

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):  <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
<b>NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP</b>	CASE NUMBER: _____

**This notice is required by law.  
This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (name):  
(representative capacity, if any):  
has filed (specify):
  
2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)
  
3.  The petition includes an application for the independent exercise of powers by a guardian or conservator under  Probate Code section 2108  Probate Code section 2590.  
Powers requested are  specified below  specified in Attachment 3.
  
4. A HEARING on the matter will be held as follows:

a. Date:	Time:	Dept.:	Room:
		<input type="checkbox"/>	<input type="checkbox"/>

b. Address of court  same as noted above  is (specify):

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



