

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

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)