

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	<i>Reserved for Clerk's Lodged Stamp</i>
ATTORNEY FOR (Name):		<i>Reserved for Clerk's Filed Stamp</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
In the Matter of:		
FINANCIAL DOCUMENTS COVER SHEET (Private Professional Conservators/Guardians/Trustees)		
<p>This form is required to be used for Financial Documents submitted in compliance with Probate Code § 2620(c).</p> <p>Documents are to be loosely bound and not stapled (i.e., 3-ring binder or clip) and must be accompanied by a self-addressed postage-prepaid envelope, or written instructions and authorization for pick-up by the conservator/guardian or his/her designee.</p> <p>Hearing Date:</p> <p>Time:</p> <p>Department:</p>		CASE NUMBER:

Name, Address and Telephone number of the Private Professional Conservator/Guardian/Trustee:

Number of pages, including this cover sheet, being submitted: _____

I declare under penalty of perjury that the documents lodged with this caption sheet are the originals.

Date: _____
Private Professional Conservator/Guardian/Trustee

The documents are returned this date by: mail, or pick-up, per instructions.

SHERRI R. CARTER, Executive Officer/Clerk

Date: _____ By: _____
Deputy Clerk

FINANCIAL DOCUMENTS COVER SHEET