

**Superior Court of California
County of San Bernardino
Notification of Court of Conservatorship Address**

Case Number: _____ Hearing Date: _____

CONSERVATEE

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: () _____ Secondary Phone Number: () _____

ATTORNEY FOR CONSERVATEE

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: () _____ Secondary Phone Number: () _____

CONSERVATOR

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: () _____ Secondary Phone Number: () _____

ATTORNEY FOR CONSERVATOR

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: () _____ Secondary Phone Number: () _____

COMPLETED BY

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: () _____ Secondary Phone Number: () _____

To be completed by conservator when appointed

To be completed by conservator when making accounting. Forward to Probate Investigator's office.