

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS)		FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO</b>  STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: Same as above CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME: San Luis Obispo Division		
LPS CONSERVATORSHIP OF:	CASE NUMBER:	
<b>DECLARATION OF SERVICE ON PETITION FOR REAPPOINTMENT OF LPS CONSERVATOR</b>		

I, \_\_\_\_\_ (*print name*), am at all times herein mentioned a citizen of the United States and resided at \_\_\_\_\_ (*address*).

**I am over the age of 18 and NOT a party to this action.**

I gave or mailed a copy of the petition for Reappointment of LPS Conservator as follows:

On _____, _____ (month/date/ year).	<input type="checkbox"/> Gave a copy of the above documents to <u>Or</u> <input type="checkbox"/> mailed, a copy of the above documents to:	San Luis Obispo County Director of Mental Health 2180 Johnson Ave, 2 <sup>nd</sup> Floor San Luis Obispo, CA 93401
On _____, _____ (month/date/ year).	<input type="checkbox"/> Gave a copy of the above documents to <u>Or</u> <input type="checkbox"/> mailed, a copy of the above documents to:	San Luis Obispo County Public Guardian P.O. Box 1489 San Luis Obispo, CA 93406
On _____, _____ (month/date/ year).	<input type="checkbox"/> Gave a copy of the above documents to <u>Or</u> <input type="checkbox"/> mailed, a copy of the above documents to:	Maguire and Ashbaugh San Luis Obispo County Public Defender 991 Osos Street, Suite A San Luis Obispo, CA 93401

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On _____, _____ (month/date/ year).	<input type="checkbox"/> Gave a copy of the above documents to <u>Or</u> <input type="checkbox"/> mailed, a copy of the above documents to:	Conservatee (list address) **NOTE citation must also be personally served**
On _____, _____ (month/date/ year).	<input type="checkbox"/> Gave a copy of the above documents to <u>Or</u> <input type="checkbox"/> mailed, a copy of the above documents to:	(Care facility- list address)
On _____, _____ (month/date/ year).	<input type="checkbox"/> Gave a copy of the above documents to <u>Or</u> <input type="checkbox"/> mailed, a copy of the above documents to:	(Any others, such as family, or private attorney of conservatee- list address)
On _____, _____ (month/date/ year).	<input type="checkbox"/> Gave a copy of the above documents to <u>Or</u> <input type="checkbox"/> mailed, a copy of the above documents to:	(Any others, such as family, or private attorney of conservatee- list address)
On _____, _____ (month/date/ year).	<input type="checkbox"/> Gave a copy of the above documents to <u>Or</u> <input type="checkbox"/> mailed, a copy of the above documents to:	(Any others, such as family, or private attorney of conservatee- list address)

Other parties served are listed on Attachment 1.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of party serving notice)