

CONFIDENTIAL

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| 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> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <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 _____ |
| REFERRAL INFORMATION AND LIST OF RELATIVES (CONFIDENTIAL) | 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 _____ |
|----------------------------------|-------------------|

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, 1st degree relatives (parents and children), 2nd 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