

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:</p> <p>NAME:</p> <p>FIRM NAME:</p> <p>STREET ADDRESS:</p> <p>CITY: STATE: ZIP CODE:</p> <p>TELEPHONE NO.: FAX NO.:</p> <p>E-MAIL ADDRESS:</p> <p>ATTORNEY FOR (name):</p>	<p><b>FOR COURT USE ONLY</b></p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>CASE NAME:</p>	
<p style="text-align: center;"><b>APPLICATION FOR APPOINTMENT OF COUNSEL</b></p> <p style="text-align: center;"> <input type="checkbox"/> <b>Guardianship</b>      <input type="checkbox"/> <b>Conservatorship</b>  <input type="checkbox"/> <b>Limited</b> </p>	
<p style="text-align: right;">CASE NUMBER:</p>	

1. I am (name of applicant): the (check all that apply):
  - a.  petitioner.
  - b.  guardian or proposed guardian.
  - c.  conservator or proposed conservator.
  - d.  ward or proposed ward.
  - e.  conservatee or proposed conservatee.
  - f.  other (specify):
  
2. I request appointment of counsel in this proceeding under division 4 of the Probate Code to represent (name):  
(address):  
(telephone number): (e-mail):  
who is a (check all that apply)
  - a.  ward or proposed ward.
  - b.  conservatee or proposed conservatee.
  - c.  person alleged to lack capacity.
  - d.  proposed limited conservatee.
  
3.  The person named in 2 has not retained and does not plan to retain counsel, and is not otherwise represented by counsel.
  
4.  Appointment of counsel to represent the person named in 2 would help to resolve the matter because (explain):
  
5.  Appointment of counsel to represent the person named in 2 is necessary to protect the person's interests because (explain):
  
6.  This is a proceeding described in Probate Code section 1471(a)(1)-(5), 1852, 2356.5, 2357, 3101, or 3201 (specify):
  
7.  This is a proceeding to establish a limited conservatorship or to modify or revoke the powers or duties of a limited conservator.

I declare under penalty of perjury under the laws of the State of California that the information stated on this form is true and correct.

Date: ▶ \_\_\_\_\_  
(SIGNATURE OF APPLICANT)

**APPLICATION FOR APPOINTMENT OF COUNSEL**

