

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**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*

GUARDIANSHIP OR CONSERVATORSHIP OF ( <i>Name</i> ):	CASE NUMBER:
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**PROOF OF SERVICE OF PETITION TO REMOVE GUARDIAN OR CONSERVATOR**

1. I am over the age of 18 and not a party to this action. I am a resident or employed in the county where the mailing occurred.
2. My residence or business address is:
  
3. I served the foregoing Petition to Remove on each person named below by enclosing a copy in an envelope addressed as shown below AND

depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.

placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with the business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United State Postal Service in a sealed envelope with postage fully prepaid.

4. Date Mailed: \_\_\_\_\_ Placed mailed (*city, state*): \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

<u>Name of Person Served</u>	<u>Address of Person Served (<i>number, street, city, state and zip code</i>)</u>

Continued on attachment

**PROOF OF SERVICE OF PETITION TO REMOVE GUARDIAN OR CONSERVATOR**