

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name & Address)</i> : TELEPHONE NO: _____ FAX NO <i>(Optional)</i> : _____ EMAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
(PROPOSED) CONSERVATORSHIP OF: <input type="checkbox"/> Person <input type="checkbox"/> Limited <input type="checkbox"/> Estate of: _____	
CONFIDENTIAL CONTACT INFORMATION PURSUANT TO Probate Code Sections 2250.6(a)(1)(A)(B)(C), 1826(a)(1)(2), 1851(a)	CASE NUMBER _____

Hearing Date: _____

Proposed Conservator
 Review
 Successor Conservator

This form must be filed with petitions for the appointment of a conservator, appointment of a successor conservator, and with subsequent accountings. Provide additional pages, if necessary.

SPECIAL PROBLEMS RELATED TO INVESTIGATION *(i.e. language, personal safety, communication)*:

Please note, the Court must be notified immediately of address changes of Conservatees and Conservators.

1. (PROPOSED) CONSERVATEE:

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Day Program *(if appropriate)*: _____

2. PETITIONER *(if different from Proposed Conservator)*:

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

3. (PROPOSED) CONSERVATOR:

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

THE INFORMATION SOUGHT IN THE BALANCE OF THIS FORM RELATES TO THE PROPOSED CONSERVATEE

4. SPOUSE OR REGISTERED DOMESTIC PARTNER:

Spouse Registered Domestic Partner

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

5. RELATIVES WITHIN THE FIRST DEGREE (ADULT CHILDREN, PARENTS):

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

6. RELATIVES WITHIN THE SECOND DEGREE (SIBLINGS, GRANDPARENTS, ADULT GRANDCHILDREN):

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

7. RELATIVES PURSUANT TO PROBATE CODE § 1821(b) (ANY OTHER BIOLOGICAL OR LEGAL RELATIVES OF THE CONSERVATEE NOT LISTED ABOVE):

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

Name: _____

Address: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Relationship to (Proposed Conservatee): _____

8. NEIGHBORS:

Name: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Name: _____

Home No.: _____ Work No.: _____ Cell No.: _____

9. FRIENDS:

Name: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Name: _____

Home No.: _____ Work No.: _____ Cell No.: _____

10. FINANCIAL INFORMATION:

Type of Trust: Living Irrevocable Special Needs Approximate Value of Trust: _____

Name of Trustee: _____

Address: _____

City/State/Zip: _____ Home No.: _____

Is there a will? Yes No Date the trust/will was established: _____