ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name & Address)*:	*FOR COURT USE ONLY*
Telephone No.: Fax No. (Optional): E-Mail Address (Optional): ATTORNEY FOR *(Name):* Bar No:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE Costa Mesa Justice Complex 3390 Harbor Blvd. Costa Mesa, CA 92626-1554	
IN THE MATTER OF:	
DECLARATION OF SERVICE	CASE NUMBER:

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

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

2. Date: _____ ☐ Mailed ☐ Hand Delivered to: Orange County Public Guardian
   P.O. Box 11526
   Santa Ana, CA 92711

3. Date: _____ ☐ Mailed ☐ Hand Delivered to: Orange County Public Defender
   200 W. Santa Ana Blvd., Suite 800
   Santa Ana, CA 92701

4. Date: _____ ☐ Mailed ☐ Hand Delivered to: Conservatee: _____
   Address: _____
   _____

5. Date: _____ ☐ Mailed ☐ Hand Delivered to: Facility: _____
   Address: _____
   _____

6. Date: _____ ☐ Mailed ☐ Hand Delivered to: Other: _____
   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)