

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

- MURRIETA** 30755-D Auld Rd., Murrieta, CA 92563  
 **PALM SPRINGS** 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262

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

**RI-PR016**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )		FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____		
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-080, GC-079, or MC-040. These forms may be located and completed on line at <http://www.courts.ca.gov/>.

**Contact Information:**

1. 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 1.

IN THE MATTER OF:	CASE NUMBER:
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2. The phone number of the conservatee is \_\_\_\_\_ .
3. The contact person to make an appointment with the proposed conservatee is (*name*): \_\_\_\_\_  
(*phone*): \_\_\_\_\_ .

**Residence**

4. The proposed conservatee resides (*check all that apply*):
- a.  with the proposed conservator, or may move to reside with the proposed conservator if the petition is granted. The adult residents of the proposed conservator's home are as follows:

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Continued on Attachment 4(a).
- b.  at a location other than the residence of the proposed conservator, and will not move to reside with the proposed conservator if the petition is granted.
- c.  at a location other than a private home (*name*): \_\_\_\_\_ .
- The person in charge of the residence is (*name*): \_\_\_\_\_ (phone): \_\_\_\_\_ .

**Language**

5. The  proposed conservatee  proposed conservator speaks a language other than English and will require translation for the following language:  American Sign Language  Spanish
- Other (*please specify*): \_\_\_\_\_ .

- a.  The following person will provide translation:

NAME	RELATIONSHIP	TELEPHONE NUMBER
_____	_____	_____

- b.  An interpreter is needed.

IN THE MATTER OF:	CASE NUMBER:
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**Activities**

6. The conservatee attends a  school  day program.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Schedule of attendance: \_\_\_\_\_

**Medical**

7. The physician(s) or other health care provider(s) now seeing or treating the proposed conservatee are as follows:

Name, Address, Telephone Number

\_\_\_\_\_  
 \_\_\_\_\_

continued on Attachment 7.

8. The current diagnosis of the proposed conservatee is: \_\_\_\_\_

9. The proposed 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: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF PERSON COMPLETING FORM)