

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
IN THE MATTER OF THE CONSERVATORSHIP OF: _____	
REFERRAL FOR COURT INVESTIGATOR-CONSERVATORSHIP CHANGE OF ADDRESS (PROBATE – KERN COUNTY)	
CASE NUMBER: _____	

Note: A fee may be assessed for Court Investigator Services-See Probate Code §1851.5

Please take notice that, as of **(date)**: _____

The **(Proposed) Conservator (name)**: _____

Request(s) to change the residence of the (Proposed) Conservatee and hereby provides notice to Family Court Services for an investigation regarding the proposed change for this temporary conservatorship matter.

(Proposed) Conservator's Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

Information about the (Proposed) CONSERVATEE

- (Proposed) Conservatee's CURRENT address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

- **(Proposed) Conservatee's NEW HOME address:**

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

- **Purpose for the (Proposed) Conservatee's change of address:**

Explain the reasons for requesting the move: _____

Date: _____

(Print Name)

(Signature of Party or Attorney)