

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME AND ADDRESS</i>): TELEPHONE NO.:	<i>For Court Use Only</i>
ATTORNEY FOR (<i>NAME</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> LIMITED CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE <input type="checkbox"/> PERSON AND <input type="checkbox"/> ESTATE OF:	
<input type="checkbox"/> Conservatee <input type="checkbox"/> Minor	
NOTICE OF RESIDENCE <input type="checkbox"/> RESIDENCE CHANGE	CASE NO.:

- | | |
|---|---|
| 1. <input type="checkbox"/> CONSERVATOR <input type="checkbox"/> GUARDIAN OF THE PERSON:
Name:
Address:

Telephone: | 2. <input type="checkbox"/> CONSERVATOR <input type="checkbox"/> GUARDIAN OF THE ESTATE:
Name:
Address:

Telephone: |
| 3. <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> CONSERVATOR <input type="checkbox"/> MINOR OF THE PERSON:
Name:
Address:

Telephone: | 4. <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> CONSERVATOR <input type="checkbox"/> MINOR OF THE ESTATE:
Name:
Address:

Telephone: |
| 5. <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR:
Name:
Address:

Telephone: | 6. <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR, IF ANY:
Name:
Address:

Telephone: |
| 7. <input type="checkbox"/> CARE FACILITY MANAGER, IF ANY:
Name:
Address:

Telephone: | 8. COURT INVESTIGATOR:
OFFICE OF THE COURT INVESTIGATOR
701 Ocean Street, Room 110
Santa Cruz, CA 95060
(831) 420-2200 |
| 9. Date of Next Hearing: _____ | 10. Will Conservatee Attend Hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No |

DATED: _____

(Type or print name)

(Signature)

NOTE: A Notice of Residence must be filed at the same time as the initial petition for appointment, all subsequent accountings and whenever there is a change in residence of the conservatee or minor.