

SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS): ATTORNEY FOR: TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P.O. Box 619072 P.O. Box 5669 Roseville, CA 95661-9072 Tahoe City, CA 96145	
CONSERVATORSHIP/GUARDIANSHIP OF THE: <input type="checkbox"/> PERSON: <input type="checkbox"/> ESTATE OF:	
COURT INVESTIGATOR INFORMATION SHEET (Probate Code §1826)	CASE NUMBER: _____

Guardian/Conservator: Please provide all requested information.

1. Proposed Guardian/Conservator:

(a) Name: _____

(b) Business Address: _____

(c) Residence Address: _____

(d) Telephone: Business: _____ Residence: _____

2. Proposed Ward/Conservatee:

(a) Address: _____

(b) Present Location (if not at above address): _____

(c) Telephone for 2a: _____ for 2b: _____

(d) Name of Facility if other than private home: _____

(e) Person in charge of 2d: _____

3. Name of Ward/Conservatee's Spouse or Registered Domestic Partner:

(a) Address: _____

(b) Telephone: Business: _____ Residence: _____

4. State any other information you believe should be available to the investigator:

5. List Ward/Conservatee's 1st Degree Relatives, 2nd Degree Relatives, Neighbors, and Close Friends on the following sheets.

Use the following page(s) to provide information to the greatest extent possible on the Ward's/Conservatee's 1st & 2nd Degree relatives, neighbors, and close friends. Attach additional sheets as necessary.

This form completed by: _____ (Print Name) _____ (Signature) _____ (Date)

This form is to be filled in by typing or printing ONLY and submitted for filing prior to all scheduled reviews/investigations as ordered by the Court with the following:

1. With the proposed Order of Assignment of Guardian/Conservator if Ward/Conservatee will be able to attend the hearing.
2. With the filing of each annual accounting/report after the initial appointment in every case.
3. Upon any change of address of the Ward/Conservatee and/or the Guardian/Conservator.

Conservatorship/Guardianship of the <input type="checkbox"/> Person:	<input type="checkbox"/> Estate of:	Case Number:
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Name: _____ Relationship to Ward/Conservatee: _____

Business Address: _____

Residence Address: _____

Telephone: Business: _____ Residence: _____

Name: _____ Relationship to Ward/Conservatee: _____

Business Address: _____

Residence Address: _____

Telephone: Business: _____ Residence: _____

Name: _____ Relationship to Ward/Conservatee: _____

Business Address: _____

Residence Address: _____

Telephone: Business: _____ Residence: _____

Name: _____ Relationship to Ward/Conservatee: _____

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Residence Address: _____

Telephone: Business: _____ Residence: _____

Name: _____ Relationship to Ward/Conservatee: _____

Business Address: _____

Residence Address: _____

Telephone: Business: _____ Residence: _____

Name: _____ Relationship to Ward/Conservatee: _____

Business Address: _____

Residence Address: _____

Telephone: Business: _____ Residence: _____