

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): _____ TELEPHONE NUMBER: _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Downtown Courthouse - Probate Division	
Conservatorship of (Name): _____ <div style="text-align: right;"> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited </div>	Temp Hrg Date: _____ Perm Hrg. Date: _____
REFERRAL FOR COURT INVESTIGATOR - CONSERVATORSHIP	CASE NUMBER: _____

Note: A fee may be assessed for Court Investigator Services – See Probate Code § 1851.5

This Referral is being sent to the Probate Investigator’s Office for an investigation regarding (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Appointment | <input type="checkbox"/> Accounting/Review | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Medical Powers | <input type="checkbox"/> Dementia Powers | <input type="checkbox"/> Other: (specify): _____ |
| <input type="checkbox"/> Sale of (former) Residence | <input type="checkbox"/> Substituted Judgment | |

Information about the (Proposed) CONSERVATEE

- **(Proposed) Conservatee’s CURRENT address:**
 Address: _____
 Phone number: _____
- **(Proposed) Conservatee’s HOME address:**
 Address: _____
 Phone number: _____
- **Birth Date:** _____
- **Social Security number:** _____
- **Marital Status:** Single/Divorced Widowed Married Registered Domestic Partner
- **Special needs (i.e. language)?** _____
- **Is (proposed) conservatee under an LPS Conservatorship now?** Yes No
 If yes, LPS # _____
- **(Proposed) Conservatee’s Attorney (name):** _____
 Address: _____

 Phone number: _____ Fax number: _____

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Conservatorship of (Name):	Case Number: General Hearing Date:
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Information about the (Proposed) CONSERVATOR

All proposed Conservators must complete the information on this page. If there is more than one proposed Conservator, attach a copy of this page for each person.

- Name: _____
- Relationship to Conservatee: Spouse Son/Daughter Registered Domestic Partner
 Other (describe): _____
- Home Address: _____
- Home phone: _____ Fax number: _____
- Birth Date: _____
- Social Security number: _____
- Driver’s License number: _____
- Work phone: _____ Cell phone: _____
- (Proposed) Conservator’s Attorney (name): _____
Address: _____
Phone number: _____ Fax number: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Signature of Proposed Conservator

Information sheet(s) for (number) _____ of (proposed) co-conservators is attached.

Conservatorship of (Name):	Case Number: General Hearing Date:
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Information about (Proposed) Conservatee's Relatives & Friends

List the spouse or registered domestic partner, 1st and 2nd degree relatives (these are parents, children, brothers/sisters, grandparents and grandchildren), neighbors and close friends of the (proposed) conservatee.

- Name: _____
- Relationship to (proposed) conservatee: _____
- Home Address: _____
- Home phone: _____ Work phone: _____ Cell phone: _____

- Name: _____
- Relationship to (proposed) conservatee: _____
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Conservatorship of (Name): _____	Case Number: _____
	General Hearing Date: _____

Information about (Proposed) Conservatee's Relatives & Friends

- Name: _____
- Relationship to (proposed) conservatee: _____
- Home Address: _____
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Conservatorship of (Name):	Case Number:
	General Hearing Date:

Information about OTHER ADULTS (age18 or older) who reside with the proposed Conservatee

- Name: _____
- Relationship to (proposed) conservatee: _____
- Home Address: _____
- Home phone: _____ Work phone: _____ Cell phone: _____

- Name: _____
- Relationship to (proposed) conservatee: _____
- Home Address: _____
- Home phone: _____ Work phone: _____ Cell phone: _____

- Name: _____
- Relationship to (proposed) conservatee: _____
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