SUPERIOR COURT FILED SEP 21 2020 MICHAEL D. PLANET EXECUTIVE Officient and Clerk BY: SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF VENTURA

Administrative Order No. 20.35

Re: Filing of Preliminary/Interim Financial Declaration in Probate Conservatorships **ADMINISTRATIVE ORDER NO. 20.35**

At the time of submission for filing of any type of petition for probate conservatorship, (including a temporary conservatorship) or upon order of the court, the petitioner shall complete and file a confidential Preliminary/Interim Financial Declaration. Petitioner may use "proposed" Ventura Superior Court Local form VN262 "Preliminary/Interim Financial Declaration," (copy attached hereto) pending formal adoption by the judges of the Superior Court or a self-drafted form that includes the information set out in proposed Local form VN262.

Good cause appearing, this information is required to allow the court to identify nonindigent proposed or current conservatees that are to be represented by an attorney that is part of the court's Private Counsel Panel and not the Ventura County Public Defender.

This order shall automatically expire on January 1, 2021, unless extended by the court. IT IS SO ORDERED.

Dated: September <u>21</u>, 2020.

Bruce A. Presiding Judge

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			CONFIDENTIAL
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name	and Address) Tel	lephone Number	
E-MAIL ADDRESS (Mandatory):			
ATTORNEY FOR (Name):			109
SUPERIOR COURT OF CALIFORNIA	, COUNTY OF VENTURA		
Juvenile Courthouse			
4353 Vineyard Ave Oxnard, CA 93036			
			And and a second
IN THE MATTER OF:			
	SERVATORSHIP	di la	CASE NUMBER:
PRELIMINARY/INTER	RIM FINANCIAL DECLARA	TION	0
Ventura Superior	Court Local Rule 10.02.#####		8
Note: If additional space is needed,	please attach additional page	(s)	
1. General Information Regarding	5 S S S S S S S S S S S S S S S S S S S		oosed Conservatee
		- A.	General Limited
b. (Proposed) Conservatee's Ag			In a 10-Year Plus Marriage (Y/N)
		U.	
d. Possible Major Neurocognitive			
e. Possible Developmental Disal		f. Is a Regional	I Center Client (Y/N)
g. Diagnoses:	- And - And -		
h. Shortened life expectancy (Y/	N) If YES, briefly expla	ain	
i. (Proposed) Conservatee has A	dvanced Health Care Directive	e (Y/N)	Approx. AHCD Date:
j. (Proposed) Conservatee has a	Trust (Y/N) Approx.	Trust Date:	
k. Owns home living in now (Y/N) I. Relationship of	(Proposed) Cons	servator
2. Assessing Annual Personal/Co	onservatorship Income and A	<u>\ssets</u>	
Income Source	Amount	Where P	etitioner Obtained Information
a. Pension \$			
e. Other () \$			
f. TOTAL ANNUAL INCOME	\$		
Mandatory Form VN262 (01/2021)	RELIMINARY/INTERIM FIN	ANCIAL DECL	ARATION Page 1 of

b. Medical/Dental Costs/Insurance \$	CONSERVATORSHIP OF (Nan	ne):	Case number:
g. Home, less encumbrances \$			CONSERVATEE
h. Real Estate (not home) i. Cash/Bank/Savings/CDs j. Stocks/Bonds/IRAs s. j. Stocks/Bonds/IRAs k. Other () j. TOTAL ASSETS s. Assessing Trust Assets and Annual Proceeds a. Types of Assets in Trust:	Asset Types	Value	Where Petitioner Obtained Information
i. Cash/Bank/Savings/CDs S	g. Home, less encumbrances	\$	
j. Stocks/Bonds/IRAs \$	h. Real Estate (not home)	\$	
k. Other () \$	i. Cash/Bank/Savings/CDs	\$	
k. Other () \$			
Assessing Trust Assets and Annual Proceeds a. Types of Assets in Trust: b. Estimated Value of Trust Assets: \$			
a. Types of Assets in Trust:	I. TOTAL ASSETS	\$	
b. Estimated Value of Trust Assets: \$	Assessing Trust Assets and	Annual Proceeds	
c. Estimated Annual Receipts from Trust Assets: \$	a. Types of Assets in Trust:		
c. Estimated Annual Receipts from Trust Assets: \$			
Assessing Monthly Expenses Amount Where Petitioner Obtained Information a. Rent/Mortgage/Home Insurance \$	b. Estimated Value of Trust	Assets: \$	
Assessing Monthly Expenses Amount Where Petitioner Obtained Information a. Rent/Mortgage/Home Insurance \$	c. Estimated Annual Receipt	ts from Trust Asse	ts: \$
a. Rent/Mortgage/Home Insurance \$			
b. Medical/Dental Costs/Insurance c. Food/Utilities/Transportation g	Assessing Monthly Expense	<u>s</u> Amo	ount Where Petitioner Obtained Information
c. Food/Utilities/Transportation \$	a. Rent/Mortgage/Home Insura	ance \$	
d. Care Providers \$	b. Medical/Dental Costs/Insura	ance \$	
e. Other () \$	c. Food/Utilities/Transportatior	n \$	
e. Other () \$	d. Care Providers	\$	
Expected Changes to Expenses and/or Income in the next 9 months (housing, care, etc.): eclare under penalty of perjury, under the laws of the State of California that, based upon information and elief, the foregoing is true and correct, and that I have retained a copy for my record. Signature of Conservator/Proposed Conservator	e. Other () \$	band .
Expected Changes to Expenses and/or Income in the next 9 months (housing, care, etc.): leclare under penalty of perjury, under the laws of the State of California that, based upon information and elief, the foregoing is true and correct, and that I have retained a copy for my record. ated Signature of Conservator/Proposed Conservator			
eclare under penalty of perjury, under the laws of the State of California that, based upon information and lief, the foregoing is true and correct, and that I have retained a copy for my record.	f. TOTAL MONTHLY EXPENS	ses \$_	
ated Signature of Conservator/Proposed Conservator	Expected Changes to Expense	ses and/or Income	in the next 9 months (housing, care, etc.):
ated Signature of Conservator/Proposed Conservator	1 may		
ated Signature of Conservator/Proposed Conservator			
ated Signature of Conservator/Proposed Conservator			
ated Signature of Conservator/Proposed Conservator	declare under penalty of periu	rv. under the laws	of the State of California that, based upon information and
			Circulture of Company inter/Decisional Company inter
Type or Print Name	aleo		Signature of Conservator/Proposed Conservator
			Type or Print Name
	entura, CA 93009 and Public De	render's Office at: 80	00 S. Victoria Ave. Suite 207, Ventura, CA 93009.