SUPERIOR COURT	COF CALIFO	ORNIA, COUNTY OF SAN	TA CLARA	FOR COURT USE ONLY
STREET ADDRESS:		t Street, San José, CA 95113		
MAILING ADDRESS:	191 North Firs	t Street		
CITY AND ZIP CODE:	San José, Cali	ifornia 95113		
BRANCH NAME:	Family Justice	Center		
PETITIONER:				
RESPONDENT:				
EX PARTE APPLICATION AND ORDER TO BE RELIEVED AS COUNSEL FOR MINOR CHILD				CASE NUMBER:
I,	(ATTORNE	Y'S NAME)	, declare as follo	ows:
On the court appointed me to represent the minor(s) in this matter.				
				(c)eae
	-	ns to my client(s) is con		
I request an order to be relieved as counsel for the minor(s) in this matter.				
I served a copy of this application to the parties or their attorneys of record on:				
by	: 🗌 mail	personal service	other	
Date:		_	Attorney's Nam	e
			Attorney's Signa	ature
		NOTICE '	TO PARTIES	
response must be	filed and se pplication. I	rved on all parties (incluif you do not submit a re	ding the Counsel f	eved as Counsel for Minor Child. Your for Minor Child) within 21 calendar days nay make an order relieving the counsel
		OF	RDER:	
completed. Go	od cause h	aving been shown, it is		ntment, as it pertains to the minor(s), is (ATTORNEY'S NAME)
_	ttorney for t	ne minor(s).		(ATTUKNEY 5 NAME)
DENIED.				
☐ A Status Confe	rence shall	be calendared on	i	n Dept
Date:				
			Judicial Officer	of the Superior Court