

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF _____	
<b>FEE DECLARATION: CONSERVATOR</b> <input type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER _____

**Instructions:** A fee declaration is required when fees are requested by a Conservator of the Person and/or Estate. 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. IDENTITY OF PARTIES/GENERAL INFORMATION**

*This section must be completed for all fee requests (person and estate).*

- a. Conservatee: \_\_\_\_\_
- b. Conservator: \_\_\_\_\_
- c. Conservator's relationship to conservatee:  
 Registered Private Professional Conservator  
 Family Member/Relative  
 Other: \_\_\_\_\_
- d. If filing as a Private Professional Conservator, state your years of experience: \_\_\_\_\_
- e. Description of your experience, specialized training, and education that contributes to your expertise as a fiduciary: \_\_\_\_\_  
 \_\_\_\_\_  
 Continued on Attachment 1e.
- f. Reporting period for this fee request: \_\_\_\_\_
- g. Number of months in this reporting period: \_\_\_\_\_

**2. CONSERVATOR OF THE PERSON**

*This section must be completed if you are seeking compensation as a conservator of the person.*

- a. Type of residence of conservatee:  
 Own home or apartment                       Retirement facility  
 Assisted living facility                         Board and care  
 Skilled nursing facility                          Other: \_\_\_\_\_
  
- b. Conservatee's ability to perform activities of daily living:  

	Yes	No	With Assistance	Comments:
Ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transferring (bed to chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

IN THE CONSERVATORSHIP OF	CASE NUMBER
---------------------------	-------------

c. With respect to services provided during the accounting period for which the conservator of the person is requesting compensation, complete the following table:

Category	Nature of Services & Results Achieved	Level of Difficulty <small>(High, Medium, Low)</small>	Total Hours	Hourly Rate	Total Fee
Communication with Legal Counsel					
Communication with Family/Friends					
Arrangements for Living Situation / Residency (Including meals, clothing, personal care, housekeeping, and recreation)					
Health Care					
Transportation					
Recreation					
Other					
<b>Totals</b>					

d. **Previous Reporting Period:**  
 1. Fees for services approved and paid: \_\_\_\_\_  
 2. Hours for services approved and paid: \_\_\_\_\_  
 3. Average monthly fee for services: \_\_\_\_\_  
 Total fees: \_\_\_\_\_  
 Total hours: \_\_\_\_\_

**Current Reporting Period:**  
 1. Fees for services: \_\_\_\_\_  
 2. Hours for services: \_\_\_\_\_  
 3. Average monthly fee for services: \_\_\_\_\_  
 Total fees: \_\_\_\_\_  
 Total hours: \_\_\_\_\_

e. If, during the accounting period, a person or company assisted in monitoring the care of the conservatee, complete the following:

Name of Hired Agent(s)	Function(s)

Continued on Attachment 2e.

**3. CONSERVATOR OF THE ESTATE**

*This section must be completed if you are seeking compensation as conservator of the estate.*

a. With respect to services provided during the accounting period for which the conservator of the estate is requesting compensation, complete the following table:

Category	Nature of Services & Results Achieved	Level of Difficulty <small>(High, Medium, Low)</small>	Total Hours	Hourly Rate	Total Fee
Estate Administration (collecting income, paying bills, reconciling bank statements, etc.)					
Communication with Legal Counsel					
Asset Management					
Preparation of Court Accounting					
Preparation of Fee Declaration					

IN THE CONSERVATORSHIP OF	CASE NUMBER
---------------------------	-------------

Category	Nature of Services & Results Achieved	Level of Difficulty <small>(High, Medium, Low)</small>	Total Hours	Hourly Rate	Total Fee
Income Tax Return Compilation					
Management of Caregivers					
Health Care Issues					
Marshalling Assets					
Termination of Proceedings					
Participation in Appointment Proceeding					
Sale of Assets					
Income Tax Return Preparation					
Litigation					
Tenancy Issues					
Other					
<b>Totals</b>					
<b>Total Fee Request for Conservator of Estate</b>					

<b>b. Previous Reporting Period:</b> 1. Fees for services approved and paid: _____ 2. Hours for services approved and paid: _____ 3. Average monthly fee for services: _____  <div style="text-align: right;">Total fees: _____ Total hours: _____</div>	<b>Current Reporting Period:</b> 1. Fees for services: _____ 2. Hours for services: _____ 3. Average monthly fee for services: _____  <div style="text-align: right;">Total fees: _____ Total hours: _____</div>
---	---

c. If, during the accounting period, a person or company performed routine accounting services other than income tax preparation and was compensated by the estate, complete the following:

Name of Hired Agent(s)	Function(s)

Continued on Attachment 3c.

I declare under 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

\_\_\_\_\_  
Signature of Conservator