

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>): TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 180 E WEBER AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH OF NAME: STOCKTON		
In the <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Other of (Name): _____ <div style="text-align: right;"><input type="checkbox"/> Decedent <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor</div>	CASE NUMBER: _____	
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)	HEARING DATE: _____	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 2px;">DEPT: _____</td> <td style="width:30%; padding: 2px;">TIME: _____</td> </tr> </table>	DEPT: _____
DEPT: _____	TIME: _____	

NOTE: A 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; and cannot be submitted ex parte

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/guardianship 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:

IN RE:	CASE NUMBER:
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Amount (\$)	Name of Institution	Address of Institution

5. Additional Information for request (optional):

VERIFICATION

I declare that:

I am the personal representative trustee conservator guardian of the above-entitled estate. I have read the foregoing PETITION TO INCREASE BOND DECREASE BOND AND/OR PLACE FUNDS IN BLOCKED ACCOUNT(S) and know the contents thereof; the same is true of my own knowledge, except as to those matters which are therein stated upon my information or belief, and as to those matters I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this verification was executed on [date]

Date: _____

(Petitioner's Signature)

PETITION TO INCREASE BOND, DECREASE BOND AND/OR PLACE FUNDS IN BLOCKED ACCOUNT(S)

IN RE:	CASE NUMBER:
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**PROOF OF SERVICE OF PETITION TO INCREASE BOND, DECREASE BOND AND/OR PLACE FUNDS IN
BLOCKED ACCOUNT(S)**

1. I am over the age of 18 and not a party to this action. I am a resident or employed in the county where the mailing occurred.

2. My residence or business address is:

3. I served the foregoing Petition to Increase Bond, Decrease Bond and/or Place Funds in Blocked Account(s) on each person named below by enclosing a copy in an envelope addressed as shown below AND

- depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
- placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with the business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United State Postal Service in a sealed envelope with postage fully prepaid.

4. Date Mailed: Placed mailed (*city, state*):

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

Date:

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name of person served</u>	<u>Address (number, street, city, state and zip code)</u>
1.		
2.		
3.		
4.		

Continued on attachment.

PROOF OF SERVICE TO PETITION TO INCREASE BOND, DECREASE BOND AND/OR PLACE FUNDS IN BLOCKED ACCOUNT(S)