ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA STREET ADDRESS: 825 Brown Street MAILING ADDRESS: 825 Brown Street CITY AND ZIP CODE: Napa, CA 94559	
PETITIONER: RESPONDENT:	
EX PARTE APPLICATION AND ORDER TO BE RELIEVED AS ATTORNEY OF RECORD FOR MINOR	CASE NUMBER:

I _____, declare as follows:
Attorney's Name

On _____ the court appointed me to represent the minor(s) in this matter pursuant to Family Code section 3150.

I have completed all services and acts ordered by the court.

I request an order to be relieved as attorney for the minor(s) in this matter.

☐ Minor has reached the age of majority.

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

_____	_____	_____
Date	Attorney's Name	Attorney's Signature

ORDER

It appears from the application that the attorney for the minor(s) in this matter has completed all services and acts ordered by the court. Good cause having been shown, **IT IS ORDERED** that _____ is relieved as attorney for the minor(s).
Attorney's Name

Date: _____

_____
Judge