

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
(PROPOSED) CONSERVATORSHIP OF:		
<input type="checkbox"/> PERSON <input type="checkbox"/> LIMITED <input type="checkbox"/> ESTATE		
CONSERVATORSHIP CONTACT INFORMATION		CASE NUMBER:
(CONFIDENTIAL)		HEARING DATE:

PROPOSED REVIEW SUCCESSOR CONSERVATOR

General Directions: This form must be filed with petitions for the appointment of a conservator, for appointment of a successor conservator, and with subsequent accountings. Add pages if necessary to give complete information.

1. (PROPOSED) CONSERVATEE

Name _____ Address _____ City, State, Zip Code _____
 Telephone Numbers: Residence _____ Day Program (if appropriate) _____

SPECIAL PROBLEMS RELATED TO INVESTIGATION (i.e. language, personal safety, communication)

NOTE: The Court must be notified immediately of address changes of Conservatees and Conservators.

2. PETITIONER (if different from Proposed Conservator)

Name _____ Address _____ City, State, Zip Code _____
 Telephone Numbers: (home) _____ (work) _____ (cell) _____
 Relationship to (Proposed Conservatee) _____

Insert Case Name:	CASE NUMBER:
-------------------	--------------

3. (PROPOSED) CONSERVATOR

Name Address City, State, Zip Code

Telephone Numbers: (home) _____ (work) _____ (cell) _____

Relationship to (Proposed Conservatee) _____

4. SPOUSE REGISTERED DOMESTIC PARTNER

Name Address City, State, Zip Code

Telephone Numbers: (home) _____ (work) _____ (cell) _____

5. RELATIVES WITHIN THE FIRST DEGREE (Adult Children, Parents)

Name Address City, State, Zip Code

Telephone Numbers: (home) _____ (work) _____ (cell) _____

Relationship to (Proposed Conservatee) _____

Name Address City, State, Zip Code

Telephone Numbers: (home) _____ (work) _____ (cell) _____

Relationship to (Proposed Conservatee) _____

Name Address City, State, Zip Code

Telephone Numbers: (home) _____ (work) _____ (cell) _____

Relationship to (Proposed Conservatee) _____

6. RELATIVES WITHIN THE SECOND DEGREE (Grandparents, Adult Grandchildren, Sisters and Brothers)

Name Address City, State, Zip Code

Telephone Numbers: (home) _____ (work) _____ (cell) _____

Relationship to (Proposed) Conservatee _____

Name Address City, State, Zip Code

Telephone Numbers: (home) _____ (work) _____ (cell) _____

Relationship to (Proposed) Conservatee _____

Insert Case Name:	CASE NUMBER:
-------------------	--------------

7. RELATIVES PURSUANT TO PROBATE CODE §1821(B)

If no spouse or domestic partner of the proposed conservatee or relatives within the second degree are known to the petitioner, please identify:

Spouse or domestic partner of a predeceased parent of a proposed conservatee:

Name	Address	City, State, Zip Code
Telephone Numbers: (home) _____ (work) _____ (cell) _____		

Children of a predeceased spouse or domestic partner of a proposed conservatee (Attach pages if necessary)

Name	Address	City, State, Zip Code
Telephone Numbers: (home) _____ (work) _____ (cell) _____		

Siblings of the proposed conservatee's parents, but if none, then the natural and adoptive children of the proposed conservatee's parent's siblings (Attach pages if necessary)

Name	Address	City, State, Zip Code
Telephone Numbers: (home) _____ (work) _____ (cell) _____		

Nieces and nephews of the proposed conservatee (Attach pages if necessary)

Name	Address	City, State, Zip Code
Telephone Numbers: (home) _____ (work) _____ (cell) _____		

8. NEIGHBORS

Name	(home) _____	(work) _____	(cell) _____
Telephone Numbers			
Name	(home) _____	(work) _____	(cell) _____
Telephone Numbers			

9. FRIENDS

Name	(home) _____	(work) _____	(cell) _____
Telephone Numbers			
Name	(home) _____	(work) _____	(cell) _____
Telephone Numbers			