Choose a location

ATTORNEY OR PARTY WITHOUT ATTORNEY *(NAME, STATE BAR NUMBER AND ADDRESS)*:		*FOR COURT USE ONLY*
EMAIL ADDRESS *(Optional)*:	TELEPHONE NO.:	
ATTORNEY FOR *(NAME)*:	*FAX NO. (Optional)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF:		
HEARING DATE:	TIME: / DEPARTMENT:	
ORDER ON REPORT ON STATUS OF ADMINISTRATION **(Probate Code § 12200 et seq.)**		CASE NUMBER:

The status report filed by Petitioner (name): _____

as personal representative of the estate of _____

was heard on (date): _____ at (time): _____ dept: _____

of the above entitled court before the Honorable: _____

The court allows the estate administration to continue for a period of _____

A review hearing regarding further status report or accounting is scheduled as follows:
(Please leave this blank. This will be completed by the Court):

Date: _____ Time: _____ in Dept. _____

The personal representative is ordered to timely serve and file another Report of Status Administration in advance of that date, unless a Petition for Final Distribution has been filed and served.

Dated: _____

_____
Judge of the Superior Court

CLEAR FIELDS PRINT FORM