

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.. E- MAIL ADDRESS: ATTORNEY FOR INameI:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
TITLE OF CASE:	CASE NUMBER
LIST OF REQUIRED CONTACT INFORMATION FOR CONSERVATORSHIPS	HEARING DATE:

Pursuant to Probate Code sections 1826 and 2684, you must complete and return this form. The Probate Investigator's Office is required to contact the proposed conservatee's spouse or registered domestic partner, their relatives in the first and second degree, as well as neighbors and close friends, if known, in order to complete an investigation.

Relatives in the first degree consist of the proposed conservatee's parents and children eighteen (18) years of age and over. Relatives in the second degree consist of siblings, grandparents and grandchildren eighteen (18) years of age and over.

A registered domestic partner is an individual over the age of eighteen (18) years who is of the same gender; or over the age of sixty-two (62) years and are of the opposite sex, and are eligible for Social Security benefits for old aged individuals; share the same residence as the proposed conservatee; not married to someone else; and have filed a Declaration of Domestic Partnership with the Secretary of State (Family Code section 297).

This pertinent information must be submitted immediately, to allow the Court Investigator's Office sufficient time to prepare a report prior to the hearing date.

MOTHER: Check Box if DECEASED
 Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____

FATHER: Check Box if DECEASED
 Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____

SPOUSE: Check Box if DECEASED
 Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____

Please complete and return to Clerk's Office with the Petition Page _____ of _____

**LIST OF REQUIRED CONTACT INFORMATION FOR CONSERVATORSHIPS
 PROBATE CODE SECTIONS 1826, 2684**

TITLE OF CASE:	CASE NUMBER:
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OPTIONAL ATTACHMENT TO LIST OF REQUIRED CONTACT INFORMATION FOR CONSERVATORSHIPS

REGISTERED DOMESTIC PARTNER:

Check Box if DECEASED

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

MATERNAL GRANDMOTHER:

Check Box if DECEASED

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

PATERNAL GRANDMOTHER:

Check Box if DECEASED

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

PATERNAL GRANDFATHER:

Check Box if DECEASED

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

- Check Box if **NO ADULT CHILDREN**
- Check Box if **NO ADULT GRANDCHILDREN**
- Check Box if **NO ADULT BROTHERS AND NO ADULT SISTERS**
- Check Box if **NO KNOWN NEIGHBORS**
- Check Box if **NO KNOWN CLOSE FRIENDS**

USE FORM SB-12224A FOR ADULT CHILDREN, ADULT BROTHERS, ADULT SISTERS, KNOWN NEIGHBORS OR CLOSE FRIENDS.

Check Box if additional attachments are necessary to list all parties

Page _____ of _____

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PROBATE CODE SECTIONS 1826, 2684**