

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: _____ STATE BAR NO: _____ FIRM NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS (OPTIONAL): _____ TELEPHONE NO: _____ ATTORNEY FOR (NAME): _____ FAX NO. (OPTIONAL): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY Monterey Division 1200 Aguajito Road Monterey, California 93940	
CONSERVATORSHIP OF: _____	CASE NUMBER: _____
CONSERVATOR VIEWING RECEIPT	

I acknowledge that I viewed "With Heart: Understanding Conservatorship" on _____ (date) at:
 Online (<http://www.courts.ca.gov/selfhelp-conservatorship.htm>)
 Attorney's Office
 Self-Help Center
 Monterey Courthouse (fee)

Local Resource Information: http://www.co.monterey.ca.us/aaa/download/2016rg_eng.pdf

Información de Recursos Locales: http://www.co.monterey.ca.us/aaa/download/2016rg_sp.pdf

Conservatorship Handbook: <http://www.courts.ca.gov/documents/handbook.pdf>

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

_____, at _____, California.
 (Date Signed) (City)

Signature: _____

Print Name: _____

**1 Receipt for each proposed conservator*