

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF <input type="checkbox"/> Person <input type="checkbox"/> Estate (Name): _____	
REQUEST FOR DEFERMENT OF COURT INVESTIGATOR FEE AND ORDER	CASE NUMBER: _____

I am (we are) now the duly appointed, qualified, and acting conservator(s) of the person and/or estate of said conservatee.

I am (we are) requesting a deferment of the Court Investigator fee ordered to be paid in this matter. The payment of said fee would create a hardship to the conservatee and/or their estate. The request for deferment is based on the following information about the conservatee's assets:

1. The conservatee is is not receiving Medi-Cal benefits.
2. The conservatee's monthly income is \$_____.
3. The conservatee's liquid assets, i.e. cash, are currently valued at \$_____.
4. The conservatee owns does not own any real interest in real property.
5. The conservatee is not the beneficiary of a trust. The conservatee is the beneficiary of a trust. The conservatee's financial interest in the trust is valued at \$_____.

I understand that I have a duty to notify the court of any changes to the conservatee's circumstances that may affect the eligibility for a deferment of fees.

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

Date: _____

 (TYPE OR PRINT NAME OF CONSERVATOR(S))

 (SIGNATURE OF CONSERVATOR(S))

BASED ON THE FOREGOING INFORMATION, THE COURT INVESTIGATOR FEE IS ORDERED:

- Deferred and is payable upon the conservatee's death or liquidation of property.
 Other _____.

Date: _____

Signature: _____
 Judicial Officer