

**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.*