

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>) TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO STREET ADDRESS: HALL OF JUSTICE AND RECORDS MAILING ADDRESS: 400 COUNTY CENTER CITY AND ZIP CODE: REDWOOD CITY CA 94063-1662 BRANCH NAME: Southern Branch	
CONSERVATORSHIP OF (<i>Name</i>): _____ PROPOSED CONSERVATEE	
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.):

(Proposed) Conservatee:

Name: _____
Address: _____ Zip: _____
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: _____ Zip: _____
Phone No.: _____ Contact Person: _____

(Proposed) Conservator:

Name: _____ Relationship: _____
Address: _____ Zip: _____
Phone No.: _____ Work: _____ Fax: _____ Cell: _____
Email: _____

CONSERVATEE'S INFORMATION & LIST OF RELATIVES - CONFIDENTIAL

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

Name: _____ Relationship: _____
Address: _____ Zip: _____
Phone No.: _____ Work: _____ Fax: _____ Cell: _____
Email: _____

Attorney for (Proposed) Conservator:

Name/Firm: _____
Address: _____ Zip: _____
Phone No.: _____ Fax No.: _____
Email: _____

Attorney for (Proposed) Co-Conservator: (if applicable)

Name/Firm: _____
Address: _____ Zip: _____
Phone No.: _____ Fax No.: _____
Email: _____

Attorney for (Proposed) Conservatee: (if applicable)

Name/Firm: _____
Address: _____ Zip: _____
Phone No.: _____ Fax No.: _____
Email: _____

(Proposed) Conservatee's Physician/Practitioner:

Name: _____
Institution (if applicable): _____
Address: _____ Zip: _____
Phone No.: _____

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: _____ Zip: _____

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

Email: _____

Name: _____ Relationship: _____

Address: _____ Zip: _____

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

Email: _____

Name: _____ Relationship: _____

Address: _____ Zip: _____

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

Email: _____

Name: _____ Relationship: _____

Address: _____ Zip: _____

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

Email: _____

Name: _____ Relationship: _____

Address: _____ Zip: _____

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

Email: _____

CONSERVATEE'S INFORMATION & LIST OF RELATIVES - CONFIDENTIAL

CONSERVATORSHIP OF (<i>Name</i>):	CASE NUMBER:
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Name: _____ Relationship: _____
 Address: _____ Zip: _____
 Home Phone No.: _____ Work Phone No.: _____
 Email: _____

Name: _____ Relationship: _____
 Address: _____ Zip: _____
 Home Phone No.: _____ Work Phone No.: _____
 Email: _____

Please use Local Court Form PR – 1A if more space is needed to continue list.

Additional pages attached (Form PR-1A) (check box if applicable).

NOTE: This form is to be filed by:

1. The **Proposed Conservator** with the Petition for Conservatorship.
2. The **Conservator** when filing a Petition for Accounting.
3. The **Conservator** upon change of address of the Conservatee and/or Conservator
4. 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 and one additional copy to:

**SAN MATEO COUNTY SUPERIOR COURT
 PROBATE CLERK'S OFFICE
 400 COUNTY CENTER, 1ST FLOOR
 REDWOOD CITY, CA 94063-1655**