

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)	
TELEPHONE NUMBER:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA MAILING ADDRESS: 1515 COURT STREET, ROOM 110 CITY AND ZIP CODE: REDDING, CA 96001 DIVISION: CIVIL	
CONSERVATORSHIP OF (Name):	
INFORMATION SHEET - CONFIDENTIAL	CASE NUMBER:

1. Name of Proposed Conservatee: _____
Address: _____
Name of Facility: _____
Telephone Number: _____ Contact Person: _____
Primary Language Spoken: English Spanish Other Non-verbal Aphasia Other
LPS Conservatorship? Yes No (if yes, list case number): Medi-Cal recipient? Yes No
Regional Center Client: Yes No Case Worker Contact: _____
Name of Program/Address: _____ Contact/Phone Number: _____

2. Petitioner's Name: _____
Address: _____
Telephone Number: _____

3. List of Conservatee's Relatives/Friends (*List conservatee's spouse or registered domestic partner, 1st degree relatives (parents and children) 2nd degree relatives (brothers and sisters, grandparents and grandchildren) neighbors, and close friends (if known).*)

Name: _____
Address: _____
Telephone Number: _____
Relationship: Spouse Domestic Partner Relative Friend

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

CONSERVATORSHIP OF <i>(Name)</i> :	CASE NUMBER:
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Name: _____

Address: _____

Telephone Number: _____

Relationship: Spouse Domestic Partner Relative Friend

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Name: _____

Address: _____

Telephone Number: _____

Relationship: Spouse Domestic Partner Relative Friend

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Relationship: Spouse Domestic Partner Relative Friend