	501111/14
ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME:	FOR COURT USE ONLY
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE NO:	
FAX NO. (Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ	
701 Ocean Street, Room 110	
Santa Cruz, CA 95060	
Santa Cruz Branch	
CONSERVATORSHIP OF	
CONSERVATEE	
NOTICE OF RESIDENCE CHANGE OF RESIDENCE	CASE NUMBER:
LPS CONSERVATORSHIPS	

1.	CONSERVATOR:		ATTORNEY FOR CONSERVATOR:
	Name: Address:		Name: Address:
	Telephone: Email:		Telephone: Email:
3.	CONSERVATEE: Name: Address:	4.	ATTORNEY FOR CONSERVATEE: Name: Address:
	Telephone: Email:		Telephone: Email:
5.	CARE FACILITY MANAGER, IF ANY: Name: Address:		
	Telephone: Email:		
Da	te of Next Hearing:		Will conservatee attend hearing? Yes No
Da	ted:		
	Type or Print name		Signature

Note: A Notice of Residence must be filed at the same time as the initial petition for appointment and whenever there is a change in residence in an LPS conservatorship.