ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar Number and Address)*:	*FOR COURT USE ONLY*
TELEPHONE NUMBER: FAX NUMBER *(Optional)*: EMAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	To keep other people from seeing what you have entered, please press the Reset Form button at the end of this form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA COURT ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 DIVISION: Probate Division	
CONSERVATORSHIP OF *(name)*:	
OBJECTION TO PETITION TO REMOVE CONSERVATOR	CASE NUMBER:

I, *(my name)*_____, declare:

I am a: ☐ Conservator ☐ Other: _____

I object to the Petition to Remove Conservator filed by *(name)*_____

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.

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

CONSERVATORSHIP OF *(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 Trustee 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 States 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 His/Her Name Here**	**Server Signs His/Her 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

Reset Form