

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
TITLE OF CASE:	CASE NUMBER:
<b>CONSERVATORSHIP          NOTIFICATION TO REGISTRAR OF VOTERS AND THE          SECRETARY OF STATE OF REINSTATEMENT OF VOTING          PRIVILEGES</b>	HEARING DATE:

Name of Conservatee: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last four digits of Conservatee's SSN: \_\_\_\_\_

California Driver License/Identification Card number: \_\_\_\_\_

Conservatee's date of birth: \_\_\_\_\_

*NOTIFICATION TO REGISTRAR OF VOTERS OF REINSTATEMENT OF VOTING*