

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	
Conservatorship Guardianship of Person 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):

- | | | |
|----------------------------|----------------------|------------------|
| 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: _____

(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: _____

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

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 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 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) _____ 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): _____		
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: _____