ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO		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.
STREET ADDRESS:	600 Union Avenue	
MAILING ADDRESS:	P.O. Caller 5000	
CITY AND ZIP CODE:	Fairfield, CA 94533	
IN RE THE MATTER OF		HEARING DATE, TIME AND DEPARTMENT:
(Name):		
ORDER APPOINTING INVESTIGATOR AND NOTICE OF INVESTIGATION COSTS (Probate Code §3140)		CASE NUMBER:

NOTICE OF INVESTIGATION COSTS

The court may appoint a court investigator to investigate and report back to the court on a proposed transaction involving an incapacitated spouse's share of community property. **Pursuant to Solano County Local Rules, rule 7.31, the petitioner is responsible for payment of those court investigation costs.** The rate charged for the investigation is available from the Court Investigators Office and the court. The Court Investigators Office will advise the petitioner of the actual costs. The assessed costs must be paid no later than 30 days after the petitioner is notified of the assessment. If the petitioner believes he or she cannot afford the investigation costs, he or she may request a fee waiver application from the clerk of the court.

- TO: Court Investigators Office Superior Court of California, County of Solano 600 Union Avenue Fairfield, CA 94533
- 1. You are hereby appointed to investigate the above-entitled matter. You are directed to review the petition and the proposed transaction, investigate whether the proposed transaction is advisable, and report your findings to the court before the hearing.
- 2. The court reserves jurisdiction to reallocate, waive, defer, or order reimbursement of any costs assessed in connection with this investigation.

It is so ordered.

Date:

Judge/Commissioner of the Superior Court

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing and execution of this certificate occurred at Fairfield, California on (date): ______.

Form button after you have printed the form.

Clerk, by _____ Deputy.

SCLR 7.31

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