

No filing fee is required.

| | | | | |
|--|--|------------------|--------------------|-------|
| 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: | | | CASE NUMBER: | |
| IN THE MATTER OF: | | | HEARING DATE: | |
| REQUEST BY COURT-APPOINTED COUNSEL FOR AUTHORITY TO PERFORM ADDITIONAL HOURS OF SERVICE | | | DEPT.: | TIME: |
| | | | | |
| | | | | |

I, the undersigned, declare:

1. I was appointed as counsel for _____ the (check one):

- Conservatee Proposed conservatee
 Ward Proposed ward

by order dated _____ to represent my client in connection with the follow petition(s)/matter(s):

2. As of _____, I have spent _____ hours in representing my client regarding this Appointment.
(Date)

3. I believe that the maximum number of hours authorized by General Order Re: Probate Volunteer Panel Appointments dated May 20, 2011 will be insufficient to adequately represent my client in this proceeding.

4. I estimate that up to _____ additional hours of services will be necessary to resolve the petition(s)/issue(s) currently pending before the court.

**Request by Court Appointed Counsel
For Authority to Perform Additional Hours of Service**

5. The following explains why additional services are needed [include a description of services performed to date]:

6. A hearing is scheduled in this case on _____
(Date)
- There is no hearing currently scheduled in this case.

7. A copy of this Request by Court Appointed Counsel for Authority to Perform Additional Hours of Services has been served by mail on all parties who have formally appeared in this matter.

8. Proof of service by mail is attached hereto.

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

Dated: _____
(Signature)

(Typed or Printed Name)

(Address)

| | |
|--|---|
| FOR COURT USE ONLY | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Set for hearing on: _____ |
| By: _____ | |

**Request by Court Appointed Counsel
For Authority to Perform Additional Hours of Service**