

SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES	Reserved for Clerk's File Stamp
COURTHOUSE ADDRESS:	
PLAINTIFF/PETITIONER:	
CONSERVATEE:	
DECLARATION OF SERVICE	Case Number:

I the undersigned hereby declare under penalty of perjury that the following is true and correct:

That I have delivered or mailed a copy of the Petition for Re-appointment and Notice of Hearing to the following agencies on the date indicated:

Mailed

Hand-Delivered Date: _____ Director of Health, State of California
Bureau of Patients' Accounts
1600 Ninth Street, 2nd Floor South
Sacramento, CA 95814

Mailed

Hand-Delivered Date: _____ Los Angeles County Public Defender
6464 Sunset Blvd., Suite 810- 8th floor
Los Angeles, CA 90028

Mailed

Hand-Delivered Date: _____ Conservatee: _____
C/O (Facility Name) _____
Address _____

Mailed

Hand-Delivered Date: _____ Facility _____
Address _____

Mailed

Hand-Delivered Date: _____ Any Other _____

Executed on _____ at _____, California

Signature of Conservator