

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) TELEPHONE NUMBER: EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
		HRG DATE:
REFERRAL FOR COURT INVESTIGATOR – COMPENSATION (Local Rule 9.G.)		CASE NUMBER:

A Petition for Compensation of

- 1. Guardian
- 2. Conservator
- 3. Trustee
- 4. Counsel

has been filed in the above matter. Hearing on the petition is set for:

_____, at _____, in Department _____. DATE TIME
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Date

Petitioner/Attorney