

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS)		FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO		
STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: Same as above CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME: San Luis Obispo Division		
<input type="checkbox"/> Guardianship of: <input type="checkbox"/> Conservatorship of:		CASE NUMBER:
Date:	Time:	Dept:
PETITION FOR ORDER DISPENSING WITH ACCOUNTING AND BOND PROBATE CODE §§ 2628 & 2323		

I am / we are the (*Check one*): guardian(s) of the estate conservator(s) of the estate of (Name of Minor or Conservatee): _____ and

I am/ we are Petitioners in this matter.

1. Letters of guardianship/conservatorship were issued to Petitioner(s) on

 (*Date*)

2. Assets of the Estate (*complete "a" or "b" below, whichever provides most current value*):

a. Inventory and Appraisal(s) were filed on (*Date or Dates*)

_____ showing the estate to be valued at

\$ _____.

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No Inventory and Appraisal has been filed.

b. The balance on hand at the end of the last accounting period was

\$ _____ and the current market value is \$ _____.

3. Dispensing with Account

Petitioner requests the court dispense with future accounting as long as the conditions specified in Probate Code § 2628(a) are met.

4. Property Values

a. At all times during the period of the report, did the estate consist of property with a total net value of less than \$15,000 (***not including the value of the minor's or conservatee's residence***)?

Yes

b. If yes, describe the estate's property and its value below:

Description of Asset	Value (Report value at end of report period if request made after an accounting)

Additional sources described on Attachment 4.

c. Does the estate include a bank account owned by the minor or conservatee?

Yes

No

If yes, attach a copy of the most recent account statement(s) as Attachment 4(c).

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5. Residence

Does the estate include a residence owned by the minor or conservatee?

- Yes
 No

If yes, did the minor or conservatee live in that residence during the entire period of the report?

- Yes
 No

If no, explain: _____
_____.

6. Income

a. Does the minor or conservatee receive Social Security and/or SSI payments?

- Yes
 No

b. Does the minor or conservatee receive income other than Social Security, SSI, or other public benefit payments (such as rental income or investment income)?

- Yes
 No

c. Does the minor or conservatee have the right to receive income from a trust?

- Yes
 No

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d. Identify the source and amount of all monthly payments, including public benefits, such as Social Security or Veteran's Administration, below:

Source of Monthly Payment	Amount Received Monthly

Additional sources described on Attachment 6b.

e. Neither the source nor amount of the conservatee's or minor's monthly income is expected to change. If the conservatee's or minor's monthly income does change, Petitioner(s) understands that he or she must contact the court investigator regarding the changes immediately.

f. All of the conservatee's or minor's income was used for the benefit, care, or needs of the conservatee or minor.

7. Address:

The current address of the minor/conservatee is: _____

8. Other Information: _____

PRAYER: Petitioner requests that:

1. The court dispense with future accountings provided the conditions of Probate Code § 2628(a) are met.
2. The court dispense with the requirement of a bond pursuant to Probate Code § 2323 provided the conditions of Probate Code § 2628(a) are met.

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3. The court grant such other relief as it deems just and proper.

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

Date: _____
 (Signature of Attorney)

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

Date: _____

 (Signature of Petitioner 1)

 (Print Name)

 (Signature of Petitioner 2 (if needed))

 (Print Name (if needed))

Insert case name:

CASE NUMBER

Attachment 4.C.
Account Statements