

CALIFORNIA ATTORNEY OR REGISTRANT WITHOUT CALIFORNIA ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF * STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: * Court where registration is filed.	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	
CONSERVATEE	
CONSERVATORSHIP REGISTRANT'S ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK FOR CONSERVATORS * (California Conservatorship Jurisdiction Act)	CALIFORNIA REGISTRATION NUMBER:
JURISDICTION WHERE CONSERVATORSHIP OR ADULT GUARDIANSHIP CASE FILED:	
COURT:	DEPT.: CASE NUMBER:
TITLE OF PROCEEDING:	

I acknowledge that I have received or accessed electronically the *Handbook for Conservators* adopted by the California Judicial Council.

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

Date:

 (TYPE OR PRINT NAME)

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 (SIGNATURE OF CONSERVATORSHIP REGISTRANT)

* File this form with each California superior court where you registered the conservatorship proceeding identified above.