

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Family Justice Center	<i>FOR COURT USE ONLY</i>
PETITIONER:	
RESPONDENT:	
RESPONSE TO APPLICATION TO BE RELIEVED AS COUNSEL FOR MINOR CHILD	CASE NUMBER:

Petitioner Respondent

1. I, _____, declare as follows:
 - a. I am the attorney for the Father/Mother/Joined party in this case.
 - b. I am the Father Mother other party _____ in this case. I am self-represented.
2. I agree with the Counsel for Minor Child's request to be relieved.
3. I object to the Counsel for Minor Child's request to be relieved for the following reasons

4. I served a copy of this Response to all parties, including Counsel for Minor Child on _____
 by: mail personal service other _____

Date: _____

Name of Declarant

Signature of Declarant