

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF (name):	CASE NUMBER:
REQUEST AND ORDER FOR WAIVER OF ACCOUNTING	HEARING DATE AND TIME: DEPT.:

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 (date): to (date):

2. The conservatee or ward named in 1 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. At both the beginning and 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.
(Initial here to verify this statement):

5. The estate of the conservatee or ward contains the following property *(check all that apply)*:
 - a. Cash or 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 verified copy of each of the following documents that applies to the residence is included as Attachment 5b:

 - (1) A true copy of the most recent residential property tax bill;
 - (2) A true copy of the declarations page from the current homeowner's insurance policy covering the residence;
 - (3) A true copy of the most recent statement for any mortgage or loan secured by the residence; and
 - (4) A true copy of the most recent fee or dues statement for any homeowners' association or similar association.
 - c. Other real or personal property valued at: \$ *(describe the estate property here):*

Additional property is described on Attachment 5c.

6. The estate's income for each month of the period covered by this request, excluding public benefits, was less than \$2,000.
(Initial here to verify this statement): _____

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF (name): _____	CASE NUMBER: _____
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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.
 (Initial here to verify this statement): _____

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

Source of income (e.g., pension, trust, social security)	Amount
	\$
	\$
	\$
	\$
	\$

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

TOTAL (including all amounts from Attachment 8): \$

9. Neither the sources nor the amounts of the estate's income are expected to change in the foreseeable future, except for automatic cost-of-living adjustments.

10. This request covers estate activity during the period shown in 1, which begins with (1) the end of the period covered by the last accounting filed with and approved by the court or (2) the date the court last made an order excusing an accounting under Probate Code section 2628, whichever is later, and ends on the date of the fiduciary's signature, below.

Date:

 (TYPE OR PRINT NAME OF ATTORNEY)

▶

 (SIGNATURE OF ATTORNEY)

Each fiduciary must sign here and initial items 4, 6, and 7.

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)

ORDER

The request for an order waiving the accounting for the period stated in item 1 is granted denied.
 This order does not waive or excuse the requirement to file a final accounting in this matter.

Date:

 JUDICIAL OFFICER

