

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUTTER STREET ADDRESS: 1175 Civic Center Boulevard MAILING ADDRESS: 1175 Civic Center Boulevard CITY AND ZIP CODE: Yuba City, CA 95993 BRANCH NAME: _____	
Conservatorship of: _____	
INFORMATION SHEET FOR COURT INVESTIGATOR	CASE NUMBER: _____

1. HEARING DATE: _____

2. CONSERVATOR:
 Name: _____
 Address: _____
 Telephone: Home: _____ Other: _____

CO-CONSERVATOR (*if applicable*):
 Name: _____
 Address: _____
 Telephone: Home: _____ Other: _____

3. CONSERVATEE:
 Name: _____
 Address: _____
 Telephone: _____
 Name of care facility, name of person in charge and telephone number (*if applicable*):

If conservatee resides in a private home, list all adults residing in the home:

4. Describe significant changes that have occurred since the last hearing:

Print Conservator's Name: _____

Conservator's Signature: _____ Date: _____