

ATTORNEY OR PARTY WITHOUT ATTORNEY: †SELF-REPRESENTED	TELEPHONE NUMBER: 	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA Juvenile and Probate Courthouse 4353 Vineyard Avenue, Oxnard, CA, 93036		
CONSERVATORSHIP OF THE PERSON OF <input type="checkbox"/> AND ESTATE OF: (Name): CONSERVATEE		
PROOF OF SERVICE BY MAIL FOR CONSERVATORSHIP STATUS REPORT Probate Code§2351.2(a)(2)(A); Ventura Superior Court Local Rule 10.02.J		CASE NUMBER:

PROOF OF SERVICE INSTRUCTIONS

After the conservator files the *Conservatorship Status Report* (VN233), with the court, the conservator must serve a copy pursuant to *Probate Code*§2351.2(a)(2)(A). The conservator shall serve a copy of the *Conservatorship Status Report* served on the following persons: (1) Attorney for the conservatee, (usually the Ventura County Public Defender's Office); (2) the conservatee; (3) Other conservators; (4) Spouse or Domestic Partner of the conservatee; and (5) the conservatee's first degree relatives (parents and children). After the Conservatorship Status Report is mailed, the Proof of Service form shall be filed with the court.

I am at least 18 years old. I am the appointed conservator of the conservatee named above, the conservator's attorney, or an employee of the conservator's attorney. I am a resident of or employed in the county where the mailing occurred.

1. My residence or business address is (*specify*):
2. I served a copy of the Conservatorship Status Report (VN233) by enclosing it in a sealed envelope addressed as shown with postage fully prepaid, AND (*check one*):
 - a. ☐ deposited the sealed envelope with the United States Postal Service.
 - b. ☐ placed the sealed envelope for collection and processing for mailing, following the business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully paid.
3. a. Date mailed: _____ b. Place mailed (*city, state*): _____

CASE NAME:	CASE NUMBER:
------------	--------------

4. The Party or Parties served:

Name of Person Served:	Address Where it Was Mailed:

☐ Names and addresses of additional persons served are attached.

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

Date: _____

(Signature of Declarant)

(Print Name of Declarant)