SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

☐ **INDIO** 46-200 Oasis St., Indio, CA 92201 ☐ **TEMECULA** 41002 County Center Dr., Ste. 100, Temecula, CA 92591

☐ **RIVERSIDE** 4050 Main St., Riverside, CA 92501

RI-PR016

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar Number and Address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name)*:	
CONSERVATORSHIP OF (Name): (PROPOSED CONSERVATEE)	CASE NUMBER:

Hearing Date:	Time:	Department:

PROBATE INVESTIGATORS REFERRAL REPORT (CONFIDENTIAL)

You are receiving this form because the court may be required to complete an investigation under Probate Code section 1826, 1851, 1984, 2250.6, or 2684.

If you have recently moved, you are required to notify the court immediately by completing one or both of the following forms: GC-80, GC-79, or MC-40. These forms may be located and completed on line at http://www.courts.ca.gov/.

1. Proposed conservatee's relatives:
   The names, relationships, phone numbers, and e-mail addresses of the spouse or registered domestic partner and the second-degree relatives of the proposed conservatee (his or her parents, grandparents, children, grandchildren, and brothers and sisters), so far as known to petitioner are:

	Name	Relationship	Telephone Number	E-Mail Address
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

☐ Continued on attachment.

IN THE MATTER OF:	CASE NUMBER:

2. The phone number of the conservatee is _____ .

3. ☐ The conservatee resides at a location other than a private home (*name*): _____ .

   The person in charge of the residence is (*name*): _____ (phone): _____ .

4. The contact person to make an appointment with the proposed conservatee is (name): _____ (phone): _____ .

5. The ☐ conservatee ☐ proposed conservator speaks a language other than English and will require translation for the following language (please specify): _____ .

   The following person will provide translation:

NAME	RELATIONSHIP	TELEPHONE NUMBER

   ☐ A certified American Sign Language interpreter will be required for the investigation and all court hearings.

6. The conservatee attends a ☐ school ☐ day program.

   Adddress: _____

   Phone: _____

   Schedule of attendance: _____

7. The current diagnosis of the conservatee is: _____.

   The conservatee is currently on the following medications:

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

_____
(SIGNATURE OF PERSON COMPLETING FORM)