ATTACHMENT PB-4040

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 MAILING ADDRESS; 191 North First Street CITY AND ZIP CODE: San José, California 95113 DIVISION: Probate Division	
CONSERVATORSHIP OF *(name)*:	
PETITION TO REMOVE CONSERVATOR	CASE NUMBER:

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

I am a: ☐ Conservator ☐ Other: _____

I am petitioning to remove *(name)* _____ as

conservator 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