

**Superior Court of California  
County of San Bernardino**

Court Investigators Referral Report

|                       |               |                         |
|-----------------------|---------------|-------------------------|
| Proposed Conservatee: |               | Phone Number:<br>(    ) |
| Case Number:          | Hearing Date: | Filing Date:            |

|  |                         |
|--|-------------------------|
| Address:   | Zip Code:               |
| <i>Address Presently located (if different):</i>             | Zip Code:               |
| Person to be contacted to make appointment with conservatee: | Phone Number:<br>(    ) |
| Attorney Name:   | Phone Number:<br>(    ) |
| Attorney Address:  | Zip Code:               |
| Proposed Conservator Name:                                   | Phone Number:<br>(    ) |
| Proposed Conservator Address:                                | Zip Code:               |
| Doctor declaring non-attendance:                             | Phone Number:<br>(    ) |
| Doctor's Address:  | Zip Code:               |

State any information that should be available to investigator:

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date