

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

- MURRIETA** 30755-D Auld Rd., Murrieta, CA 92563  
 **PALM SPRINGS** 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262

- RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-PR082**

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

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

