PETITIONER *(Name & Address)*:	TELEPHONE NO.:	*FOR COURT USE ONLY*
IN PROPRIA PERSONA		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE Lamoreaux Justice Center 341 The City Drive Post Office Box 14171 Orange, CA 92863-1571		
CONSERVATORSHIP OF: CONSERVATEE		
DECLARATION OF SERVICE		CASE NUMBER: LPS

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

2. ☐ Mailed ☐ Gave Date: _____
   Orange County Public Administrator/ Public Guardian's Office
   P.O. Box 11526
   Santa Ana, CA 92711

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

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

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

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

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)