

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO STREET ADDRESS: 450 FOURTH STREET MAILING ADDRESS: 450 FOURTH STREET CITY AND ZIP CODE: HOLLISTER, CA 95023 BRANCH NAME:	
CONSERVATORSHIP OF (Name): _____ <div style="text-align: right;">PROPOSED CONSERVATEE</div>	
CONSERVATEE'S INFORMATION AND LIST OF RELATIVES ** CONFIDENTIAL ** (Probate Conservatorship) Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship <input type="checkbox"/> Initial <input type="checkbox"/> Accounting/Review <input type="checkbox"/> Change of Address Date Conservator Appointed: _____ Effective Date of Move: _____	CASE NUMBER: HEARING DATE: DEPT: _____ TIME: _____

Note: Indicate any special issues relating to a conservatorship investigation (Examples: language spoken, personal safety, communication issues, etc.):

Conservatee:

Name: _____

Address: _____

Phone No.: _____ Contact Person: _____

Name of Day Program/School/Work Program:

NOTE: If Conservatee is always or frequently at another location between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, please identify that location and provide the address, telephone number, and name of a contact person below.

Name: _____ Type of Program: _____

Address: _____

Phone No.: _____ Contact Person: _____

Conservator:

Name: _____ Relationship: _____

Address: _____

Phone No.: _____ Work: _____ Cell: _____

Email:

CONSERVATORSHIP OF <i>(Name)</i> :	CASE NUMBER:
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Co-Conservator:

Name: _____ Relationship: _____

Address: _____

Phone No.: _____ Work: _____ Cell: _____

Email: _____

Attorney for Conservator:

Name/Firm: _____

Address: _____

Phone No.: _____ Fax No.: _____

Email: _____

Attorney for Co-Conservator: (if applicable)

Name/Firm: _____

Address: _____

Phone No.: _____ Fax No.: _____

Email: _____

Attorney for Conservatee: (if applicable)

Name/Firm: _____

Address: _____

Phone No.: _____ Fax No.: _____

Email: _____

Conservatee's Physician/Practitioner:

Name: _____

Institution (if applicable): _____

Address: _____

Phone No.: _____

Email: _____

CONSERVATORSHIP OF (Name):

CASE NUMBER:

LIST OF CONSERVATEE'S RELATIVES/FRIENDS

Please list spouse or registered domestic partner, conservatee's 1st degree relatives (parents and children) and 2nd degree relatives (brothers, sisters, grandparents & grandchildren). If there is a close friend or neighbor who is involved, please list.

Name: _____ Relationship: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Email: _____

CONSERVATORSHIP OF <i>(Name)</i> :	CASE NUMBER:
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Name: _____ Relationship: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Email: _____

Additional pages attached (check box if applicable).

NOTE: This form is to be filed by:

1. The **Proposed Conservator** for the review hearing.
2. Each **Co-Conservator**, if there is more than one conservator, unless both co-conservators agree to put their information on one form.

Please mail completed form to:

**Superior Court of San Benito County
 Probate Clerk, Araceli Ceja
 450 Fourth Street
 Hollister, CA 95023
 831-636-4057 107**