ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	1
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE	1
OF (Name):	
Gi (Namo).	
MINOR (PROPOSED) CONSERVATEE	
	CASE NUMBER:
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	
This notice is required by law.	
This notice does not require you to appear in court, but you may attend the h	earing if you wish.
1. NOTICE is given that (name):	
(representative capacity, if any): has filed (specify):	
rias illeu (specify).	
2. You may refer to documents on file in this proceeding for more information. (Some documents	
Under some circumstances you or your attorney may be able to see or receive copies of confid	ential 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	n 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:	
The first of the maker will be noted as follows:	
a. Date: Time: Dept.:	Room:
L Address of sound	
b. Address of court same as noted above is (specify):	
Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter	
available upon request if at least 5 days notice is provided. Contact the clerk's office for Requesting	st for

Page 1 of 2

Accommodations by Persons with Disabilities and Order (form MC-410). (Civil Code section 54.8.)

GUARDIANSHIP CONSERVATO	RSHIP OF THE	PERSON	ESTATE	CASE NUMBER:	
OF (Name):	MINOR	1 (PROPOSE	D) CONSERVATEE		
		NOTE: *	- D) CONOLINATEL	<u> </u>	
has the right under the law to be notified	ianship or Conservation the date, time, place ail in most situations. It copies of this Notice petitioner (the persoce, but must show thing for someone else inal Notice. It may be used only to sign a proof of person	orship ("Not be, and purpo . In a guard e may be pe on who requi he court that e to perform o show servital service, a	ose of a court hea ianship, however, rsonally served in ested the court he copies of this Not the service and co- ice by mail. To sh and each signed c	earing) may not personally perform tice have been served in a way the law omplete and sign a proof of service, how personal service, each person who copy of that proof of service must be	
* (This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing—Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)					
PROOF OF SERVICE BY MAIL					
<ol> <li>I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.</li> <li>My residence or business address is (specify):</li> </ol>					
an envelope addressed as shown belowa.  depositing the sealed envious with the postage fully preparable.  b. placing the envelope for consumption of the same of t	w AND elope with the United id. illection and mailing of adily familiar with this ay that corresponden with the United State	States Post on the date as business's ace is placed es Postal Se	al Service on the and at the place s practice for collect I for collection and ervice in a sealed	date and at the place shown in item 4 shown in item 4 following our ordinary sting and processing correspondence d mailing, it is deposited in the envelope with postage fully prepaid.	
4. a. Date mailed:		iled (city, st	-		
<ol> <li>I served with the Notice of Hea the Notice.</li> </ol>	ing—Guardianship o	r Conservat	orship a copy of th	he petition or other document referred to in	
I declare under penalty of perjury under th	e laws of the State of	California th	nat the foregoing i	s true and correct.	
Date:		•			
(TYPE OR PRINT NAME OF PERSON COMPLE	ING THIS FORM)		(SIGNATURE	OF PERSON COMPLETING THIS FORM)	
NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED					
Name of person served		Address (	number, street, cit	ty, state, and zip code)	
1.					
2.					
3.					
4.					
Continued on an attachment. (	ou may use form DE	-120(MA)/G	C-020(MA) to sho	ow additional persons served.)	