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| ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR: NAME: FIRM NAME: STREET ADDRESS: CITY AND ZIP CODE: E-MAIL ADDRESS: ATTORNEY FOR (NAME): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO 400 MCALLISTER STREET, 2 ND FLOOR SAN FRANCISCO, CA 94102 CIVIC CENTER COURTHOUSE | |
| CONSERVATORSHIP/GUARDIANSHIP OF: <div style="text-align: right;">CONSERVATEE/MINOR</div> | |
| NOTICE OF CHANGE OF ADDRESS | CASE NUMBER: HEARING DATE _____ |

Please take notice that, as of _____ the address of _____ changed as follows:

Name: _____

Address: _____

City, State, and Zip Code: _____

Phone Number: _____

Capacity (Party Type) of the Named Individual:

- Conservator
 Guardian
 Other (*describe*): _____

Date: _____

 Printed Name

 Signature of Party or Attorney

NOTICE OF CHANGE OF ADDRESS

CASE NAME:

CASE NUMBER:

PROOF OF SERVICE BY MAIL

1. At the time of service, I was at least 18 years old and **not a party to this action**
2. I am a resident of or employed in the county where the mailing took place. My residence or business address is (specify):

Street Address: _____

City, State, and Zip Code: _____

3. I served a copy of the Notice of Change of Address by enclosing it in a sealed envelope addressed to the persons listed in item 5 by the following means:
 - a. deposited the sealed envelope with the United States Postal Service with postage fully prepaid.
 - b. placed the sealed envelope for collection and for mailing, following our ordinary business practices. I am familiar with this business's practice for collecting and processing correspondence for mailing. On the same day correspondence is placed for collection and mailing. It is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The Notice of Change of Address was placed in the mail:
 - a. **On (Date):** _____
 - b. **At (City and State):** _____

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

Date: _____

Printed Name

Declarant's Signature

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|------------|--------------|
| CASE NAME: | CASE NUMBER: |
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NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

| NAME AND ADDRESS | NAME AND ADDRESS |
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