

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: _____ STATE BAR NO: _____ FIRM NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS (OPTIONAL): _____ TELEPHONE NO: _____ ATTORNEY FOR (NAME): _____ FAX NO. (OPTIONAL): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY Monterey Division 1200 Aguajito Road Monterey, California 93940	
<input type="checkbox"/> Conservatorship <input type="checkbox"/> Person <input type="checkbox"/> Estate of	
REFERRAL TO COURT INVESTIGATOR — CONFIDENTIAL	
CASE NUMBER: _____	

Complete and file with each action listed below, 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 Court Investigator for an investigation regarding (check all that apply):

- Appointment (Prob. Code 2250.6, 1826, 2684)
- Change of Temporary Conservatee's Residence (Prob. Code 2253)
- Medical Powers (Prob. Code 1894)
- Periodic Review / Accounting (Prob. Code 1851, 2356.5(g))
- Transfer from Another State (Prob. Code 1851.1, 2002)
- Other, when court-ordered (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/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: _____

_____ CONSERVATORSHIP OF (NAME):	_____ CASE NUMBER:
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Information about the (Proposed) CONSERVATOR:

All proposed conservators must complete the information on this page. If there are more than two proposed conservators, attach a copy of this page with the additional conservator's information.

	Person	Estate	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 Phone:	_____	_____	_____	_____
Attorney's Fax:	_____	_____	_____	_____

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
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Information sheet(s) for (number) _____ (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): _____		
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): _____		
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): _____		
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): _____		
Home Address: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____