

**CONFIDENTIAL**

|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br>TELEPHONE NO.: _____ FAX NO.(Optional): _____<br>EMAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____   | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br>CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101   |                           |
| CONSERVATORSHIP OF _____  |                           |
| <b>REFERRAL INFORMATION AND LIST OF RELATIVES<br/>(CONFIDENTIAL)</b>  | CASE NUMBER _____         |
| <b>NOTE:</b> The information provided in this form will assist the Court Investigator in completing a timely investigation. Please complete <b>ALL</b> sections and provide as much detail as possible. This form must be filed with the Petition for Appointment of Probate Conservator (JC Form #GC-310) and each accounting or subsequent petition following the establishment of a conservatorship. |                           |

**A. (Proposed) Conservatee:**

1. Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_
2. Address: \_\_\_\_\_ (Gate/Door Code): \_\_\_\_\_
3. Main Telephone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_
4. Primary language spoken:  English  Spanish  other: \_\_\_\_\_
5. Medi-Cal recipient?  Yes  No
6. Contact person (name/telephone): \_\_\_\_\_
7. Barriers to investigation/meeting (i.e. communication issues, safety hazards, aggressive behavior, etc.): \_\_\_\_\_
8. Diagnosis: \_\_\_\_\_
9. Medications currently being taken:

|       |   |
|-------|---|
| Name: | Major Neurocognitive Disorder<br>(F.K.A. Dementia) Medication |
|-------|---|

- |    |                          |
|----|--------------------------|
| a. | <input type="checkbox"/> |
| b. | <input type="checkbox"/> |
| c. | <input type="checkbox"/> |
| d. | <input type="checkbox"/> |
| e. | <input type="checkbox"/> |

Additional medications listed on attachment A.

10. Name and address of secured facility where (proposed) conservatee will be/is placed, if requesting/granted authority under Prob. Code § 2356.5(b): \_\_\_\_\_

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

**B. (Proposed) Conservatee's School/Facility/Day Program:**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Main Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_
4. Contact person (name/telephone): \_\_\_\_\_

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|                                  |                   |
|----------------------------------|-------------------|
| CONSERVATORSHIP OF (Name): _____ | CASE NUMBER _____ |
|----------------------------------|-------------------|

**C. (Proposed) Conservator:**

- Name & Relationship (to proposed conservatee): \_\_\_\_\_
- Address: \_\_\_\_\_
- Main Telephone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_
- Email: \_\_\_\_\_
- Primary language spoken:  English  Spanish  other: \_\_\_\_\_

**D. (Proposed) Co-Conservator:**

- Name & Relationship (to proposed conservatee): \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Main Telephone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Primary language spoken:  English  Spanish  other: \_\_\_\_\_
- Additional (proposed) conservators listed on attachment D.

**E. (Proposed) Conservatee's Relatives:**

List conservatee's spouse or registered domestic partner, 1<sup>st</sup> degree relatives (parents and children), and 2<sup>nd</sup> degree relatives (brothers and sisters, grandparents and grandchildren), so far as known to petitioner(s). If there are no known relatives, list conservatee's neighbors and close friends, if known.

|     | Name: | Relationship: | Tel. No(s):                | Email: | Minor                    |
|-----|-------|---------------|----------------------------|--------|--------------------------|
| 1.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 2.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 3.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 4.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 5.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 6.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 7.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 8.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 9.  | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |
| 10. | _____ | _____         | Main: _____<br>Work: _____ | _____  | <input type="checkbox"/> |

Additional relatives listed on attachment E.

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

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

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