

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- PALM SPRINGS** 3225 E. Tahquitz Canyon Wy., Palm Springs, CA 92262
 RIVERSIDE 4050 Main St., Riverside, CA 92501

RI-PR061

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
IN THE MATTER OF THE <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF:	CASE NUMBER: _____ HEARING DATE AND TIME: _____ DEPT.: _____
REQUEST FOR ORDER WAIVING ACCOUNTING <input type="checkbox"/> AND FOR FEES FROM ESTATE (PROBATE CODE § 2628)	

1. I (*name*): _____ conservator or guardian of the estate and the person of (*name*): _____ request that the court make an order waiving the accounting otherwise due on (*date*): _____ covering the period from (*start date*): _____ to (*end date*): _____. The start date is the end of the period covered by the last accounting that was approved or excused by order of the court.

2. The Conservatee or ward is now living at (*residence address*): _____

This address is the conservatee's or ward's personal residence.

3. An *Inventory and Appraisal* of the estate was filed with the court on (*date*): _____ .

4. From the beginning through the end of the period covered by this request, the estate had a total net value of less than \$15,000, excluding the value of the personal residence described in 5b.

5. The estate of the conservatee or ward contains the following property (*check all that apply*):

a. Cash and bank accounts in the amount of \$ _____ .

b. A personal residence. If not the residence listed in 2, the personal residence is located at (*street address*): _____

A true copy of each of the following documents that applies to the residence is included as Attachment 5b:

- (1) The most recent property tax bill.
- (2) The declarations page from the current homeowner's insurance policy covering the residence.
- (3) The most recent statement for any mortgage or loan secured by the residence; and
- (4) The most recent fee or dues statement for any homeowner's association or similar association.

c. Other property valued at \$ _____ (*describe the estate property here*): _____

IN THE MATTER OF THE ESTATE OF:	CASE NUMBER:
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6. The estate income for each month of the period covered by this request, excluding public benefits, was less than \$2,000.00

7. During the period covered by this request, all the estate's income, if any, was used for the benefit of the conservatee or ward.

8. The estate receives the following income each month (*list each source and amount, then give a total amount*):

Source of Income (e.g., pension, trust, social security)	Monthly Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Additional sources and amounts of income are provided on Attachment 8.

TOTAL (including all amounts from Attachment 8.) \$ _____

9. Neither the source nor amount of the estate's income is expected to change in the foreseeable future, except for automatic cost of living adjustments.

10. a. I and my attorney (if any) have not received any compensation from estate funds unless it was previously approved by an order of this court.
- b. I request authority to be paid the amount of \$ _____ from the estate as compensation for services I have provided to the estate and/or for costs. An itemization is provided in Attachment 10b. The estate has adequate funds to pay this amount and still cover the usual expenses of the conservatee.
- c. My attorney requests authority to be paid the amount of \$ _____ from the estate as compensation for services provided to the estate and/or for costs. An itemization is provided in Attachment 10c. The estate has adequate funds to pay this amount and still cover the usual expenses of the conservatee. I have already paid from my personal funds the amount of \$ _____ toward the amount owing to my attorney, leaving an unpaid balance of \$ _____. I request reimbursement for the amount I have paid.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

Each fiduciary must sign here.

I declare under penalty of perjury under the laws of the State of California that the information provided on this form and on any attachment is true and correct.

Date: _____

(TYPE OR PRINT NAME OF FIDUCIARY)

(SIGNATURE OF FIDUCIARY)

Date: _____

(TYPE OR PRINT NAME OF FIDUCIARY)

(SIGNATURE OF FIDUCIARY)