

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone No.)	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (Name) Bar No.	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE CENTRAL JUSTICE CENTER 700 Civic Center Drive West Santa Ana, CA 92701	
CONSERVATORSHIP OF:	
CONSERVATEE	
DECLARATION OF SERVICE	CASE NUMBER:

I, the undersigned, hereby declare that I gave or mailed a copy of the Petition for Reappointment of Conservator and Notice of Hearing as follows:

1. Mailed Date: _____ Orange County Health Care Agency
Mental Health Director
405 West 5th Street, Suite 458
Santa Ana, CA 92701
 Gave

2. Mailed Date: _____ Orange County Public Guardian
P.O. Box 11526
Santa Ana, CA 92711
 Gave

3. Mailed Date: _____ Office of the Public Defender
Mental Health Unit
901 W. Civic Center Dr., Suite 200
Santa Ana, CA 92703
 Gave

4. Mailed Date: _____ Conservatee: _____
Address: _____

 Gave

5. Mailed Date: _____ Facility: _____
Address: _____

 Gave

6. Mailed Date: _____ [Any others, such as private attorney for conservatee]
Name: _____
Address: _____

 Gave

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF CONSERVATOR)