

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			
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): <div style="text-align: right;"><i>Conservatee</i></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 (<i>Name</i>):	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*)

PETITION TO TERMINATE CONSERVATORSHIP

CONSERVATORSHIP OF <i>(Name)</i> :	CASE NUMBER:
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PROOF OF SERVICE OF PETITION TO TERMINATE CONSERVATORSHIP

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 Terminate Conservatorship 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 (number, street, city, state and zip code)</u>

Continued on attachment

PROOF OF SERVICE OF PETITION TO TERMINATE CONSERVATORSHIP