

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name &amp; Address</i> ):     Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ ATTORNEY FOR ( <i>Name</i> ): _____ Bar No: _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> Costa Mesa Justice Complex 3390 Harbor Blvd. Costa Mesa, CA 92626-1554	
IN THE MATTER OF:	
<b>DECLARATION OF SERVICE</b>	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 5<sup>th</sup> 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)