

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> 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:	
<b>RESPONSE TO APPLICATION TO BE RELIEVED AS COUNSEL FOR MINOR CHILD</b>	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

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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