

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  TELEPHONE NUMBER:  EMAIL ADDRESS (Optional):  ATTORNEY FOR (Name):		FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> 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):  <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited	Temp Hrg Date:  Perm Hrg. Date:	
<b>REFERRAL FOR COURT INVESTIGATOR - CONSERVATORSHIP</b>		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):

- Appointment  Accounting/Review  Termination
- Medical Powers  Dementia Powers  Other: (specify): \_\_\_\_\_
- Sale of (former) Residence  Substituted Judgment

**Information about the (Proposed) CONSERVATEE**

- **(Proposed) Conservatee’s CURRENT address:**  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
- **(Proposed) Conservatee’s HOME address:**  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
- **Birth Date:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_
- **Marital Status:**  Single/Divorced  Widowed  Married  Registered Domestic Partner
- **Language needs / Special needs** \_\_\_\_\_
- **If Limited Conservatorship** , SARC Service Coordinator Name: \_\_\_\_\_  
email: \_\_\_\_\_ SARC Service Coordinator Phone Number: \_\_\_\_\_
- **History of:**  APS  Dependency  CPS  Family Court Case No: \_\_\_\_\_  
If any box is checked, please provide brief history in separate attachment.
- **Is (proposed) conservatee under an LPS Conservatorship now?**  Yes  No  
If yes, LPS # \_\_\_\_\_
- **(Proposed) Conservatee’s Attorney (name):** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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: \_\_\_\_\_ Email: \_\_\_\_\_
- Social Security number: \_\_\_\_\_
- Driver’s License number: \_\_\_\_\_
- Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
- (Proposed) Conservator’s Attorney (name): \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email: \_\_\_\_\_

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.

**Information about (Proposed) Conservatee’s Relatives & Friends**

Conservatorship of (Name):	Case Number:
	General Hearing Date:

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

- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Relationship to (proposed) conservatee: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

**Information about (Proposed) Conservatee's Relatives & Friends**

- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Relationship to (proposed) conservatee: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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Conservatorship of (Name):	Case Number:
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**Information about OTHER ADULTS (age18 or older) who reside with the proposed Conservatee**

- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Relationship to (proposed) conservatee: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Relationship to (proposed) conservatee: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Relationship to (proposed) conservatee: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Relationship to (proposed) conservatee: \_\_\_\_\_
- Home Address: \_\_\_\_\_
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- Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Relationship to (proposed) conservatee: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

- Name: \_\_\_\_\_ Email: \_\_\_\_\_
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- Home Address: \_\_\_\_\_
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