

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>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
TITLE OF CASE:	CASE NUMBER:
CONSERVATORSHIP NOTIFICATION TO REGISTRAR OF VOTERS AND THE SECRETARY OF STATE OF REINSTATEMENT OF VOTING PRIVILEGES	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 PRIVILEGES