

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
CONSERVATORSHIP OF:	
FEE DECLARATION: CONSERVATOR	CASE NUMBER:

INSTRUCTIONS: This fee declaration may be used for fees requested by conservators of the person and/or estate. If this form is used, the declaration must be filled out completely and attachments should be used where additional space is needed. This form should not be used for guardianships, decedent's estates or trust matters.

1. I am the conservator in this matter. I am related to the conservatee as (*specify relationship*) _____ .
2. This accounting period begins on _____ and ends on _____. I am requesting fees for services performed during this period.
3. During the period identified in item 2, the conservatee was living at the following residence or facility (*address and name of facility, if any*):

Telephone number: _____

4. The residence or facility identified in item 3 is described as:
 - Conservatee's single family home, condominium, or apartment
 - Relative's or friend's single family home, condominium, or apartment
 - Licensed residential care facility Assisted living facility (more than 7 beds)
 - Board and care facility (6 or fewer beds)
 - Acute care hospital Acute psychiatric hospital Intermediate care facility
 - Skilled nursing facility
 - Other:

5. During this accounting period (identified in item 2):
 - a. Number of personal visits to conservatee by conservator: _____
 - b. Number of hospitalizations or emergency medical treatment: _____
 - c. Changes in residence

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6. Did the conservator retain a bookkeeper or accountant or other person to perform routine estate functions: Yes No

If yes, name the bookkeeper or other person, the functions performed and the total sum paid to the person, if paid by the estate (*use attachment if necessary*):

Name	Function	Amount Paid

7. Did the conservator retain a professional to advise/manage the conservatee's assets: Yes No

If yes, please describe the work performed, who performed the work, how that person was compensated and if compensated by the estate, the total sum paid to that person.

Continued in Attachment 7

(Continued on next page)

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8. Summary of Services Provided

List services provided by general category, total hours, hourly rate and total fee. For each general category of services, please submit a corresponding attachment that includes the statement of facts required by California Rules of Court rule 7.702. In order to describe the services rendered in sufficient detail to demonstrate the productivity of the time spent, each general category must be supported with details of the hours spent cataloged by date. Common services are included. Please use additional blank spaces to identify any other categories of service not included.

Service	Total Hours	Hourly Rate	Total Fee
Supervising and communicating with caregivers			
Communicating with health providers			
Visits to conservatee			
Communicating with conservatee's family and friends			
Arranging moves			
Legal and insurance matters			
Paying conservatee's bills			
Preparation of accounting petition			
TOTAL:			

Continued in Attachment 8

Total hours and fees approved by the court during the previous period:

Hours: _____ Fees: \$ _____

Total fees requested during this accounting period: \$ _____.

Number of months in this accounting period: _____

Total average monthly fee requested: \$ _____ /month.

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

Date: _____

(Type or print name of conservator)

(Signature of Conservator)