ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)		FOR COURT USE ONLY
TELEPHONE NO:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional	i i i i	
ATTORNEY FOR NAME		
ATTOTALET FORTHAINE		
ATTORNEY FOR (Name):		
	ORNIA , COUNTY OF SACRAMENTO	
STREET ADDRESS: MAILING ADDRESS:	3341 POWER INN ROAD, ROOM 214	
CITY AND ZIP CODE:	SACRAMENTO, CA 95826	
BRANCH NAME:	WM. R. RIDGEWAY FAMILY RELATIONS COURTHOUSE	
CONSERVATORSHIP OF		
CONCERT/ATOROFIII OF		
(Name):	001/050/4755	
	CONSERVATEE	CASE NUMBER:
REQUEST FOR WAI	VER OF PROBATE COURT INVESTIGATOR FEE -	CASE NOWIDER.
	NSERVATORSHIP CASES ONLY	
	NOEKVATOKOIIII OAGEG GNET	
_		
I,, request a waiver of the investigation fee because:		
Proposed Conservator/ Conservator		
1. Conservatee/Proposed Conservatee receives the following: (check all that apply)		
☐ Food Stamps ☐ IHSS (In-Home Supportive Services)		
<u> </u>		Olind and Disabled
☐ SSI	CAPI (Cash assistance for Program for Aged, E	
☐ SSP	CalWORKS or Tribal TANF (Tribal Temporary A	Assistance for Needy
	Families)	-
	·	
2. The Conservatee's or Proposed Conservatee's monthly income (before deductions for taxes) is less than		
\$1128.13.		
·		
3. If married, the Conservatee's or Proposed Conservatee's monthly income (before deductions for taxes) is less		
than \$1517.71.		
uiaii \$1317.71.		
I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and		
correct.		
CONSERVATOR OR PROPOSED C	CONSERVATOR SIGNATURE	DATE
CONSERVATOR OR PROPOSED C	CONSERVATOR NAME (PRINTED)	PRIMARY PHONE NUMBER