ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number and address):		FOR COURT USE ONLY
TELEPHO	NE NO.:	
E-MAIL ADDRESS (Optional):		
	Y FOR (Name):	
	OR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO	
	DDRESS: 3341 Power Inn Road,	
MAILING ADDRESS: William R. Ridgeway Family Relations Courthouse CITY AND ZIP CODE: Sacramento, CA 95826		
	0.00	
BRANCH NAME: Sitting as the Juvenile Court CHILD(REN)'S NAMES:		CASE NUMBER(S):
***************************************	, •	
		Next Court Date:
NOTICE OF REASSIGNMENT OF COURT APPOINTED ATTORNEY		
	(Without Court Order)	Time: Dept.:
		Вори.
THE COURT AND ALL PARTIES ARE NOTIFIED THAT the following legal representative declares a conflict		
in representing the below named party and makes this reassignment of attorney:		
1.	Name of former legal representative:	
	with agency: CLCSac-1 CLCSac-2 CLCSa	c Conflict PAS DAS SCJD
2. Name of new legal representative:		
	with agency: CLCSac-1 CLCSac-2 CLCSac Conflict PAS DAS SCJI	
	Address: Street address:	Telephone No.:
	City and Zip Code:	. otopo
3.	_	
	Other (specify):	
4.	The matter is currently pending a (type of hearing) hearing on (date) in Department	
••	The matter is earronly perfamily a (type of meaning) hearing on (date) in Department	
5.	The new legal representative was notified on (date) at (time) of the assignment of counsel.	
6. Discovery to be provided to the new legal representative on (date)		
Ciamatura of Attamatu		
Signature of Attorney I declare under penalty of perjury under the laws of the State of California that the information in this form is		
true and correct to my knowledge.		
ii uc i	and control my morniougo.	
	•	
Dat	e Type Name Sigr	nature of Attorney
	•	•