

## **PROBATE REFERRAL GUIDELINES**

In order to avoid unnecessary delays in our investigation of referrals for representative payee or probate conservatorship, the following guidelines should be observed:

1. Letter of Referral

The referral letter which is used for supportive evidence should be in narrative form and should include:

- a) Need for our services.
- b) Background information
- c) Other alternatives that have been explored, including family and why these alternatives were not successful.
- d) Willingness or resistance of proposed client.
- e) Names, addresses and telephone numbers of agencies, physicians or other persons involved and type of involvement.
- f) Source of income and location of assets.
- g) Any other information that would expedite our investigation.

2. Investigation Report – Referral Information

Complete as much of the information requested as possible. The length of our investigation is directly related to the amount and accuracy of the information provided.

3. Physician's Recommendation

If the letter of referral is not from a doctor, a letter from the doctor is required for conservatorship referrals and a completed Physician's/Medical Officer's Statement (SSA-787) is required for representative payee referrals. The decision for acceptance of the referral as a conservatorship or representative payee will be determined by this office.

Referrals are assigned to a Deputy Public Guardian to investigate. If risk to the person and/or the estate of the referral exists, investigation will commence as soon as possible. All original documents are required to proceed with the investigation.

Referrals should be addressed to:

Marin County Public Guardian  
20 N. San Pedro Road, Suite 2014  
San Rafael, CA 94903

## SAMPLE REFERRAL LETTER

Re:  
Date of Birth:  
Social Security #:

To the Office of the Public Guardian:

This letter is to request that you investigate my client (client's name) for possible conservatorship. Mr./Ms. \_\_\_\_\_ is an 81 year old single \_\_\_\_\_ who has been living independently in Marin County for the last 10 years. However, on March 6, Mr./Ms. \_\_\_\_\_ suffered a stroke and was admitted to Marin General Hospital. During his/her hospitalization, it became apparent that he/she was no longer able to return to independent living. The staff there referred him to Adult Protective Services as they were unable to locate anyone who would assist in his/her plans for the future. After a week Mr./Ms. \_\_\_\_\_ was able to be discharged from the hospital to a skilled nursing facility.

Adult Protective Services have been monitoring his/her progress. However, he/she continues to be too impaired to live independently, or to manage his/her own financial affairs. He/she is completely unaware of, and uninterested in, arrangements being made to care for him/her or his/her future. Mr./Ms. \_\_\_\_\_ no longer requires the level of care of the nursing home, but is not willing to explore other alternatives.

To our knowledge, Mr./Ms. \_\_\_\_\_ has never been married and his/her closest relative is his/her niece who lives in Tiburon. There are other nieces and nephews but they have also expressed no desire to be involved and have not seen him/her for the last several years.

Even though Mr./Ms. \_\_\_\_\_ realizes that he/she needs some type of assistance, he/she is ambivalent to having anyone handle his/her personal and financial affairs for him/her.

Please feel free to contact me if you need further information.

Sincerely,

Social Worker

***Please note that this is a sample letter only. Your referral letter should be specific to your client's situation.***

## SAMPLE DOCTOR'S LETTER

Marin County Public Guardian  
20 N. San Pedro Road, Suite 2014  
San Rafael, CA 94903

Re: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security # \_\_\_\_\_

To the Office of the Public Guardian:

This letter is to request conservatorship investigation for my client (client's name). Mr./Ms. \_\_\_\_\_ is a 61 year old \_\_\_\_\_ with medical diagnoses of severe chronic obstructive pulmonary disease and coronary artery disease. There is no expectation of recovery from these disease processes, rather it is my expectation that their impact on his/her overall health will be increasingly severe and debilitating in the years ahead.

Ms./Ms. \_\_\_\_\_ does not possess the sufficient mental competency to attend to his/her own financial needs and/or to give informed consent for medical treatment. Furthermore, the severe and debilitating nature of his/her disease process precludes him/her from attending a court hearing.

I declare under the penalty of perjury that the foregoing is true and correct, to the best of my knowledge.

Sincerely,

(Doctor's Name)

***Please note that this is a sample letter only. Your referral letter should be specific to your client's situation.***

**MARIN COUNTY PUBLIC GUARDIAN  
REFERRAL INFORMATION**

**Court #**

Name			Sex
Home address:			
City	State	Zip	Phone #
Present location (if different than home address)			Date admitted
City	State	Zip	Phone #
Date of birth:		Place of birth:	Marital status:
SSA #:		Medicare #	Medi-cal #
Veterans #		Branch of service:	Date of service:
Height:		Weight:	Hair:
Eye color:		Ethnic origin:	Religion
Physician:		Address:	Phone #
Psychiatrist:		Address:	Phone #
Psychiatric diagnosis:			
Medical diagnosis:			
Last occupation:		Last employer:	
Date last worked:		Or date of retirement:	Religion
Education:			Years in county:
Spouse		Spouse SSA#	Marriage date: Divorce date:
Spouse's address:			Phone #
Father's full name:		Father's place of birth:	Living <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's name at birth:		Mother's place of birth:	Living <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relatives:</b>			
Name/relationship		Address	Phone #
<b>OTHER SIGNIFICANT PERSONS (attorney, social workers, etc.):</b>			
Name/relationship		Address	Phone #

<b>SOURCE OF INCOME</b>		
Social Security	SSI	Veterans
Pension	Type/From Whom:	
Address:		
<b>Other Sources:</b>		Total
<b>Bank</b>		Contact
Address:		
Type of Account		Account #
Balance (as of)		
<b>Bank</b>		Contact
Address:		
Type of Account		Account #
Balance (as of)		
Safe Deposit Box #	Key: Location:	
<b>Residence &amp; Real Property</b>	<input type="checkbox"/> Rent <input type="checkbox"/> Own	
Monthly Payment or Rent Due:	Owner/Manager	
Insurance - Carrier/Coverage	Fire/Homeowner	Policy #
<b>PERSONAL PROPERTY</b>		
Automobile (Model, License):		Location : Insurance:
Other Personal Property & Securities:		
<b>INSURANCE &amp; BURIAL DATA:</b>		
Health	Policy #	Carrier /Coverage:
Life (Owner/Beneficiary)		Policy #
Carrier/Coverage		
Burial	Policy #	Carrier/Coverage
Will <input type="checkbox"/> Yes <input type="checkbox"/> No	Location/Executor	
Mortuary: Address:		Phone #
Cemetery		Plot/Niche
<b>OTHER INFORMATION:</b>		

\_\_\_\_\_ Date Completed

\_\_\_\_\_ Signed

Phone # \_\_\_\_\_

Print Name: \_\_\_\_\_