

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> _____	<i>Clerk stamps below when form is filed</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060	
Guardianship or Conservatorship of: _____	
PETITION TO REMOVE: <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator	CASE NUMBER: _____

I, (my name) _____, declare:

I am a: Parent Guardian Conservator
 Other: _____

I am petitioning to remove *(name)* _____ as

Guardian or Conservator in this case for the following reasons:

Check here if you need more space. Continue to explain on a separate piece of paper and attach it to this page.

This form must be filed with the- Notice of Hearing-Guardianship or Conservatorship, GC-020

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.

Today's date

Print your name here

Sign your name here

Case name: _____	Case Number: _____
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PROOF OF SERVICE

1. I am over age 18 and am not a party in this case. I live or work in the county where the mailing occurred.

2. **My (the server’s) home or business address is:** _____
Street Address

City, State, Zip

3. I served the Petition to Remove on each person named below by putting a copy in a sealed envelope addressed as shown below AND

depositing the 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 this 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 ordinary course of business with the United State Postal Service in a sealed envelope with postage fully prepaid.

4. **Date mailed:** _____ **Place 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 Signed

Server Prints Their Name Here

Server Signs Their Name Here

I mailed this notice to the following people:

Names of people served:

Addresses of People Served:

Name: _____

Mailing address: _____

City, State, zip code: _____

Name: _____

Mailing address: _____

City, State, zip code: _____

Name: _____

Mailing address: _____

City, State, zip code: _____

Name: _____

Mailing address: _____

City, State, zip code: _____

Additional people are listed on an attachment