

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: _____ FAX NO. (Optional) _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ Santa Cruz Branch 701 Ocean Street, Room 110 Santa Cruz, CA 95060	
<input type="checkbox"/> Conservatorship <input type="checkbox"/> Person <input type="checkbox"/> Estate of	
REFERRAL TO COURT INVESTIGATOR CONFIDENTIAL	CASE NUMBER: _____

Complete and file with initial petition, each accounting, and when any party changes residence.

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

Hearing Date: _____

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"/> Major Neurocognitive Disorder Powers | <input type="checkbox"/> Substituted Judgment |
| <input type="checkbox"/> Sale of (former) Residence | | <input type="checkbox"/> Other: (Specify) |

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/Divorce Widowed Married Registered Domestic Partner

Special Needs (i.e. language)? _____

Is (proposed) conservatee under an LPS Conservatorship? Yes No

If yes, LPS # _____

(Proposed) Conservatee’s Attorney (name): _____

Address: _____

Phone number: _____

Fax number: _____

Email: _____

(The reverse side may be used for additional information, if desired)

CONSERVATORSHIP OF (NAME):

CASE NUMBER:

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.

	Person	Estate
Name:	_____	_____
Address:	_____	_____
	_____	_____
Daytime Phone:	_____	_____
	_____	_____
Relationship to Conservatee/ward:	_____	_____
Date of Birth:	_____	_____
Social Security Number:	_____	_____
Driver's License Number:	_____	_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Attorney:	_____	_____
Attorney's Address:	_____	_____
Attorney's Fax:	_____	_____
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.

CONSERVATORSHIP OF (NAME):	CASE NUMBER:
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Information about the (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: _____ Email: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____
Relationship to (proposed) Conservatee: _____ Email: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____
Relationship to (proposed) Conservatee: _____ Email: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

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Relationship to (proposed) Conservatee: _____ Email: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____