

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060 Santa Cruz Branch	
GUARDIANSHIP OR CONSERVATORSHIP OF:	
<p style="text-align: center;">PETITION TO REMOVE</p> <p style="text-align: center;"><input type="checkbox"/> GUARDIAN <input type="checkbox"/> CONSERVATOR</p>	CASE NUMBER:

I, (my name) _____, declare:

I am a: Guardian Parent Conservator Other: _____

I am petitioning to remove (name) _____

Guardian 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

GUARDIANSHIP OR CONSERVATORSHIP OF:	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