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:	
	CASE NUMBER:
EX PARTE APPLICATION AND ORDER TO BE RELIEVED AS ATTORNEY OF RECORD FOR MINOR	
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.	
3	<b>3</b>
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 thatAttorne	is relieved as
attorney for the minor(s).	r's Name
Date:	
<del>-</del>	Judge