ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:	TELEPHONE AND FAX NOS.:	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
ATTORNEY FOR *(Name)*:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
☐ ESTATE OF ☐ GUARDIANSHIP OF ☐ CONSERVATORSHIP OF *(Name)*: ☐ DECEDENT ☐ MINOR ☐ CONSERVATEE		
ORDER PRESCRIBING NOTICE (PROBATE)		CASE NUMBER:

THE COURT ORDERS

1. The time and place of hearing* on the petition for
   - a. ☐ compensation on account (Prob. Code, §§ 8547(d), 10830)
   - b. ☐ authority to continue decedent's business (Prob. Code, §§ 9760-9763)
   - c. ☐ order vacating order confirming sale (Prob. Code, §§ 10350, 10351)
   - d. ☐ court authorization for medical treatment (Prob. Code, §§ 2357(c), 3201)
   - e. ☐ appointment of a limited conservator (Prob. Code, § 1822)
   - f. ☐ other *(specify)*:

   (hearing) is set for

Date:	Time:	Dept.:	Room:

   Address of court: ☐ same as noted above ☐ other *(specify)*:

2. Petitioner shall cause notice of the hearing to be
   - a. ☐ served at least *(specify)*: days before hearing personally upon *(name)*:
   - b. ☐ mailed at least *(specify)*: days before hearing, in the manner prescribed by Probate Code section 1215
     to the persons ☐ listed below ☐ listed on Attachment 2b.

     Name Address

   - c. ☐ *(for limited conservatorship only)* mailed to the regional center identified in Probate Code section 1827.5.

Date:

JUDGE OF THE SUPERIOR COURT

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

* This form is not sufficient as *Notice of Hearing*.