

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NUMBER	FOR COURT USE ONLY	
TELEPHONE NO.:				
E-MAIL ADDRESS (Optional):				
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES				
COURTHOUSE ADDRESS:				
GUARDIANSHIP/CONSERVATORSHIP OF:				
REPORT AND PETITION FOR DISPENSING WITH: ☐ ACCOUNTING ☐ BOND			CASE NUMBER:	
			HEARING DATE:	
			DEPT.:	TIME:

Petitioner is the: ☐ guardian of the estate ☐ conservator of the estate of

(Name of Minor or Conservatee)

1. Letters: Letters of guardianship/conservatorship were issued to petitioner on _____.
2. Inventory and Appraisal (complete "a" or "b" below):
 - a. ☐ Inventory and Appraisal(s) were filed herein on _____
(Date or Dates)
showing the value of the estate to be \$_____.
☐ No Inventory and Appraisal has been filed.
 - b. ☐ The balance on hand at the end of the last accounting period was \$_____.
3. Period of Report
This report covers the period from _____ to _____,
inclusive (the "period of the report").
4. Dispensing with Account
☐ Petitioner requests an order dispensing with the requirement to account for the period _____ to _____.
☐ Petitioner requests the court dispense with future accounting as long as the conditions specified in Probate Code § 2628(a) are met.

Petition Dispensing with Accounting and/or Bond

5. Property Values

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
☐ No

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

Description of Asset	Value at Beginning of Report Period	Value at End of Report Period

6. Residence

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

If no, explain: _____

7. Income

Did the minor or conservatee receive Social Security and/or SSI payments during the period of the report?

- ☐ Yes
☐ No

Did the minor or conservatee receive income other than Social Security, SSI, or other public benefit payments during the period of the report?

- ☐ Yes
☐ No

If yes, identify the source and amount of monthly payments below:

Describe Source of Monthly Payments	Monthly Amount at Beginning of Report Period	Monthly Amount at End of Report Period

8. Bond

- ☐ Petitioner requests that the court dispense with the requirement of bond for the guardian/conservator of the estate.
- ☐ During the entire period covered by this report, the estate met the conditions specified in Probate Code § 2628(a).

9. Veterans Administration Benefits

- ☐ The guardianship/conservatorship estate ***does not*** receive money from the Veterans Administration, receive revenue or profit from money received from the Veterans Administration, or contain property acquired with money from the Veterans Administration. (Notice to the Veterans Administration is not required.)

- ☐ The guardianship/conservatorship estate receives money from the Veterans Administration, receives revenue or profit from money received from the Veterans Administration, or contains property acquired with money from the Veterans Administration. (Notice to the Veterans Administration *is required*.)

10. State Hospital

- ☐ The minor or conservatee ***was not*** a patient in a state hospital at any time during the period of the account.
- ☐ The minor or conservatee was a patient in, on leave from, or on outpatient status from a state hospital during some or all of the period of the account and notice to the Director of the Department of Mental Health or the Director of the Department of Developmental Services *is required*.
- ☐ Notice to the Director of the Department of Mental Health or the Director of the Department of Developmental Services is not required because the value of the guardianship/conservatorship estate is less than \$1,500, the annual gross income of the guardianship/conservatorship estate is less than \$6,000, and the minor or conservatee is not a patient in, on leave from, or on outpatient status from a state hospital.

11. Address

The current address of the minor/conservatee is:

PRAYER: Petitioner requests that:

1. This report be approved.
2. The court dispense with the requirement of an accounting for the period from _____ to _____.
3. The court dispense with future accountings provided that the conditions of Probate Code § 2628(b) are met.
4. The court dispense with the requirement of a bond provided that the conditions of Probate Code § 2628(b) are met
5. The court grant such other relief as it deems just and proper.

Dated: _____

(Signature)

(Typed or Printed Name)

VERIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own personal knowledge, except as to matters stated on information and belief, and as to those matters I believe them to be true.

Executed this _____ day of _____, 2____, at _____.
(City and State)

(Signature)