

SAN BERNARDINO COUNTY SUPERIOR COURT
PROBATE INVESTIGATORS REFERRAL REPORT

(To be completed if proposed ward or conservatee will NOT be able to attend hearing per Probate Code Section 1461.1 and 1754.)

Probate No. _____

Hearing Date _____

Filing Date _____

Date Mailed to Central _____

Proposed Conservatee

Address _____ Zip _____ Phone _____

Address *(Presently located if different)* _____ Zip _____ Phone _____

Name of residence if other than private home _____ Person in charge _____ Phone _____

Person to be contacted to make appointment with conservatee _____ Phone _____

Attorney _____ Address _____ Zip _____ Phone _____

Proposed conservator _____ Address _____ Zip _____ Phone _____

Doctor declaring non-attendance _____ Address _____ Zip _____ Phone _____

State any information that should be available to investigator:

Date

Signature of person completing form