ATTACHMENT PB-4064

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) TELEPHONE NUMBER:	*FOR COURT USE ONLY*
EMAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	To keep other people from seeing what you have entered on your form, please press the Reset Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 N. First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street* CITY AND ZIP CODE: San José, CA 95113* BRANCH NAME: Downtown Courthouse	
	HRG DATE:
REFERRAL FOR COURT INVESTIGATOR – COMPENSATION (Local Rule 9.G.)	CASE NUMBER:

A Petition for Compensation of

1. ☐ Guardian
2. ☐ Conservator
3. ☐ Trustee
4. ☐ Counsel

has been filed in the above matter. Hearing on the petition is set for:

_____, at _____, in Department _____.
DATE TIME

_____ _____
Date Petitioner/Attorney

Reset Form