

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(Name):</i>	
PETITION TO FIX RESIDENCE OUTSIDE THE STATE OF CALIFORNIA	CASE NUMBER:
	HEARING DATE:
	DEPT.: TIME:

1. Petitioner *(name):*
- a. is the guardian of the person the estate
 of *(name):*
- b. is the conservator of the person the estate
 of *(name):*

2. Petitioner requests that the court authorize that the residence for the minor conservatee be fixed outside the State of California to the following location:

- a. Physical address:
- b. Telephone number(s), if known, of the:
 (1) minor or conservatee *(specify):*
 (2) guardian or conservator *(specify):*

3. The reasons for the out-of-state move are *(specify):*

Continued on Attachment 3.

4. a. (1) Current visitation or contact orders are in effect that relate to the minor or conservatee. These orders were issued by Court: _____ Case number: _____
 (2) Person(s) affected by order(s) are *(name, address, and telephone number, if known):*

- (3) These orders were modified on *(date):* _____ to accommodate this move.
 (4) There was a hearing pending on *(date):* _____ to modify the visitation or contact order.
 (5) The person(s) affected by the visitation or contact order consents to the move.
(Attach copies of all visitation and contact orders, or attach as Attachment 4a an explanation why you cannot provide copies of all such orders.)

- b. There are no visitation or contact orders.
5. a. The expected duration of the out-of-state move is more than four months, and the guardianship/conservatorship of the person or its equivalent will be commenced in the place of the new residence.
 b. The minor or conservatee will be returned to California by *(date):* _____ and this guardianship/conservatorship shall remain in full force and effect.
6. a. There is a guardianship conservatorship of the ESTATE, and the guardianship or conservatorship of the estate or its equivalent shall be commenced in the place of the new residence.
 the guardianship or conservatorship of the estate shall remain in California.
 b. There is no estate for the minor or conservatee.

(Continued on reverse)

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (Name): <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE	CASE NUMBER:
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7. A request for special notice

- has not been filed
 has been filed, and notice will be given to the following persons (*names and addresses*):

8. The names, residence addresses, and relationships of the father, mother, spouse, brothers, sisters, grandparents, and children of the **minor**, so far as known to the petitioner, are as follows:

Relationship and name	Residence address
a. Father:	
b. Mother:	
c. Grandparents:	
d. Other (<i>specify</i>):	

e. List of names and addresses continued in Attachment 8e.

9. The names, residence addresses, and relationships of the spouse and all relatives within the second degree of the proposed **conservatee** so far as known to petitioner are:

- a. listed below listed in Attachment 9a
b. not known, so relatives under Probate Code section 1821 (b)(1)-(4) are listed below listed in Attachment 9b

Relationship and name	Residence address
(1)	
(2)	

Date: ▶ _____
(SIGNATURE OF ATTORNEY *)

* (Signature of all petitioners also required (Prob. Code, § 1020).)

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

Date: ▶ _____
(SIGNATURE OF PETITIONER)

.....
(TYPE OR PRINT NAME)

.....
(TYPE OR PRINT NAME) ▶ _____
(SIGNATURE OF PETITIONER)

CONSENT TO OUT-OF-STATE MOVE

I consent to the request to fix the residence of the minor or conservatee outside the State of California and waive notice of the hearing on this petition.

Date: ▶ _____
(SIGNATURE)

.....
(TYPE OR PRINT NAME)

Date: ▶ _____
(SIGNATURE)

.....
(TYPE OR PRINT NAME)

Date: ▶ _____
(SIGNATURE)

.....
(TYPE OR PRINT NAME)

Additional signatures on attachment. Minor must be 12 years of age to consent.