ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*Clerk stamps below when form is filed*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (Optional): ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060	
Guardianship or Conservatorship of: _____	
PETITION TO REMOVE: ☐ Guardian ☐ 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 Conservatorhsip, 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:

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