

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <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 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
In the <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Other Name: _____ <div style="text-align: right;"><input type="checkbox"/> Decedent <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor</div>	JUDGE/DEPT.
<input type="checkbox"/> EX PARTE PETITION TO <input type="checkbox"/> INCREASE BOND <input type="checkbox"/> DECREASE BOND AND/OR <input type="checkbox"/> PLACE FUNDS IN BLOCKED ACCOUNT(S)	CASE NUMBER

*NOTE: Petition to increase bond or place funds in blocked accounts may be submitted ex parte.
 All petitions to decrease bond must be submitted on noticed hearing.*

1. Petitioner(s) name(s): _____

2. Petitioner(s) role in case: _____

3. Bond calculation:

- a. Current amount of bond: \$ _____
- b. Appraised value of personal property and real property
 subject to disposition without prior court approval: \$ _____
- c. Estimated annual income from real and personal property: \$ _____
- d. Amount of conservatorship recovery bond required: \$ _____
- e. Total amount of required bond (b + c + d): \$ _____
- f. Amount of deficiency (e - a): \$ _____
- g. Amount of decrease (a - e): \$ _____

- 4. a. Bond should be increased by: \$ _____ for a total bond of \$ _____.
- b. Bond should be decreased by: \$ _____ for a total bond of \$ _____.
- c. The amount of \$ _____ should be placed in one or more blocked accounts as follows:

Amount (\$)	Name of Institution	Address of Institution

In the <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Other Name: _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Decedent <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor </div>	CASE NUMBER
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d. The Order to Deposit Money into Blocked Account, (SDSC Form #MC-355), is submitted concurrently.

e. The vesting of the blocked accounts will be as follows:

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

Date: _____

 Attorney's Signature

Date: _____

 Petitioner's Signature