

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, address and telephone #):</i>  STATE BAR NO: ATTORNEY FOR <i>(Name):</i> IN PRO PER YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>FOR COURT USE ONLY</b>
<b>MARIN COUNTY SUPERIOR COURT</b> 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
CONSERVATORSHIP OF:	
<b>ORDER FOR TRANSFER OF VENUE</b>	CASE NUMBER:

IT IS ORDERED that for good cause shown, the court transfers the above titled action forthwith to the Superior Court of California for the County of \_\_\_\_\_.

Transfer fees payable to the Marin County Superior Court are hereby waived.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JUDICIAL OFFICER OF THE SUPERIOR COURT