ATTACHMENT PB-4041

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):	ALIFORNIA COUNTY OF CANTA OLABA	_
	ALIFORNIA, COUNTY OF SANTA CLARA th First Street	
CITY AND ZIP CODE: San José	é, California 95113	
DIVISION: Probate	Division	
GUARDIANSHIP OF (child's name	e):	
		CASE NUMBER:
PETITION	TO REMOVE GUARDIAN	0.02.102
		doelove
I, (my name)		declare;
I am a: Parent Ot	her:	
I am petitioning to remove (name):	as
guardian of the minor(s) in t	this case for the following reasons:	
-		
☐ Check here if you need	more space. Continue to explain on a separ	ate piece of paper and attach it to this page.
I declare under penalty of pown knowledge.	perjury of the laws of the State of California	that the foregoing is true and correct of my
Today's date	Print your name here	Sign your name here