

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

PALM SPRINGS 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262
 TEMECULA 41002 County Center Dr., #100, Temecula, CA 92591

RIVERSIDE 4050 Main St., Riverside, CA 92501

RI-PR082

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)		FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____		CASE NUMBER:
IN THE MATTER OF:		
Hearing Date:	Time:	Department:
PETITION FOR FAMILY ALLOWANCE Probate Code §6540 et seq.		

1. Petitioner (name) _____ is:
 - a. an interested party (relationship to decedent): _____
 - b. the personal representative

2. Petitioner requests an order directing the personal representative of the estate to pay a monthly family allowance from the estate to the following individuals (check all that apply):
 - a. surviving spouse of the decedent
 - b. registered domestic partner of the decedent
 - c. minor child of the decedent
 - d. adult child of the decedent who is physically or mentally incapacitated from earning a living and was actually dependent in whole or in part upon the decedent for support.
 - e. adult child of the decedent who was actually dependent in whole or in part upon the decedent for support
 - f. parent to the decedent who was actually dependent in whole or in part upon the decedent for support

3. The allowance should be in the monthly amount of \$ _____ to (name(s)): _____ indicated in attachment 3.

4. The person(s) indicated in item 3 above is is not eligible to receive a reasonable maintenance from other sources.

5. Petitioner requests the family allowance amount for the following length of time:

IN THE MATTER OF:	CASE NUMBER:
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6. Petitioner alleges family allowance is needed for the following reasons:

Continued on attachment 6.

7. Decedent died on (date): _____

8. Letters were issued on (date): _____

9. Inventory and Appraisal was filed on: _____ reflecting the value of the estate to be: _____

10. The approximate annual income of petitioner (outside assets of the estate) is: \$ _____

11. The monthly expenses of the person(s) indicated in item 3 above are estimated to be as follows:

- | | | |
|---|----|--|
| a. Rent or house payment and maintenance | \$ | |
| b. Food and household supplies | \$ | |
| c. Utilities and Telephone | \$ | |
| d. Clothing | \$ | |
| e. Laundry and cleaning | \$ | |
| f. Medical and dental expenses | \$ | |
| g. Insurance (life, health, accident, etc.) | \$ | |
| h. School, Child care | \$ | |
| i. Child, spousal support (another marriage) | \$ | |
| j. Transportation, gas, auto repair and insurance | \$ | |
| l. Other: _____ | \$ | |
| _____ | \$ | |
| _____ | \$ | |
| Total | \$ | |

12. The estate is expected to be: solvent insolvent

13. Request for Special Notice:

- has been filed by: _____
- or
- has not been filed

