

CALIFORNIA ATTORNEY OR REGISTRANT WITHOUT CALIFORNIA ATTORNEY STATE BAR NO.:		FOR COURT USE ONLY	
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF *			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
* Court where registration is filed.			
CONSERVATORSHIP OF THE (Name):		<input type="checkbox"/> PERSON	<input type="checkbox"/> ESTATE OF 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)



(SIGNATURE OF CONSERVATORSHIP REGISTRANT)

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