ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO .:	FAX NO.(Optional):	
EMAIL ADDRESS:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFOR CENTRAL DIVISION, CENTRAL COURT CONSERVATORSHIP OF:	NIA, COUNTY OF SAN DIEGO HOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
PETITION FOR C	EMOVAL OF CONSERVATOR(S)	CASE NUMBER
	ESIGNATION OF CONSERVATOR(S)	
	ERMINATION OF CONSERVATORSHIP	

**Petition for Removal:** The court may remove a conservator who is not doing the job or no longer able to complete certain duties and obligations. If the removal would cause a vacancy, the court may require a Petition for Appointment of Successor Probate Conservator (JC Form #GC-310) to be filed or refer the matter to the Public Guardian.

**Petition for Resignation:** If a conservator becomes ill or can no longer continue serving as conservator for some other reason, a request to resign may be submitted. Until (and unless) the court accepts the resignation, the conservator is still fully responsible to complete all duties and obligations required for the care and well-being of the conservatee.

**Petition for Termination:** Termination can be requested if the conservatee becomes able to handle their own personal care (person) or financial affairs (estate). The estate may also be terminated if there are no longer any assets that require managing. If requesting to terminate as to the estate, the court may require an accounting to be filed pursuant to Prob. Code § 2620 et seq.

1. Petitioner(s) (name, address, and relationship to conservatee): \_\_\_\_\_\_

- 3. Petitioner(s) are requesting:
  - a. Removal of (name(s))

as conservator(s) of the  $\Box$  person  $\Box$  estate.

b. Resignation of (name(s))

as conservator(s) of the person estate. (Note: Written resignation(s) must be filed/attached, if any.) c. Termination of conservatorship for the person estate.

Petitioners' request is in the best interest of the conservatee for the following reasons:

continued on attachment 4.

5. The names and addresses of all parties entitled to notice, including parties who have submitted a Request for Special Notice (JC Form #DE-154/GC-035), are as follows:

Name	Address	
continued on attachment 5.		

CONSERVATORSHIP OF:	CASE NUMBER
6. The conservatee is/was a patient in or on leave from a state hospital ur Mental Health or the State Department of Developmental Services durir (Note: If "yes", notice must be sent to the director of the appropria with a copy of this petition.)	ng the conservatorship proceeding: yes no
<ol> <li>Allegations re Conservatorship of the Estate:</li> <li>a. The conservator has taken possession or control of assets of the b. A portion of the estate assets includes income from the Departm (Note: If "yes", notice must be sent to the VA, along with a c</li> </ol>	nent of Veterans Affairs (VA): 🗌 yes 🗌 no
8. Other allegations/information:	
continued on attachment 8.	
WHEREFORE, petitioner(s) pray for an order of this court as follows:	nservator(s) of the $\Box$ person $\Box$ estate. ator(s) of the $\Box$ person $\Box$ estate is accepted.
Date:	Signature of Attorney
I/we 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 of Petitioner	Signature of Petitioner
Type or Print Name of Petitioner	Signature of Petitioner