

**CONFIDENTIAL**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> LIMITED CONSERVATORSHIP OF _____	JUDGE/DEPT _____
<input type="checkbox"/> APPOINTMENT <input type="checkbox"/> ACCOUNTING <input type="checkbox"/> OTHER _____	HEARING DATE _____
<b>REFERRAL INFORMATION AND LIST OF RELATIVES (CONFIDENTIAL)</b>	CASE NUMBER _____

**TO BE COMPLETED BY THE PETITIONER**

**1. (Proposed) Conservatee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Gate/Door Code): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Is there an LPS conservatorship?  Yes  No *(If yes, list case number, name & address of LPS conservator)*  
\_\_\_\_\_

Is (proposed) conservatee a Medi-Cal recipient?  Yes  No

**2. Information for the Court Investigator (to be completed by the petitioner):**

**A. Special Circumstances:**

Primary language spoken:  English  Spanish  other: \_\_\_\_\_

Communication issues:  non-verbal  aphasia  other: \_\_\_\_\_

Any other barriers to investigation/meeting with the conservatee that the investigator should be aware of:  
\_\_\_\_\_

**B. Safety/Hazards:**

health hazards  paranoia  unpredictable  aggressive  threatening behavior  other: \_\_\_\_\_

firearms  dogs  drugs  gangs

restraining orders (list case number and court location): \_\_\_\_\_

**3. Name of facility or program:**

*This section is to be completed if the conservatee is always or frequently at another location between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.*

Name: \_\_\_\_\_ Type of Facility/Program: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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CONSERVATORSHIP OF (Name): _____	CASE NUMBER _____
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**4. (Proposed) Conservator:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**5. (Proposed) Conservatee's Physician/General Practitioner:**

Name: \_\_\_\_\_  
Institution (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_ Fax: \_\_\_\_\_

**6. (Proposed) Conservatee's Attorney:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**LIST OF CONSERVATEE'S RELATIVES/FRIENDS:**

*List conservatee's spouse or registered domestic partner, 1<sup>st</sup> degree relatives (parents and children), 2<sup>nd</sup> degree relatives (brothers and sisters, grandparents and grandchildren), neighbors, and, if known, conservatee's close friends.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Tel. No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

See attachment for additional relatives/friends.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature of Petitioner