

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF _____	
REFERRAL INFORMATION AND LIST OF RELATIVES (CONFIDENTIAL)	CASE NUMBER _____
The information provided in this form will assist the Court Investigator in completing a timely investigation. Complete ALL 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. Telephone 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 (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. Telephone No.: _____ Email: _____
4. Contact person (name/telephone): _____

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CONSERVATORSHIP OF (Name): _____	CASE NUMBER _____
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C. Regional Center Information:

1. Location: _____
2. Contact person: _____ Telephone No. _____ Email: _____

D. (Proposed) Conservator:

1. Name & Relationship (to proposed conservatee): _____
2. Address: _____
3. Telephone No.: _____
4. Email: _____
5. Primary language spoken: English Spanish other: _____

E. (Proposed) Co-Conservator:

1. Name & Relationship (to proposed conservatee): _____
2. Address: _____
3. Telephone No.: _____
4. Email: _____
5. Primary language spoken: English Spanish other: _____

Additional (proposed) co-conservators listed on attachment D.

F. (Proposed) Conservatee's Relatives:

List conservatee's spouse or registered domestic partner, 1st degree relatives (parents and children), and 2nd 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: _____ Work: _____	_____	<input type="checkbox"/>
2.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
3.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
4.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
5.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
6.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
7.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
8.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>

Additional relatives listed on attachment F.

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