ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): 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:	
	er:
CO-CONSERVATOR (<i>if applicable)</i> : Name:	
Name: Address:	
	er:
3. CONSERVATEE: Name:	
Address:	
Telephone:	
——————————————————————————————————————	
If conservatee resides in a private home, list all adults residing in the h	ome:
4. Describe significant changes that have occurred since the last hearing	:
Print Conservator's Name:	_
Conservator's Signature:	Date: