

**Conservatorship Instruction Packet
Assistance for Self-Represented Litigants
Superior Court of California, County of Tulare**

If you are filing for a Conservatorship and do not have an attorney representing you, there is free assistance available.

Please contact:

**SELF-HELP RESOURCE CENTER/FAMILY LAW FACILITATOR AT:
(559) 737-5500**

**3400 West Mineral King, Ste C 300 E. Olive Ave
Visalia, CA 93291 OR Porterville, CA 93257**

The Self-Help Resource Center will provide instructions on how to complete the forms and how to properly notice all the necessary parties.

They can answer your procedural questions and explain the Court process.

The Self-Help Resource Center will NOT represent you in Court.

Please call for an appointment.

The following is a guide to Conservatorships in Tulare County. For more information on these actions, we suggest you contact an attorney, contact a legal typing service, research information at the Law Library located at the Visalia Courthouse on the Ground Floor and/or access the Court's Self-Help website at <http://www.courts.ca.gov/selfhelp-conservatorship.htm>. You may select the Spanish icon at the right of the webpage for information in Spanish.

The Probate Code requires that every Conservator have a copy of the Handbook for Conservators by the Judicial Council of California, revised in 2002. This book is no longer in print and may be reviewed and downloaded here: <http://www.courts.ca.gov/documents/handbook.pdf>

Each county has different procedures for this process. We hope that this explanation will assist you with the procedures for this county. The forms located in this packet, which are marked as Judicial Council forms (such as, GC-), can also be found on the internet at <http://www.courts.ca.gov/forms.htm?filter=GC> and may be completed online in a .pdf document and printed. The Tulare County Local Forms in this packet are designated with an FCS prefix.

COURTHOUSE LOCATIONS:

Any paperwork that requires filing with the Clerk's Office may be filed at the following locations Monday through Friday between 8:00 a.m. and 4:00 p.m.:

Superior Court of California, County of Tulare Visalia Division 221 S Mooney Blvd, Room 201 OR Visalia, CA 93291; (559) 730-5000, Option 3 (559) 750-5000, Option 3	South County Justice Center 300 E Olive Ave., Clerk's window Porterville, CA 93257 (559) 782-3700
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FAMILY COURT SERVICES LOCATION:

Superior Court of California, County of Tulare
221 S Mooney Blvd, Room 203, Visalia, CA 93291
(559) 730-5000, Option 6; Monday-Friday from 8:00 a.m.-5:00 p.m.

Conservatorship Forms

Forms to start a conservatorship case

Form Name	Form Number
<i>Petition for Appointment of Probate Conservator</i>	<u>GC-310</u>
<i>Attachment Requesting Special Orders Regarding Dementia</i>	<u>GC-313</u>
<i>Notice of Hearing-Guardianship or Conservatorship</i>	<u>GC-020</u>
<i>Order Dispensing with Notice</i>	<u>GC-021</u>
<i>Citation for Conservatorship and Proof of Service</i>	<u>GC-320</u>
<i>Order Appointing Court Investigator</i>	<u>GC-330</u>
<i>Confidential Supplemental Information (Probate Conservatorship)</i>	<u>GC-312</u>
<i>Duties of Conservator and Acknowledgment of Receipt of Handbook</i>	<u>GC-348</u>
<i>Confidential Conservator Screening Form (Probate Conservatorship)</i>	<u>GC-314</u>
<i>Order Appointing Probate Conservator</i>	<u>GC-340</u>
<i>Letters of Conservatorship</i>	<u>GC-350</u>
<i>Capacity Declaration-Conservatorship</i>	<u>GC-335</u>
<i>Dementia Attachment to Capacity Declaration - Conservatorship</i>	<u>GC-335A</u>

Forms to ask for a temporary conservatorship (you must also fill out the forms to start a conservatorship listed above)

Form Name	Form Number
<i>Petition for Appointment of Temporary Conservator</i>	<u>GC-111</u>
<i>Notice of Hearing-Guardianship or Conservatorship</i>	<u>GC-020</u>
<i>Order Appointing Temporary Conservator</i>	<u>GC-141</u>
<i>Letters of Temporary Guardianship or Conservatorship</i>	<u>GC-150</u>

Other Conservatorship forms

The forms included in this list and in this packet are used as applicable and are a sample of the frequently used forms. This is not an exhaustive list. In addition, if you have a Conservatorship of estate, there are many other Judicial Council forms located at:

<http://www.courts.ca.gov/forms.htm?filter=GC> under the category: Guardianships and Conservatorships.

Form Name	Form Number
<i>Post-Move Notice of Change of Residence of Conservatee or Ward</i>	<u>GC-080</u>
<i>Pre-Move Notice of Proposed Change of Personal Residence</i>	<u>GC-079</u>
<i>Attachment to Pre-Move Notice of Proposed Change of Personal Residence</i>	<u>GC-079(MA)</u>
<i>Attachment to Post-Move Notice of Change of Residence of Conservatee or Ward</i>	<u>GC-080(MA)</u>

<i>Ex Parte Application for Good Cause Exception to Notice of Hearing on Petition for Appointment of Temporary Conservator</i>	<u>GC-112</u>
<i>Declaration in Support of Ex Parte Application for Good Cause Exception to Notice of Hearing on Petition for Appointment of Temporary Conservator</i>	<u>GC-112(A-1)</u>
<i>Declaration Continuation Page*</i>	<u>GC-112(A-2)</u>
<i>Order on Ex Parte Application for Good Cause Exception to Notice of Hearing on Petition for Appointment of Temporary Conservator</i>	<u>GC-115</u>
<i>Ex Parte Order Authorizing Disclosure of (Proposed) Conservatee's Health Information to Court Investigator-HIPAA (Health Insurance Portability and Accountability Act of 1996)</i>	<u>GC-336</u>
<i>Petition for Exclusive Authority to Give Consent for Medical Treatment</i>	<u>GC-380</u>
<i>Order Authorizing Conservator to Give Consent for Medical Treatment</i>	<u>GC-385</u>
<i>Notice of Conservatee's Rights</i>	<u>GC-341</u>
<i>Determination of Conservatee's Appropriate Level of Care</i>	<u>GC-355</u>
<i>Inventory and Appraisal [same as DE-160]</i>	<u>GC-040</u>
<i>Notice of Filing Inventory and Appraisal and How to Object to the Inventory or the Appraised Value of Property</i>	<u>GC-042</u>
<i>Attachment to Notice of Filing of Inventory and Appraisal and How to Object to the Inventory or the Appraised Value of Property</i>	<u>GC-042(MA)</u>
<i>Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe Deposit Box</i>	<u>GC-051</u>
<i>Summary of Account-Standard and Simplified Accounts</i>	<u>GC-400(SUM)</u> <u>GC-405(SUM)</u>
<i>Schedule A, Receipts – Simplified Account</i>	<u>GC-405(A)</u>
<i>Schedule C, Disbursements – Simplified Account</i>	<u>GC-405(C)</u>

Local Additional Required Forms for Tulare County.

Form Name	Form Number
<i>Conservatorship Questionnaire</i>	<u>FCS-402-2016-M</u>
<i>Conservatorship Care Plan</i>	<u>FCS-401-2016-M</u>
<i>Contact Information</i>	<u>FCS-403-2016-M</u>

STEP 1

COMPLETE AND FILE THE REQUIRED FORMS AND PAY FEES:

Please read and complete all applicable forms thoroughly or the Court may not be able to grant your request. If you have questions or concerns regarding a conservatorship and/or the direction you should take, you may wish to consult with your attorney prior to beginning your case.

1. Type or neatly hand print all of the required forms in black ink (or in the alternative, complete the forms in .pdf format available on the Court's website at www.courts.ca.gov/forms, select the Category Guardianships and Conservatorships):
2. Return the Original and two photocopies of the forms with \$435.00 filing fee to the Clerk of the Court (Rm. 201) located at the Visalia Courthouse **OR** the Clerk's filing window inside the South County Justice Center located in Porterville.
 - **An Order Appointing the Court Investigator** (GC-330) must be filed with every case.
3. If the petition requests dementia placement and treatment powers, you must submit the *Attachment Requesting Special Orders Regarding Dementia* (GC-313).
4. *The Conservatorship Questionnaire* (FCS-402-2016-M) must be completed and filed with the original petition and provided to the Clerk of the Court (Rm. 201) located at the Visalia Courthouse **OR** the Clerk's filing window located inside the South County Justice Center in Porterville. This information will be placed in a sealed confidential envelope in the Court file to protect your privacy.
5. A *Capacity Declaration* (GC-335) for the proposed Conservatee must be filed with the Petition, or at least 5 days prior to the Court hearing. In addition, the *Dementia Attachment to Capacity Declaration – Conservatorship* (GC-335A) must be completed if requesting Dementia powers.
6. *The Conservatorship Care Plan* (FCS-401-2016-M) for the proposed Conservatee must be filed at least 5 days prior to the Court hearing. The Care Plan will also be placed in a confidential envelope in the Court file.

NOTE: If you are petitioning for Temporary Letters of Conservatorship, you MUST FILE both the Petition for Appointment of Probate Conservator and the Petition for Appointment of Temporary Conservator at the same time. Documents must be submitted to the Court Investigator's office at least 24 hours prior to the hearing.

STEP 2

PROVIDE COPIES TO FAMILY COURT SERVICES:

1. Immediately upon filing your documents with the Clerk's Office, the petitioner shall provide a copy of the filings to Family Court Services, Room 203 at the Visalia Courthouse. If filing in Visalia, the petitioner shall provide a copy to Family Court Services directly. If filing at the South County Justice Center, the petitioner shall provide a copy of the filings to the Court Clerk who will forward the copies to Family Court Services.

2. A Court Investigator will be assigned to Investigate the Necessity of the Conservatorship and will be contacting the proposed Conservator/s. The Court Investigator will also make an in-person, unannounced visit to the proposed Conservatee, per the Probate Code. Please cooperate with the Investigator during this process. The Investigator will mail copies of their Investigative Report to the parties prior to the Court hearing for General Conservatorship.

STEP 3

PROVIDE PROPER NOTICE FOR THE COURT HEARING/S:

1. **Serve the proposed Conservatee** with the Citation for Conservatorship and return file the Proof of Service.
2. Notice other parties as required.

STEP 4

SCHEDULE AND ATTEND MANDATORY CONSERVATORSHIP ORIENTATION AND LIVESCAN FINGERPRINTING:

1. Contact the Self-Help Resource Center's office, (559) 737-5500, to enroll in the required orientation program that is offered twice per month in both Visalia and Porterville. You will be provided with a certificate of completion at the end of the orientation program which must be filed with the Clerk of the Court (Rm. 201) at the Visalia Courthouse OR the Filing Clerk's window inside the South County Justice Center no later than 5 days before the scheduled Court hearing. Letters of Conservatorship cannot be issued until the orientation program has been completed and the Certificate of Completion has been properly filed.
2. Bring the Conservatorship Handbook downloaded from the following website to the orientation program: <http://www.courts.ca.gov/documents/conservatorshiphandbook.pdf>
3. At the Orientation, the Conservator will be provided with an Authorization for Fingerprint Disclosure form for each Conservator which must be completed and exchanged for a LiveScan form at the Self-Help Resource Center in Visalia or Porterville, or Family Court Services in Room 203 at the Visalia Courthouse.
 - a. Detailed instructions are provided on the Live Scan Authorization form regarding the process for LiveScan fingerprinting. Currently, the fees are \$46 to LiveScan at the Sheriff's office located next door to the Visalia Courthouse.
 - b. Each Proposed Conservator must submit to LiveScan fingerprinting, pay the fees, and provide a Copy of the completed LiveScan form to Family Court Services located in Visalia (Room 203) or the Clerk's window inside the South County Justice Center (who will forward the form to Family Court Services). This is necessary so that Family Court Services may keep track of the results.

STEP 5

ON THE DATE OF THE COURT HEARING:

1. **Bring the proposed Conservatee to the initial hearing**, unless a medical professional states a medical reason prevents attendance.
2. At the Court hearing, the Judge will Order the Investigation Fees to be paid to the Court Clerk after the hearing (Room 201 at the Visalia Courthouse or the Clerk's window at the South County Justice Center in Porterville). The fees for the Conservatorship Investigation are \$550.00. They may be waived by the Court if the proposed Conservatee qualifies and

this is determined by the Court at the Court hearing.

3. Take the Order Appointing Probate Conservator to the Clerk of the Court (Rm. 201) located in Visalia OR to the Filing Clerk's window located inside the South County Justice Center for issuance of the temporary or general Letters of Conservatorship after the Court hearing. The Cost of certified Letters of Conservatorship is \$25.00 for each set issued.

STEP 6

REQUIREMENTS AFTER THE CONSERVATORSHIP IS GRANTED:

1. File an Inventory and Appraisal **90 days** after the Court hearing ordering a conservatorship of the estate.
2. File an accounting, if you have a conservatorship of the estate, which includes income and expenses of the conservatorship from the date the first Letters of Conservatorship were issued to the one year anniversary of that date. This document must be filed by **60 days after the anniversary date of the issuance of the Letters of Conservatorship and the mandatory Judicial Council forms for Accountings must be used. A sample of these forms are included in this packet (GC-400 series).**
3. File a Change of Address with the Court **each time you change your address or the address of Conservatee after general Letters of Conservatorship are issued.** Use form GC-079 or GC-080 as applicable.
4. Please call Family Court Services in Visalia (559-730-5000, Option 6) with changes in telephone numbers or addresses as soon as possible.
5. Make the Conservatee available to the Court Investigator at the time of each review. Reviews are conducted 1 year after the Letters of Conservatorship are issued and every two years thereafter. These are unannounced visits as required per the Probate Code.
6. **SUBMIT A CARE PLAN:** A care plan must be filed at the time of each Review and at least 5 days before the Court review hearing. A blank Care Plan and Update Form will be mailed to the Conservator's address six weeks prior to the due date for the Care Plan. Failure to provide the Care Plan timely may result in the matter being set for Court hearing.

PLEASE NOTE:

Failure to comply with provisions of the Probate Code regarding conservatorship may result in removal or sanctions of the conservator. *It is always in your best interest to seek legal advice in these matters—legal processes are confusing.*

THIS FORM IS NOT INTENDED TO BE A COMPLETE STATEMENT OF ALL OF YOUR LEGAL RESPONSIBILITIES, AND IS NOT INTENDED TO SUBSTITUTE FOR LEGAL ADVICE.

CONFIDENTIAL
CONTACT INFORMATION

PURSUANT TO PROBATE CODE 2250.6(a)(b)(c), 1826(A)(1)(2), 1851(A)
THIS INFORMATION IS CONFIDENTIAL

Attorney or Party without Attorney)
(Name, Bar No., Address, Telephone))
)
)
)
)
)
)
)
 Limited)
Conservatorship of Person Estate of)
)
_____)
(name of conservatee))
)
)
Date of birth _____ Age _____)
_____)

Case No: _____

Hearing Date: _____

Time _____ Dept _____

THIS FORM MUST BE FILED WITH PETITION FOR THE APPOINTMENT OF A CONSERVATOR, FOR APPOINTMENT OF A SUCCESSOR CONSERVATOR, AND WITH SUBSEQUENT ACCOUNTINGS. PLEASE ADD PAGES AS NECESSARY TO GIVE COMPLETE INFORMATION. THANK YOU.

PROPOSED CONSERVATEE:

Name

Address

Telephone (residence)

Telephone (day program, if applicable)

NOTE: The Court must be notified immediately of any address change of Conservatees and Conservators.

PETITIONER (if different from Proposed Conservator)

Name

Address

Home telephone number

work and/or cell number

Relationship to proposed conservatee _____

CONFIDENTIAL
CONTACT INFORMATION

(PROPOSED) CONSERVATOR #1:

Name Address

Home telephone number work and/or cell number

Relationship to proposed conservatee _____

(PROPOSED) CONSERVATOR #2:

Name Address

Home telephone number work and/or cell number

Relationship to proposed conservatee _____

SPOUSE OR REGISTERED DOMESTIC PARTNER:

Name Address

Home telephone number work and/or cell number

Relationship to proposed conservatee _____

RELATIVES WITHIN THE FIRST DEGREE (Adult children, parents):

Name Address

Home telephone number work and/or cell number

Relationship to proposed conservatee _____

Name Address

Home telephone number work and/or cell number

Relationship to proposed conservatee _____

CONFIDENTIAL
CONTACT INFORMATION

Name

Address

Home telephone number

work and/or cell number

Relationship to proposed conservatee _____

Name

Address

Home telephone number

work and/or cell number

Relationship to proposed conservatee _____

Name

Address

Home telephone number

work and/or cell number

Relationship to proposed conservatee _____

RELATIVES WITHIN THE SECOND DEGREE (Grandparents, Adult Grandchildren, Sisters, Brothers):

Name

Address

Home telephone number

work and/or cell number

Relationship to proposed conservatee _____

Name

Address

Home telephone number

work and/or cell number

Relationship to proposed conservatee _____

Name

Address

Home telephone number

work and/or cell number

Relationship to proposed conservatee _____

CONFIDENTIAL
CONTACT INFORMATION

RELATIVES PURSUANT TO PC 1821(b):

Name	Address
Home telephone number	work and/or cell number
Relationship to proposed conservatee	

Name	Address
Home telephone number	work and/or cell number
Relationship to proposed conservatee	

NEIGHBORS:

Name	Address
Home telephone number	work and/or cell number

Name	Address
Home telephone number	work and/or cell number

3

FRIENDS:

Name	Address
Home telephone number	work and/or cell number

Name	Address
Home telephone number	work and/or cell number

Attorney or Party without Attorney (name and address) Email address: Attorney for (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE <input type="checkbox"/> Office of the Clerk, 221 S. Mooney Blvd, Room 201, Visalia, CA 93291 <input type="checkbox"/> Office of the Clerk, 300 E. Olive Ave, Porterville, CA 93257	
IN THE MATTER OF THE <input type="checkbox"/> LIMITED CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF: <p style="text-align: center;">CONSERVATEE</p>	
CONFIDENTIAL CONSERVATORSHIP CARE PLAN Per Tulare County Superior Court Local Rule 1013	CASE NUMBER:

NOTICE TO CONSERVATOR/S

You must complete, sign and return to the court on or before (date): _____. If you are conservator of the estate only, you must complete at least items 1,2, & 6-9. All other Conservators must complete the entire form. Print legibly or type. Failure to complete, sign and return this form will result in further court action, possibly including your removal as conservator. A conservator who willfully submits any material information required by this form that he or she knows to be false is guilty of a misdemeanor.

An "Attachment" is one or more separate sheets of paper attached to this form. You may use any letter-sized paper for this purpose, including copies of Judicial Council form MC-025, Attachment, available from the court or located in .pdf format on the Judicial Council website, www.courts.ca.gov. Label each attachment with the items or question number you are answering.

Before completing your Care Plan, please carefully read and review the 2016 Revised Edition of the Handbook for Conservators which you may obtain by downloading the handbook at: <http://www.courts.ca.gov/documents/handbook.pdf>.

If you are conservator of the estate, you must file regular accountings with the court in addition to this care plan.

1) **Conservator** (Continue on Attachment 1 if necessary. If there is more than one conservator, each must provide the information requested in items 1a-f, and each must sign this form):

- a) Conservator's primary language: English Spanish Other:
- b) (Full Name):
- c) Present address (street address, including apartment number, city state and zip code of each conservator):

- d) **Telephone of each conservator** (home): _____ (work): _____ (cell): _____
 (Please circle the best number to reach you during court hours).
- e) Does the Conservatee reside with you?
 No Yes
- f) If the conservatee does not reside with you, how often do you visit?
 Daily Weekly Monthly Other:

 How often do you have contact with facility staff?
 Daily Weekly Monthly Other:
- g) Is this Care Plan a short or long term plan?
 If a short term plan, what is the long term plan?
- h) Do you have any significant health problems that would interfere with your ability to continue as conservator in the next two years?
 No Yes (If your answer is "yes", please explain in Attachment 1d)
- i) Since your appointment or your last report, have you been arrested for, charged with, or convicted of (1) any felony or misdemeanor; or (2) any other offense involving alcohol, illegal drugs, sexual misconduct or financial affairs?
 No Yes (If your answer is "yes", please explain in Attachment 1e. You need not report minor traffic offenses that do not involve alcohol or illegal drugs.)
- j) Are you a court-appointed guardian or conservator for any other child or adult under a different case number or court? No
 Yes (If your answer is "yes", please identify in Attachment 1f each other child or adult by name, court and case number.)

- 2) **Personal Information of Conservatee** (continue on Attachment 2 if necessary):
- a) Conservatee's primary language: English Spanish Other:
 - i) If the conservatee's primary language is not English, who will interpret for the Conservatee, and how will conversation be provided to the Conservatee in his/her native language?
 - b) (Full Name):
 - c) (Birthdate): (Age):
 - d) Present address if different from above (street address, including apartment number, city state and zip code of the conservatee):

- e) How long at this address: Date of admission:
 - Telephone (home): (work): (cell):
- f) Type of Facility:
 - private home board and care assisted living skilled nursing State Developmental Hospital
 - Other:
- g) Name of Facility:
- h) Contact Person at the Facility: Contact Number at the Facility:

- 3) **Current Level of Care** (continue on Attachment 3 if necessary):
- a) requires total care requires assistance with care able to do own care ambulatory uses a walker/wheelchair has a catheter has feeding tube urinary/bowel incontinence Other:
 - b) If residing in a facility or group home, attach a copy of the facility's care plan.
 - c) Do you plan to make any changes to the Conservatee's residence in the next two years?
 - No Yes ; If yes, explain:
 - d) What is the plan to return the conservatee to his/her person residence if not now living at home? Why not?

- 4) **Conservatee's Physical and Emotional Health** (continue on Attachment 4 if necessary):
- a) Please describe the Conservatee's health, general well-being, and level of functioning:
 [REDACTED]
 - b) Please provide a brief description of the Conservatee's adjustment, progress, and the reason(s) the conservatorship should continue:
 - c) Please describe your feelings about the care and treatment the conservatee is receiving:
 - d) Please Provide the names of the medical professionals providing services to the conservatee:
 - i) Doctor(s):
 - ii) Dentist:
 - iii) Optician/Ophthalmologist:
 - iv) Audiologist:
 - v) Psychiatrist/Social Worker/therapist/Case Worker:

- h) Who will pay board and care for the Conservatee?
- i) Amount of personal and incidental monies available to Conservatee per month:
 - i) Who will monitor or assist use of funds?
- j) Does the conservatee have a trust or is s/he a beneficiary of a trust and entitled to receive income from the trust?
 - No Yes
 - i) If yes, please provide an attachment with the name of the trust, the name(s) of the trustee(s) and their contact information, and if applicable, court case number for the trust:
- k) Does the conservatee own a home in which s/he does not live? No Yes
 - If yes, is it rented? No Yes; If yes, amount of monthly rent:
 - If not rented, explain why:

8) Need for Conservatorship

The conservatorship is is not still necessary (state reasons. Continue on Attachment 8 if necessary.)

9) Continuation as Conservator

I am am not able to continue my duties and obligations as the conservator. (If you are not able to continue as conservator, state reasons. Continue on Attachment 9 if necessary. If you cannot continue as conservator, you must petition the court to relieve you of your duties.):

File Stamp the original Confidential Conservatorship Care Plan with the Court and either mail or bring a copy of the conformed (stamped) copy to Family Court Services at: 221 S. Mooney Blvd, Room 203, Visalia, CA 93292 or drop off at the Clerk's Office at the South County Justice Center at: 300 E. Olive Ave, Porterville, CA 93257 for Family Court Services.

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct to the best of my ability.

Executed on _____ in _____
 (Date) (City) (State)

 Print Name Signature

 Print Name Signature

 Print Name Signature

For Court use only:

Attorney's/Conservator's Name: _____

Attorney's/Conservator's address: _____

Attorney's/Conservator's Telephone #: () _____

Attorney for/Acting In Pro Per _____

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF TULARE**

Conservatorship of:)	
)	
_____)	
(Conservatee))	CONSERVATORSHIP QUESTIONNAIRE
)	
_____)	
(Case number))	
)	

Because you may be making medical, financial, and life decisions for the proposed Conservatee, the Court, prior to granting Conservatorship powers, would like to determine the stability, experience, and decision-making ability of the proposed Conservator(s). **For each person petitioning the Court for conservatorship, please complete the following questionnaire.** If you have questions, feel free to call the Court Investigator's office at (559) 733-6052.

Residence:

Do you Rent ___ Lease ___ Own ___ your residence? Years lived at this address _____

Do you plan to remain in the residence? Yes ___ No ___

List residences for the three previous years _____

Is your residence provided by your employer? ___ Value of donated housing per month _____

Is your residence a Mobile Home ___? Apartment? ___ House? ___ Other? _____

If other, please explain _____

Is your residence in a rural setting? ___ Residential neighborhood? _____

Mobile home park? ___ Apartment complex? ___ Other? _____

If other, please explain _____

How much is your rent/mortgage payment per month? _____

To whom are payments made? _____ (Name)
_____ (Address)

If you are buying your home, provide the following information:

Purchase price _____
Current estimated market value _____
Balance owed _____
Lending Institution _____ (Name)
_____ (Address)

What are your monthly utility bills? Gas _____ Propane _____
Electricity _____ Telephone _____ (home)
Sewer/Water _____ (cell/pager)
Garbage _____ (other)

Have you ever been served with a Three Day Notice to Pay Rent or Quit Possession of Real Property pursuant to an oral or written agreement for the rental of residential real property? If so, provide the date and the name and address of the lessor or landlord.

Income:

Monthly income from employment _____
Monthly income from commissions _____
Do you have checking accounts? Yes _____ No _____
Please list the balance of each account separately.

Do you have savings accounts? Yes _____ No _____
Please list the balance of each account separately.

Monthly income from investments _____
Name and address of investment broker _____

Monthly income from other sources:
Sources of income _____ Amount _____

Monthly income from public assistance _____ Social Security
_____ Disability payments
_____ Veteran's benefits

Monthly/annual income from insurance settlement(s) _____

Debts:

Describe all long term debt other than mortgage listed above (include second, third, and fourth mortgages, vehicles, business property, rental property, etc.)

List all short term debt including each credit card debt, debt to private parties or family members, etc. (do not include bankruptcy debt)

Have you have ever filed for bankruptcy? Yes ___ No ___

Please provide the following information for each time

Type of petition _____

Date filed _____

Court in which filed _____

Outcome _____

Date debts discharged _____

Have you ever been sued? Yes ___ No ___

Please explain _____

Have you ever sued another person or entity, individually or on behalf of an entity? Yes ___ No ___

Please explain _____

Employment:

Current employer _____ Employer's telephone number _____

Employer's address _____

Job description _____

Length of employment _____

(List your previous employers for the last 5 years)

Name _____ Telephone _____

Address _____ Job description _____

Date began _____ Date left _____ Reason for leaving _____

Name _____ Telephone _____

Address _____ Job description _____

Date began _____ Date left _____ Reason for leaving _____

Name _____ Telephone _____

Address _____ Job description _____

Date began _____ Date left _____ Reason for leaving _____

Education:

Highest level completed _____ Age left school _____

Reason for leaving _____

Last school attended _____ Last year attended _____

Degree(s) achieved _____

Health:

Do you have health insurance? Yes _____ No _____

Name of company and type of coverage

Dental _____ Vision _____
Name of company and type of coverage Name of company and type of coverage

Health Status: Good _____ Fair _____ Poor _____

If Fair or poor, please explain _____

Are you taking any medication, prescription or over-the-counter? Yes _____ No _____

If yes, list types and for what reasons _____

List any special health problems _____

Have you ever had a problem with any of the following:

Drugs: Prescription or Illegal _____ Alcohol _____

Mental/Emotional problems _____

Please explain _____

Vehicles:

For each vehicle you own provide the make, model, and year, as well as the name(s) on the registration.

Make/Model/Year/Registered Owner

1. _____
2. _____
3. _____
4. _____

For each vehicle you own, list the whether or not insured and the amount of public liability coverage.

Make/Year/Insured or not/Type of coverage/Amount of coverage

1. _____
2. _____
3. _____
4. _____

Do you have a valid driver's license? Yes _____ No _____

State _____ Number _____ Expiration Date _____

Criminal History:

Have you ever been arrested or had charges filed against you for any crime other than a traffic infraction? **(This question must be answered even if you were only arrested and not convicted, or if convicted, the charges were thereafter dismissed and the record ordered sealed.)** Yes__ No__ Please indicate the reason and year for arrests, charges, county, and state.

Have you ever been arrested for driving under the influence of alcohol or a controlled substance? Yes__ No__ If so, please indicate date(s), year, county, and state _____

Have you ever been tried for any crime in any court? Please indicate the crime, year, county, and state. If so, please explain _____

Have you ever been convicted, pled guilty or pled no contest to a crime other than a traffic infraction? Indicate the type of conviction, year, county, and state. If so, please explain _____

What was the sentence? _____
Was the sentence completed? Yes__ No__ Release date _____

Are you currently or have you ever been on probation or parole? Yes____ No____ If so, please explain _____

Name of Probation or Parole Officer _____ Telephone # _____

Are you the plaintiff or defendant in any current or pending criminal or civil matter? Yes__ No__
If so please explain _____

Have you ever applied for a domestic violence restraining order or had one issued against you? Yes__ No__ If so, please explain _____

Have you ever been the victim or perpetrator of physical, verbal, emotional, psychological, or sexual abuse? Yes__ No__ If so, Please explain _____

Household Composition:

Please list the names and telephone numbers and relationship of all persons who reside with you on a daily or part-time basis.

- 1. _____
- 2. _____
- 3. _____

Please list all persons who may have access to the personal mail, bank statements, or other financial records or information about the Conservatee.

- 1. _____
- 2. _____
- 3. _____

Proposed Conservatee:

What is the Conservatee's present address/telephone number? _____

Length at the present address _____

List all residences/placements of the proposed Conservatee for the last 5 years.

- 1. _____
- 2. _____
- 3. _____

Will it be necessary to change of residence of the proposed Conservatee now?

If yes, please explain _____

Does the proposed Conservator work for the proposed Conservatee in any capacity (health care, housekeeping, etc.)? If yes, please explain _____

Will the proposed Conservator be available to transport the proposed Conservatee to medical, dental, optical, hearing, psychiatric, or other appointments? Yes ___ No ___

If no, please explain how these needs will be met _____

Who will actually manage the proposed Conservatee's money? Pay the bills?

Does the proposed Conservatee have a Will? Yes ___ No ___

If so, where is it located? _____

When was it signed? _____

Who are the beneficiaries?	_____	Relationship	_____
	_____		_____
	_____		_____

Does a Durable Power of Attorney or a Durable Power of Attorney for Health Care exist?

If so, where is it located? _____ When was it signed? _____

Who is named with powers? _____

Does the proposed Conservatee have a Trust(s)? Revocable ___ Irrevocable ___

If so, please list (a) Preparer of the Trust _____

(b) Date of Trust _____

(c) Assets and value of assets in Trust _____

(d) Named Trustee(s) _____

Is the proposed Conservatee the beneficiary of a Trust? Revocable ___ Irrevocable ___

If so, please list (a) Preparer of the Trust _____

(b) Date of Trust _____

(c) Named Trustee _____

(d) Nature of beneficial interest for the Conservatee _____

Current marital status of the proposed Conservatee is:

___ Married ___ Divorced ___ Remarried ___ Widowed ___ Domestic partnership

___ Separated ___ Currently living apart from spouse (please explain)

Is the proposed Conservatee's spouse deceased? ___ Yes ___ No Date of death _____

Was there community property? _____

Was there a Will? _____

Has a probate petition of the Will been filed? If so, where? _____

Will a probate petition of the Will be filed? If so, where? _____

FOR RELATIVES SEEKING CONSERVATORSHIP:

How are you related to the proposed Conservatee? Please state the exact nature of the relationship. _____

What has been the nature and frequency of contact with the Conservatee prior to petitioning the Court for conservatorship? _____

FOR NON-RELATIVES SEEKING CONSERVATORSHIP:

How long have you known the proposed Conservatee? _____

How did you become acquainted with the proposed Conservatee? _____

Describe the nature of your previous relationship with the proposed Conservatee including frequency and nature of the contact. _____

Please use additional lines below to complete any previous section.

I declare, under penalty of perjury under the laws of the State of California, the foregoing is true and correct.

Date

Print Name

Signature

THIS QUESTIONNAIRE IS CONFIDENTIAL. IT WILL BE PLACED IN A SEALED ENVELOPE IN THE COURT FILE TO PROTECT YOUR PRIVACY.

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		
TEMPORARY CONSERVATORSHIP OF _____ (Name): _____ CONSERVATEE	CASE NUMBER: _____	
PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate	HEARING DATE: _____	
	DEPT.: _____	TIME: _____

1. Petitioner (name each):

requests that

a. (Name):

(Address and telephone number):

be appointed temporary conservator of the PERSON of the proposed conservatee and Letters issue upon qualification.

b. (Name):

(Address and telephone number):

be appointed temporary conservator of the ESTATE of the proposed conservatee and Letters issue upon qualification.

- c. (1) bond not be required because petition is for a temporary conservatorship of the person only.
 (2) bond not be required for the reasons stated in attachment 1c.
 (3) \$ _____ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.
 (Specify reasons in attachment 1c if the amount is different from maximum required by Probate Code section 2320 and Cal. Rules of Court, rule 7.207(c).)
 (4) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed.
 (Specify institution and location):

d. a request for an exception to notice of the hearing on this petition for good cause is filed with this petition.e. the powers specified in Attachment 1e be granted in addition to the powers provided by law.f. other orders be granted (specify in attachment 1f).

2. The proposed conservatee is (name):

Current address:

Current telephone no.:

3. The proposed conservatee requires a temporary conservator to provide for temporary care, maintenance, and support
 protect property from loss or injury because (facts are specified in attachment 3 as follows):

TEMPORARY CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

4. Temporary conservatorship is required

- a. pending the hearing on the petition for appointment of a general conservator.
- b. pending the appeal under Probate Code section 1301.
- c. during the suspension of powers of the conservator.

5. Character and estimated value of the property of the estate (complete if a temporary conservatorship of the estate or the person and estate is requested):

- a. Personal property: \$
- b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: \$
- c. Additional amount for cost of recovery on the bond, calculated as required under Cal. Rules of Court, rule 7.207(c): \$ _____
- d. Total: \$ _____

6. Petitioner requests authority to change the proposed conservatee's residence during the temporary conservatorship

- a. Petitioner proposes to change the residence of the proposed conservatee to (address):

The proposed conservatee will suffer irreparable harm if his or her residence is not changed as requested and no means less restrictive of the proposed conservatee's liberty will suffice to prevent the harm because (reasons are

specified in attachment 6a as follows):

- b. The proposed conservatee must be removed from the State of California to permit the performance of the following nonpsychiatric medical treatment essential to the proposed conservatee's physical survival. The proposed conservatee consents to this medical treatment. (Facts and place of treatment are specified in attachment 6b as follows):

7. Petitioner is a professional fiduciary

- a. Petitioner holds license no. (specify): _____ from the Professional Fiduciaries Bureau of the Department of Consumer Affairs issued or last renewed on (specify later date of initial issuance or renewal): _____
- b. Petitioner was requested to file this petition by (name): _____
- c. The circumstances leading to petitioner's engagement to file this petition are described in attachment 7c.
- d. Petitioner had: (1) No relationship to the proposed conservatee, his or her family, or his or her friends before engagement to file this petition.
- (2) A relationship to the proposed conservatee, his or her family, or his or her friends before engagement to file this petition. That relationship is described in attachment 7d. the Petition for Appointment of Probate Conservator (form GC-310) filed with this petition or an attachment to that petition (specify attachment to general petition): _____

TEMPORARY CONSERVATORSHIP OF (Name): _____ <div style="text-align: right; margin-top: 10px;">CONSERVATEE</div>	CASE NUMBER: _____
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8. Petitioner's contact with persons named in *Petition for Appointment of Probate Conservator*

- a. Petitioner is the proposed conservatee. *(If this item is selected, go to item 9.)*
- b. Petitioner is not the proposed conservatee. All persons other than the proposed conservatee named in the *Petition for Appointment of Probate Conservator* filed with this petition:
 - (1) Have been found and contacted. All will be given notice of the hearing on this petition.
 - (2) Have not been found or have not been contacted. Efforts to find the persons who have not been found and the reasons why any person cannot be contacted are described in one or more declarations under penalty of perjury attached to this petition as attachment 8b. *(Attachment 8b is not a request for a good cause exception to notice. See Prob. Code, § 2250(e) and rule 7.1062 of the Cal. Rules of Court.)*
- c. Petitioner is not the proposed conservatee. Facts showing the preferences of the proposed conservatee concerning the appointment of any temporary conservator, and the appointment of the temporary conservator proposed in this petition, or why it was not feasible to ascertain those preferences, are specified in one or more declarations attached to this petition as attachment 8c.

9. Petitioner is informed and believes that the proposed conservatee

- a. will attend the hearing.
- b. is able but unwilling to attend the hearing, does not wish to contest the establishment of a conservatorship, does not object to the proposed conservator, and does not prefer that another person act as conservator.
- c. is unable to attend the hearing because of medical inability. An affidavit or certificate of a licensed medical practitioner or an accredited religious practitioner is affixed as attachment 9c.
- d. is not the petitioner, is out of state, and will not attend the hearing.

10. Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330).

11. All attachments to this form are incorporated by this reference as though placed here in this form. There are _____ pages attached to this form.

Date:

_____ (SIGNATURE OF ATTORNEY*)

* (Signature of all petitioners also required (Prob. Code, § 1020).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF PETITIONER)

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
TEMPORARY CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____ <div style="text-align: right;">CONSERVATEE</div>	
ORDER APPOINTING TEMPORARY CONSERVATOR	CASE NUMBER: _____
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

1. The petition for appointment of a temporary conservator came on for hearing as follows (*check boxes c-j to indicate personal presence*):

- a. Judicial officer (*name*): _____
- b. Hearing date: _____ Time: _____ Dept.: Room:
- c. Petitioner (*name*): _____
- d. Attorney for petitioner (*name*): _____
- e. Conservatee (*name*): _____
- f. Attorney for conservatee (*name*): _____
- g. Conservatee's spouse or registered domestic partner, and relatives (*names and relationships*): _____

h. Attorneys for persons listed in item g (*names and persons represented*): _____

- i. Public Guardian (*name*): _____
- j. Attorney for Public Guardian (*name*): _____

THE COURT FINDS

2. a. Notice of time and place of hearing has been given as required by law.
- b. Notice of time and place of hearing has been modified or dispensed with under *Order on Ex Parte Application for Good Cause Exception to Notice on Petition for Appointment of Temporary Conservator* filed on (*date*): _____
3. It is necessary that a temporary conservator be appointed to provide for temporary care, maintenance, and support protect property from loss or injury
- a. pending the hearing on the petition for appointment of a general conservator.
- b. pending an appeal under Probate Code section 1301.
- c. during the suspension of powers of the conservator.
4. To prevent irreparable harm, the residence of the conservatee must be changed. No means less restrictive of the conservatee's liberty will prevent irreparable harm.

TEMPORARY CONSERVATORSHIP OF (Name): _____ CONSERVATEE	CASE NUMBER: _____
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5. The conservatee must be removed from the State of California to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival. The conservatee consents to this medical treatment.
6. The conservatee need not attend the hearing.

THE COURT ORDERS

7. a. (Name): _____ (Telephone): _____
 (Address): _____

is appointed temporary conservator of the PERSON of (name): _____
 and Letters shall issue upon qualification.

- b. (Name): _____ (Telephone): _____
 (Address): _____

is appointed temporary conservator of the ESTATE of (name): _____
 and Letters shall issue upon qualification.

8. a. Bond is not required.
- b. Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.
- c. Deposits of: \$ _____ are ordered to be placed in a blocked account at (specify institution and location): _____

and receipts shall be filed. No withdrawals shall be made without a court order. Additional orders in attachment 8c.

- d. The temporary conservator is not authorized to take possession of money or any other property without a specific court order.
9. The temporary conservator is authorized to change the residence of the conservatee to (address): _____
10. The temporary conservator is authorized to remove the conservatee from the State of California to the following address to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival (address): _____
11. The conservatee need not attend the hearing.
12. In addition to the powers granted by law, the temporary conservator is granted other powers. These powers are specified in attachment 12 below (specify): _____

13. Other orders as specified in attachment 13 are granted.
14. Unless modified by further order of the court, this order expires on (date): _____
15. Number of boxes checked in items 7-14: _____
16. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, address, and State Bar number):
 After recording, return to:

TEL NO.: _____ FAX NO. (optional): _____

E-MAIL ADDRESS (optional): _____

ATTORNEY FOR (name): _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY AND ZIP CODE: _____

BRANCH NAME: _____

FOR RECORDER'S USE ONLY

TEMPORARY GUARDIANSHIP CONSERVATORSHIP
 OF (name): _____

MINOR CONSERVATEE

CASE NUMBER: _____

LETTERS OF TEMPORARY GUARDIANSHIP CONSERVATORSHIP
 Person Estate

FOR COURT USE ONLY

LETTERS

1. (Name):

is appointed temporary guardian conservator of the person
 estate of (name): _____

2. Other powers that have been granted or restrictions imposed on the temporary
 guardian conservator are specified in Attachment 2.
 specified below:

3. These Letters shall expire

- a. on (date): _____ or upon earlier issuance of Letters to a general guardian or conservator.
- b. on other date (specify): _____

4. The temporary guardian conservator is not authorized to take possession of money or any other property without a specific court order.

5. Number of pages attached:

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)

Date: _____

Clerk, by _____, Deputy

This form may be recorded as notice of the establishment of a temporary conservatorship of the estate as provided in Probate Code section 1875.

TEMPORARY <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (name): _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE </div>	CASE NUMBER: _____
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NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

When these *Letters of Temporary Guardianship* or *Letters of Temporary Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the temporary guardian or temporary conservator of the estate (1) to take possession or control of an asset of the minor or conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship or conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The temporary guardian or temporary conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is www.courts.ca.gov/forms/. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter, or may be filled out online and printed out ready for signature and filing.

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe deposit box held by the financial institution. A single form may be filed for all affected accounts or safe deposit boxes held by the financial institution.

LETTERS OF TEMPORARY GUARDIANSHIP CONSERVATORSHIP
AFFIRMATION

I solemnly affirm that I will perform according to law the duties of temporary guardian. conservator.

Executed on (date): _____, at (place): _____

_____ <small>(TYPE OR PRINT NAME)</small>	_____ <small>(SIGNATURE OF APPOINTEE)</small>
--	--

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside and are still in full force and effect.

(SEAL)

Date: _____

Clerk, by _____, Deputy

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form	Save this form	Clear this form
-----------------	----------------	-----------------

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER: _____

**This notice is required by law.
This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (name):
(representative capacity, if any):
has filed (specify):

2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)

3. The petition includes an application for the independent exercise of powers by a guardian or conservator under
 Probate Code section 2108 Probate Code section 2590.
 Powers requested are specified below specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> is (specify):			

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



<input type="checkbox"/> GUARDIANSHIP	<input type="checkbox"/> CONSERVATORSHIP	OF THE	<input type="checkbox"/> PERSON	<input type="checkbox"/> ESTATE	CASE NUMBER:
OF (Name):					
<input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE					

NOTE: *

A copy of this *Notice of Hearing—Guardianship or Conservatorship* ("Notice") must be "served" on—delivered to—each person who has the right under the law to be notified of the date, time, place, and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court.. You may use form GC-020(P) to show personal service of this Notice.

* (This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing—Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*):

3. I served the foregoing *Notice of Hearing—Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date mailed: _____ b. Place mailed (*city, state*): _____
5. I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.		
2.		
3.		
4.		

Continued on an attachment. (*You may use form DE-120(MA)/GC-020(MA) to show additional persons served.*)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (Name): <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE		CASE NUMBER:
ORDER DISPENSING WITH NOTICE		

1. **THE COURT FINDS** that a petition for (specify):
has been filed and

a. (for guardianship only) the following persons cannot with reasonable diligence be given notice (names):

b. (for guardianship only) the giving of notice to the following persons is contrary to the interest of justice (names):

c. good cause exists for dispensing with notice to the following persons referred to in Probate Code section 1460(b) (names):

d. other (specify):

2. **THE COURT ORDERS** that notice of hearing on the petition for (specify):

a. is not required except to persons requesting special notice under Probate Code section 2700.

b. is dispensed with to the following persons (names):

Date:

JUDGE OF THE SUPERIOR COURT

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
TEMPORARY CONSERVATORSHIP OF _____ (Name): _____ CONSERVATEE	
EX PARTE APPLICATION FOR GOOD CAUSE EXCEPTION TO NOTICE OF HEARING ON PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR of the <input type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER: _____
Note to Applicant: Please review the instructions in item 6 on page 3 and at the bottom of that page for completing this form and supporting documents.	

1. Applicant (name): _____ is

- a. A petitioner for appointment of a temporary conservator of the person estate of the proposed conservatee.
- b. A proposed temporary conservator.

2. Immediate and substantial harm would be caused to the proposed conservatee, or his or her estate, during the notice period required by Probate Code section 2250(e) because of the following (check all that apply):

- a. A medical emergency (give a brief description):

(A medical emergency must be immediate and substantial; treatment must be reasonably unavailable unless a temporary conservator is appointed and cannot wait for the notice period because of the proposed conservatee's pain or extreme discomfort or a significant risk of harm.)

- b. A financial emergency (give a brief description):

(A financial emergency must be immediate and substantial. Means other than an exception to notice of hearing on the appointment of a temporary conservator must be shown likely to be ineffective to prevent loss or further loss to the proposed conservatee's estate during the notice period.)

- c. Other immediate and substantial emergency (give a brief description):

(An emergency must be immediate and likely to cause substantial harm to the proposed conservatee during the notice period.)

TEMPORARY CONSERVATORSHIP OF (Name): CONSERVATEE	CASE NUMBER:
--	--------------

3. Instead of an exception to giving notice to the persons named in item 3c, Applicant requests that (check all that apply):
- a. The time period of notice to the person or persons named in item 3c be changed as follows (specify number of days of notice or number of hours if less than one day):
- b. The method of giving notice to the person or persons named in item 3c be changed as follows (specify method of service; for example, personal delivery, fax, or e-mail):

c. The person or persons, and his, her, or their relationship to the proposed conservatee are as follows (specify):

<u>Name</u>	<u>Relationship to proposed conservatee</u>
-------------	---

Additional persons and relationships are listed on attachment 3c.

4. An exception to giving notice to the person or persons named below should be made because of the potential harm to the proposed conservatee, or his or her estate, if notice is given (include in this category persons who might not cause harm themselves, but to whom notice should not be given because the notice is likely to bring harm to the proposed conservatee through the actions of another person. State the names and relationships to the proposed conservatee of all persons who should not be given notice):

<u>Name</u>	<u>Relationship to proposed conservatee</u>
-------------	---

Additional persons and relationships are listed on attachment 4.

5. An exception to giving notice to the person or persons named below should be made because Applicant cannot find him, her, or them, despite the exercise of due diligence to search for him, her, or them (state names and relationships to the proposed conservatee of all persons who could not be found):

<u>Name</u>	<u>Relationship to proposed conservatee</u>
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Additional person(s) and relationship(s) are listed on attachment 5.

TEMPORARY CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

6. The following documents are presented with this application in support:
- Applicant's *Petition for Appointment of Temporary Conservator* (form GC-111);
 - Supporting declaration of (name):
 - Supporting declaration of (name):
 - Supporting declaration of (name):
 - Supporting declaration of (name):

(At least one declaration supporting the grounds for a good cause exception to notice stated in items 2–5 of this application, showing facts within the personal knowledge of the person signing the declaration (or the declaration of an expert witness) is required. See rule 7.1062(e)(2) of the California Rules of Court and Evidence Code sections 800–805. You may use forms GC-112(A-1) and GC-112(A-2) for all supporting declarations.)

- Declaration regarding notice of ex parte application of (name):
(This declaration is required with this application. See rules 3.1204(b) and 7.1062(e)(3).)
- Other (describe):

- Proposed order. (A proposed order must be submitted with this application. You may use the Order on Ex Parte Application For Good Cause Exception to Notice of Hearing on Petition For Appointment of Temporary Conservator (form GC-115) for the order.)

Date:

(TYPE OR PRINT NAME OF APPLICANT OR ATTORNEY FOR APPLICANT)

(SIGNATURE OF APPLICANT OR ATTORNEY FOR APPLICANT)

INSTRUCTIONS

1. Who must be given notice of a hearing on a petition for appointment of a temporary conservator?

At least five days' advance notice must be given (1) by **personal delivery** to the proposed conservatee and (2) by **mail or personal delivery** to the proposed conservatee's spouse or registered domestic partner and the proposed conservatee's brothers and sisters, parents, grandparents, and children and grandchildren at least 12 years old or the parents, guardians or legal custodians of children or grandchildren under that age. If the proposed conservatee has no spouse or registered domestic partner and none of the relatives listed above, certain other persons must receive notice by mail or personal delivery. If the proposed temporary conservator has no prior relationship with the proposed conservatee, the public guardian of the county where the petition is filed must also be given notice by mail or personal delivery. See Probate Code sections 2250(e) and 1821(b). Written notice is given by delivery, in person or by mail, of a filled-out *Notice of Hearing—Guardianship or Conservatorship* (form GC-020) showing the time and place of the hearing and the nature of the relief to be requested, together with a copy of the *Petition for Appointment of a Temporary Conservator* (form GC-111).

2. Good cause exception to notice

The court for good cause may order an exception to the notice requirements described above for some or all of the persons entitled to notice, either by waiving or dispensing with notice to them entirely or by changing the time and manner of giving notice to them. This form and the other forms or documents that support it listed in item 6 above may be used to request an exception to the notice of hearing on a temporary conservatorship petition. See rule 7.1062 of the California Rules of Court for the standards for good cause exceptions to the notice requirements on a petition for appointment of a temporary conservator and for the required contents of a request for a good cause exception.

TEMPORARY CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

**DECLARATION IN SUPPORT OF EX PARTE APPLICATION FOR GOOD CAUSE EXCEPTION TO
NOTICE OF HEARING ON PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR ***

I (name): _____ declare as follows:

1. (This box must be checked unless the declarant is an expert witness.) I have personal knowledge of the facts stated in this declaration and could and would testify competently to those facts.
2. I am an expert witness. My qualifications are stated below.
3. (Continue declaration here, number each paragraph consecutively on this page and on all continuation pages.)

Date and signature are on the last page of this declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

* Use Declaration Continuation Page (form GC-112(A-2)) for additional pages of the declaration.

Page 1 of ____

TEMPORARY CONSERVATORSHIP OF (Name): CONSERVATEE	CASE NUMBER:
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DECLARATION CONTINUATION PAGE *

I (name):

declare as follows:

Date and signature are on the last page of this declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)

* For use with form GC-112(A-1).

Page ____ of ____

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
TEMPORARY CONSERVATORSHIP OF _____ (Name): _____ CONSERVATEE	
ORDER ON EX PARTE APPLICATION FOR GOOD CAUSE EXCEPTION TO NOTICE OF HEARING ON PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR of the <input type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER: _____

1. The ex parte application for good cause exception to notice of hearing on the petition for appointment of temporary conservator was presented as follows (check boxes c-j to indicate personal presence):
- Judicial officer (name): _____
 - Date presented: _____ Time: _____ Dept.: _____ Room: _____
 - Applicant (name): _____
 - Attorney for applicant (name): _____
 - Proposed conservatee (name): _____
 - Attorney for proposed conservatee (name): _____
 - Proposed conservatee's spouse or registered domestic partner and relatives (names and relationships): _____
 - Attorney for persons listed in item g (name or names of all attorneys and persons represented): _____
 - Public Guardian (name): _____
 - Attorney for Public Guardian (name): _____

THE COURT FINDS

- Notice of the time and place of the application has been given as required by law.
 - Notice of the time and place of the application should be dispensed with.
 - Notice of the time and place of the application should be dispensed with only for (names): _____
- Good cause exists for an exception to notice of the hearing of the petition of (name): _____ for appointment of a temporary conservator of the proposed conservatee named above. The exception is essential to protect the proposed conservatee, or his or her estate, from substantial harm.
- Immediate and substantial harm would be caused to the proposed conservatee, or his or her estate, during the notice period required by Probate Code section 2250(e) because of:
 - An immediate and substantial medical emergency for which treatment is reasonably unavailable without the appointment of a temporary conservator. Treatment cannot wait for the notice period because of the proposed conservatee's pain or extreme discomfort or a significant risk of harm.

TEMPORARY CONSERVATORSHIP OF (Name): _____ <div style="text-align: right; padding-right: 20px;">CONSERVATEE</div>	CASE NUMBER: _____
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4. b. An immediate and substantial financial emergency. Means other than an exception to notice of the hearing on the appointment of a temporary conservator are likely to be ineffective to prevent loss or further loss to the proposed conservatee's estate during the notice period.
- c. An immediate emergency that is likely to cause substantial harm to the proposed conservatee during the notice period.
5. The period of notice or the manner of giving notice to the persons named below should be modified as follows (*specify names, period of notice, and manner of giving notice*):
- | <u>Name</u> | <u>Period of Notice</u> | <u>Manner of Giving Notice</u> |
|-------------|-------------------------|--------------------------------|
| | | |
6. Notice should be dispensed with to the persons named below because of the harm he, she, or they, or another person, might do to the proposed conservatee, or his or her estate, if notice is given to the persons (*specify names*):
7. Notice should be dispensed with to the persons named below because applicant cannot find him, her, or them despite the exercise of due diligence (*specify names*):

THE COURT ORDERS

8. Notice of the application for an exception to notice of hearing on the petition for appointment of a temporary conservator is
- a. dispensed with.
- b. dispensed with for the following named persons only:
9. Notice of the hearing on the petition of (*name*):
- for appointment of a temporary conservator is
- a. dispensed with.
- b. dispensed with for the following named persons only:
- c. modified as follows for the following named person(s):
- | <u>Name</u> | <u>Period of Notice</u> | <u>Manner of Giving Notice</u> |
|-------------|-------------------------|--------------------------------|
| | | |
10. Other orders as specified on Attachment 10 are made.

11. Number of pages attached: _____

Date:

 JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
ORDER APPOINTING COURT INVESTIGATOR <input type="checkbox"/> Conservatorship <input type="checkbox"/> Limited Conservatorship	CASE NUMBER:

To (name):

You are hereby appointed Court Investigator in the matter entitled above.

1. **Before the appointment of a general conservator YOU ARE DIRECTED TO:**
- a. Conduct the interviews required by Probate Code section 1826(a)(1). Interview the proposed conservatee personally.
 - b. Provide to the proposed conservatee the information required by Probate Code section 1826(a)(2).
 - c. Determine whether it appears that the proposed conservatee is unable to attend the hearing and, if able to attend, whether he or she is willing to attend.
 - d. Make the determinations required by Probate Code sections 1826(a)(4)–(7), and (9)–(10). In making those determinations, review the allegations of the *Petition for Appointment of Probate Conservator* (form GC-310) as to why the appointment of a conservator is required and refer to the *Confidential Supplemental Information* (form GC-312) submitted by the petitioner. Consider the facts shown in the latter form that address each of the categories specified in Probate Code section 1821(a)(1)–(5) and consider, to the extent practicable, whether you believe the proposed conservatee suffers from any of the mental function deficits listed in Probate Code section 811(a) that significantly impairs his or her ability to understand and appreciate the consequences of his or her actions in connection with any of the functions described in Probate Code section 1801(a) (if a conservator of the person is sought) or section 1801(b) (if a conservator of the estate is sought). If you believe the proposed conservatee suffers from one or more mental function deficits listed in Probate Code section 811(a), identify all observations that support your belief.
 - e. A person is presumed competent to vote regardless of his or her conservatorship status. To determine whether this presumption is overcome, you must determine if the proposed conservatee is incapable of communicating, with or without reasonable accommodations, a desire to participate in the voting process, and therefore may be disqualified from voting pursuant to Section 2208 of the Elections Code. The proposed conservatee may not be disqualified from voting on the basis that he or she does, or would need to do, any of the following to complete an affidavit of voter registration: (1) signs the affidavit of voter registration with a mark or a cross (Elections Code section 2150(b)); (2) signs the affidavit of voter registration by means of a signature stamp (Elections Code section 354.5); (3) completes the affidavit of voter registration with the assistance of another person (Elections Code section 2150(d)); or (4) completes the affidavit of voter registration with reasonable accommodations.
 - f. Report to the court in writing, at least five days before the hearing, concerning all of the foregoing, including the proposed conservatee's express communications concerning (1) representation by legal counsel; and (2) whether he or she is not willing to attend the hearing, does not wish to contest the establishment of the conservatorship, and does not object to the proposed conservator or prefers that another person act as conservator.
 - g. Mail, at least five days before the date set for hearing, a copy of your report (1) to all persons listed in Probate Code section 1826(a)(12)
 - except** for the persons listed in attachment 1g(1) because the court has determined that mailing to those persons will result in harm to the proposed conservatee;
 - and** (2) to the other persons ordered by the court listed in Attachment 1g(2) (*specify names and addresses in the attachment*).
 - h. Comply with the other orders specified in Attachment 1h.

CONSERVATORSHIP OF THE of (name):	<input type="checkbox"/> PERSON	<input type="checkbox"/> ESTATE	CASE NUMBER:
	<input type="checkbox"/> CONSERVATEE	<input type="checkbox"/> PROPOSED CONSERVATEE	

2. **On the filing of a *Petition for Appointment of Temporary Conservator* YOU ARE DIRECTED TO:**
- To the extent feasible, before the hearing on the petition or, if not feasible, within two court days after the hearing, conduct the interviews required by Probate Code section 2250.6(a)(1) (prehearing) or 2250.6(b)(1) (posthearing). Interview the temporary conservatee or proposed temporary conservatee personally.
 - Provide to the temporary conservatee or proposed temporary conservatee the information required by Probate Code section 2250.6(a)(2) (prehearing) or 2250.6(b)(2) (posthearing).
 - To the extent feasible, make the determinations required by Probate Code section 2250.6(a)(3)–(5) before the hearing on the petition.
 - To the extent feasible, before the hearing on the petition, report to the court in writing concerning all of the matters stated in items 2a–c.
 - If you do not visit the temporary conservatee until after the hearing at which a temporary conservator was appointed and the temporary conservatee objects to the appointment of the temporary conservator or requests an attorney, report this information to the court promptly and in no event more than three court days after the date of your interview with the temporary conservatee.
 - If it appears to you that the temporary conservatorship is inappropriate, immediately, and in no event more than two court days after you make your determination, make a written report of your determination to the court.

3. **Before the court grants an order under Probate Code section 2253 authorizing the temporary conservator to change the residence of the temporary conservatee**

- YOU ARE DIRECTED TO:**
 - Personally interview and inform the temporary conservatee of the contents of the request by the temporary conservator for authority to change the temporary conservatee's residence; of the nature, purpose, and effect of the proceedings; and of the right to oppose the request, attend the hearing, and be represented by legal counsel.
 - Make the determinations required by Probate Code section 2253(b)(3)–(7).
 - At least two days before the hearing on change of residence, report your findings concerning the foregoing in writing to the court, including in your report the temporary conservatee's express communications concerning representation by legal counsel and whether he or she is not willing to attend the hearing and does not wish to contest the petition.
 - Comply with the other orders specified in Attachment 3a(4).
- Good cause appearing, YOU ARE DIRECTED NOT to conduct the investigation and NOT make the report described in Probate Code section 2253(b).
- Good cause appearing, YOU ARE DIRECTED as specified on Attachment 3c, INSTEAD of proceeding with the investigation and report described in Probate Code section 2253(b).

4. **Before the court grants an order relating to medical consent under Probate Code section 1880.**

The petition for an order determining that there is no form of medical treatment for which the conservatee or proposed conservatee has the capacity to give informed consent alleges that he or she is not willing to attend the hearing, or the court has received an affidavit or certificate attesting to the medical inability of the conservatee or proposed conservatee to attend the hearing.

YOU ARE DIRECTED TO:

- Personally interview and inform the conservatee or proposed conservatee of the contents of the petition; of the nature, purpose, and effect of the proceedings; and of the right to oppose the petition, attend the hearing, and be represented by legal counsel.
- Make the determinations required by Probate Code section 1894(c)–(g).
- At least five days before the hearing on the petition, report your findings concerning the foregoing in writing to the court, including in your report the conservatee's express communications concerning representation by legal counsel and whether the conservatee is not willing to attend the hearing and does not wish to contest the petition.
- Comply with the other orders specified in Attachment 4d.

5. Number of pages attached:

Date:

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (name): <div style="text-align: right;">(PROPOSED) CONSERVATEE</div>	
PETITION FOR APPOINTMENT OF <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: <hr/> HEARING DATE AND TIME: DEPT.:

1. Petitioner (name):

requests that

a. (Name):
(Address):

(Telephone):

be appointed successor conservator limited conservator of the PERSON of the (proposed) conservatee and Letters issue upon qualification.

b. (Name):
(Address):

(Telephone):

be appointed successor conservator limited conservator of the ESTATE of the (proposed) conservatee and Letters issue upon qualification.

- c. (1) bond not be required because the proposed successor conservator is a corporate fiduciary or an exempt government agency. for the reasons stated in Attachment 1c.
- (2) bond be fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law. (Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)
- (3) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):

- d. orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatorship estate. (Specify orders, powers, and reasons in Attachment 1d.)
- e. orders relating to the capacity of the (proposed) conservatee under Probate Code section 1873 or 1901 be granted. (Specify orders, facts, and reasons in Attachment 1e.)
- f. orders relating to the powers and duties of the proposed successor conservator of the person under Probate Code sections 2351–2358 be granted. (Specify orders, facts, and reasons in Attachment 1f.)
- g. the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed successor conservator of the person be granted the powers specified in Probate Code section 2355. (Complete item 9 on page 6.)

Do NOT use this form for a temporary conservatorship.

CONSERVATORSHIP OF (name):	(PROPOSED) CONSERVATEE	CASE NUMBER:
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1. h. (for limited conservatorship only) orders relating to the powers and duties of the proposed limited conservator of the person under Probate Code section 2351.5 be granted. (Specify orders, powers, and duties in Attachment 1h and complete item 1j.) successor*
- i. (for limited conservatorship only) orders relating to the powers and duties of the proposed limited conservator of the estate under Probate Code section 1830(b) be granted. (Specify orders, powers, and duties in Attachment 1i and complete item 1j.) successor*
- j. (for limited conservatorship only) orders limiting the civil and legal rights of the (proposed) limited conservatee be granted. (Specify limitations in Attachment 1j.)
- k. orders authorizing placement or treatment for a major neurocognitive disorder (such as dementia) as specified in the Attachment Requesting Special Orders Regarding a Major Neurocognitive Disorder (form GC-313) under Probate Code section 2356.5 be granted. A Capacity Declaration—Conservatorship (form GC-335) and Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship (form GC-335A), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her license with at least two years experience diagnosing major neurocognitive disorders (including dementia), are filed herewith. will be filed before the hearing.
- (appointment of successor conservator only) will not be filed because an order relating to placement or treatment for a major neurocognitive disorder (such as dementia) was filed on (date): . That order has neither expired by its terms nor been revoked.
- l. other orders be granted. (Specify in Attachment 1l.)
2. (Proposed) conservatee is (name): (Telephone):
(Current address):
3. a. Jurisdictional facts (initial appointment only) The proposed conservatee has no conservator in California and is a
- (1) resident of California and
- (a) a resident of this county.
- (b) not a resident of this county, but commencement of the conservatorship in this county is in the best interests of the proposed conservatee for the reasons specified in Attachment 3a.
- (2) nonresident of California but
- (a) is temporarily living in this county, or
- (b) has property in this county, or
- (c) commencement of the conservatorship in this county is in the best interest of the proposed conservatee for the reasons specified in Attachment 3a.
- b. Petitioner (answer items (1) and (2) and check all other items that apply)
- (1) is is not a creditor or an agent of a creditor of the (proposed) conservatee.
- (2) is is not a debtor or an agent of a debtor of the (proposed) conservatee.
- (3) is the proposed successor conservator.
- (4) is the (proposed) conservatee. (If this item is not checked, you must also complete item 3f.)
- (5) is the spouse of the (proposed) conservatee. (You must also complete item 6.)
- (6) is the domestic partner or former domestic partner of the (proposed) conservatee. (You must also complete item 7.)
- (7) is a relative of the (proposed) conservatee as (specify relationship):
- (8) is an interested person or friend of the (proposed) conservatee.
- (9) is a state or local public entity, officer, or employee.
- (10) is the guardian of the proposed conservatee.
- (11) is a bank is another entity authorized to conduct the business of a trust company.
- (12) is a professional fiduciary within the meaning of Business and Professions Code section 6501(f) who is licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. Petitioner's license number is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment. You must also complete item 2 on page 2 of that form and item 3d below.)

* See item 5b on page 4.

CONSERVATORSHIP OF (name):	CASE NUMBER:
(PROPOSED) CONSERVATEE	

3. c. Proposed successor conservator is (check all that apply)
- (1) a nominee. (Affix nomination as Attachment 3c(1).)
 - (2) the spouse of the (proposed) conservatee. (You must also complete item 6.)
 - (3) the domestic partner or former domestic partner of the (proposed) conservatee. (You must also complete item 7.)
 - (4) a relative of the (proposed) conservatee as (specify relationship):
 - (5) a bank. another entity authorized to conduct the business of a trust company.
 - (6) a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
 - (7) a professional fiduciary, as defined in Business and Professions Code section 6501(f). His or her statement concerning licensure or exemption is provided in item 1 on page 1 of the attached *Professional Fiduciary Attachment*. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
 - (8) other (specify):
- d. Engagement and prior relationship with petitioning professional fiduciary (complete this item if petitioner is licensed by the Professional Fiduciaries Bureau.)
- (1) Statements of who engaged petitioner, or how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family or friends, are provided in item 2 on page 2 of the attached *Professional Fiduciary Attachment*. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
 - (2) A petition for appointment of a temporary conservator is filed with this petition. That petition contains statements of who engaged petitioner, how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family and friends.
- e. Character and estimated value of the property of the estate (complete items (1) or (2) and (3), (4), and (5)):
- (1) (For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):
Personal property: \$ _____, per Inventory and Appraisal filed in this proceeding on (specify dates of filing of all inventories and appraisals):
 - (2) Estimated value of personal property: \$ _____
 - (3) Annual gross income from
 - (a) real property: \$ _____
 - (b) personal property: \$ _____
 - (c) pensions: \$ _____
 - (d) wages: \$ _____
 - (e) public assistance benefits: \$ _____
 - (f) other: \$ _____
 - (4) Total of (1) or (2) and (3): \$ _____
 - (5) Real property: \$ _____
 - (a) per Inventory and Appraisal identified in item (1).
 - (b) estimated value.
- f. Due diligence (complete this item if the (proposed) conservatee is not a petitioner):
- (1) Efforts to find the (proposed) conservatee's relatives or reasons why it is not feasible to contact any of them are described on Attachment 3f(1).
 - (2) Statements of the (proposed) conservatee's preferences concerning the appointment of any (successor) conservator and the appointment of the proposed (successor) conservator or reasons why it is not feasible to ascertain those preferences are contained on Attachment 3f(2).

CONSERVATORSHIP OF (name): (PROPOSED) CONSERVATEE	CASE NUMBER:
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3. g. So far as known to petitioner, a conservatorship or equivalent proceeding concerning the proposed conservatee
- has not has been filed in another jurisdiction, including a court of a federally-recognized Indian tribe with jurisdiction (see Prob. Code, § 2031(b)).

(If you answered "has," identify the jurisdiction and state the date the case was filed):

4. (Proposed) conservatee

- a. is is not a patient in or on leave of absence from a state institution under the jurisdiction of the California Department of State Hospitals or the California Department of Developmental Services (specify state institution):

- b. is receiving or entitled to receive is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs (estimate amount of monthly benefit payable):

- c. is is not, so far as is known to petitioner, a member of a federally recognized Indian tribe.

(If you answered "is," complete items (1)–(4)):

(1) Name of tribe:

(2) Location of tribe (if the tribe is located in more than one state, the state that is the tribe's principal location):

(3) The proposed conservatee does does not reside on tribal land.*

(4) So far as known to petitioner, the proposed conservatee owns does not own property on tribal land.

5. a. Proposed conservatee (initial appointment of conservator only)

(1) is an adult.

(2) will be an adult on the effective date of the order (date):

(3) is a married minor.

(4) is a minor whose marriage has been dissolved.

- b. Vacancy in office of conservator (appointment of successor conservator only. A petition for appointment of a limited conservator after the death of a predecessor is a petition for initial appointment. (Prob. Code, § 1860.5(a)(1).)

There is a vacancy in the office of conservator of the person estate for the reasons specified in Attachment 5b. specified below.

* "Tribal land" is land that is, with respect to a specific Indian tribe and the members of that tribe, "Indian country," as defined in 18 U.S.C. § 1151.

CONSERVATORSHIP OF (name): (PROPOSED) CONSERVATEE	CASE NUMBER
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5. c. (Proposed) conservatee requires a conservator and is

- (1) unable to properly provide for his or her personal needs for physical health, food, clothing, or shelter.
 Supporting facts are specified in Attachment 5c(1) as follows:

- (2) substantially unable to manage his or her financial resources or to resist fraud or undue influence.
 Supporting facts are specified in Attachment 5c(2). as follows:

CONSERVATORSHIP OF (name): (PROPOSED) CONSERVATEE	CASE NUMBER:
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5. d. (Proposed) conservatee voluntarily requests the appointment of a successor conservator.
(Specify facts showing good cause in Attachment 5(d).)
- e. Confidential Supplemental Information (form GC-312) is filed with this petition. *(Initial appointment of conservator only. All petitioners must file this form except banks and other entities authorized to do business as a trust company.)*
- f. (Proposed) conservatee does does not have a developmental disability as defined in Probate Code section 1420. Petitioner is aware of the requirements of Probate Code section 1827.5. *(Specify the nature and degree of the alleged disability in Attachment 5f).*
6. Petitioner or proposed successor conservator is the spouse of the (proposed) conservatee.³
(If this statement is true, you must answer a or b.)
- a. The (proposed) conservatee's spouse is not a party to any action or proceeding against the (proposed) conservatee for legal separation, dissolution of marriage, annulment, or adjudication of nullity of their marriage.
- b. Although the (proposed) conservatee's spouse is a party to an action or proceeding against the (proposed) conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage, or has obtained a judgment in one of these proceedings, it is in the best interest of the (proposed) conservatee that:
- (1) a successor conservator be appointed.
- (2) the spouse be appointed as the successor conservator.
(If you checked item 6b(1) or (2) or both, specify the facts and reasons in Attachment 6b.)
7. Petitioner or proposed successor conservator is the domestic partner or former domestic partner of the (proposed) conservatee. *(If this statement is true, you must answer a or b.)*
- a. The domestic partner of the (proposed) conservatee has not terminated and does not intend to terminate the domestic partnership.
- b. Although the domestic partner or former domestic partner of the (proposed) conservatee intends to terminate or has terminated the domestic partnership, it is in the best interest of the (proposed) conservatee that
- (1) a successor conservator be appointed.
- (2) the domestic partner or former domestic partner be appointed as the successor conservator.
(If you checked item 7b(1) or (2) or both, specify the facts and reasons in Attachment 7b.)
8. (Proposed) conservatee *(check all that apply)*
- a. will attend the hearing AND is the petitioner is not the petitioner AND has has not nominated the proposed successor conservator.
- b. *(initial appointment of conservator only)* is able but unwilling to attend the hearing AND does does not wish to contest the establishment of a conservatorship, does does not object to the proposed conservator, AND does does not prefer that another person act as conservator.
- c. *(initial appointment of conservator only)*: is unable to attend the hearing because of medical inability. A *Capacity Declaration—Conservatorship* (form GC-335), executed by a licensed medical practitioner or an accredited religious practitioner is filed with this petition. will be filed before the hearing.
- d. *(initial appointment of conservator only)* is not the petitioner, is out of state, and will not attend the hearing.
- e. *(appointment of successor conservator only)* will not attend the hearing.
9. Medical treatment of (proposed) conservatee
- a. There is no form of medical treatment for which the (proposed) conservatee has the capacity to give an informed consent.
- b. A *Capacity Declaration—Conservatorship* (form GC-335) executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure, stating that the (proposed) conservatee lacks the capacity to give informed consent for any form of medical treatment and giving reasons and the factual basis for this conclusion,
 is filed with this petition. will be filed before the hearing. will not be filed for the reason stated in c.
- c. *(appointment of successor conservator only)* The conservatee's incapacity to consent to any form of medical treatment was determined by order filed in this matter on *(date)*:
 That order has neither expired by its terms nor been revoked.
- d. (Proposed) conservatee is is not an adherent of a religion that relies on prayer alone for healing, as defined in Probate Code section 2355(b).

CONSERVATORSHIP OF <i>(name):</i> (PROPOSED) CONSERVATEE	CASE NUMBER
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10. Temporary conservatorship

Filed with this petition is a *Petition for Appointment of Temporary Conservator* (form GC-111).

11. (Proposed) conservatee's relatives

The names, residence addresses, and relationships of the spouse or registered domestic partner and the second-degree relatives of the (proposed) conservatee (his or her parents, grandparents, children, grandchildren, and brothers and sisters), so far as known to petitioner, are

- a. listed below.
- b. not known, or no longer living, so the (proposed) conservatee's deemed relatives under Probate Code section 1821(b) (1)–(4) are listed below.

Name and relationship to conservatee

Residence address

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

Continued on Attachment 11.

CONSERVATORSHIP OF <i>(name):</i> _____ <div style="text-align: right; margin-top: 10px;">(PROPOSED) CONSERVATEE</div>	CASE NUMBER: _____
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12. Confidential conservator screening form

Submitted with this petition is a *Confidential Conservator Screening Form* (form GC-314) completed and signed by the proposed successor conservator. *(Required for all proposed conservators except banks and trust companies.)*

13. Court investigator

Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330).

14. Number of pages attached:

Date:

(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER)

▶

(SIGNATURE OF ATTORNEY FOR PETITIONER)

(All petitioners must also sign (Prob. Code, § 1020; Cal. Rules of Court, rule 7.103).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PETITIONER)

▶

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

▶

(SIGNATURE OF PETITIONER)

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

**ATTACHMENT REQUESTING SPECIAL ORDERS
REGARDING A MAJOR NEUROCOGNITIVE DISORDER**

- Petition for Appointment of Probate Conservator (form GC-310)
- Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380)

1. Petitioner **requests** that the conservator of the person be authorized
 - a. to place the conservatee in a secured-perimeter residential care facility for the elderly operated under Health and Safety Code section 1569.698 that has a care plan that meets the requirements of California Code of Regulations, title 22, section 87705.
 - b. to authorize the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia).

2. The conservatee or proposed conservatee has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

3. A medical declaration executed by a licensed physician or a licensed psychologist acting within the scope of his or her license with at least two years' experience in diagnosing and treating major neurocognitive disorders (including dementia):
 - a. has been filed.
 - b. will be filed before the hearing.

4. *Restricted placement.* The conservatee needs or would benefit from placement as requested in item 1a. The conservatee lacks capacity to give informed consent to this placement. The placement requested is the least restrictive placement appropriate to the needs of the conservatee.

5. *Medications.* The conservatee needs or would benefit from administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The conservatee lacks capacity to give informed consent to the administration of those medications.

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): PROPOSED CONSERVATEE	
CITATION FOR CONSERVATORSHIP <input type="checkbox"/> Limited Conservatorship	CASE NUMBER:

THE PEOPLE OF THE STATE OF CALIFORNIA,

To (name):

1. You are hereby cited and required to appear at a hearing in this court on

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
b. Address of court: <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

and to give any legal reason why, according to the verified petition filed with this court, you should not be found to be
 unable to provide for your personal needs unable to manage your financial resources and by reason thereof,
 why the following person should not be appointed conservator limited conservator of your person
 estate (name):

2. A conservatorship of the person may be created for a person who is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter. A conservatorship of the property (estate) may be created for a person who is unable to resist fraud or undue influence, or who is substantially unable to manage his or her own financial resources. "Substantial inability" may not be proved solely by isolated incidents of negligence or improvidence.
3. At the hearing a conservator may be appointed for your person estate.
 The appointment may affect or transfer to the conservator your right to contract, to manage and control your property, to give informed consent for medical treatment, to fix your place of residence, and to marry.
4. You may be disqualified from voting if you are found to be incapable of communicating, with or without reasonable accommodations, a desire to participate in the voting process. You will not be disqualified from voting on the basis that you do, or would need to do, any of the following to complete an affidavit of voter registration:
 - a. Sign the affidavit of voter registration with a mark or a cross, pursuant to Section 2150(b) of the Elections Code;
 - b. Sign the affidavit of voter registration by means of a signature stamp pursuant to Section 354.5 of the Elections Code;
 - c. Complete the affidavit of voter registration with the assistance of another person pursuant to Section 2150(d) of the Elections Code; or
 - d. Complete the affidavit of voter registration with reasonable accommodations.
5. The judge or the court investigator will explain to you the nature, purpose, and effect of the proceedings and answer questions concerning the explanation.

CONTINUED ON PAGE 2. THE CLERK'S SEAL IS ALSO ON THAT PAGE.


CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): _____ <p style="text-align: center;">PROPOSED CONSERVATEE</p>	CASE NUMBER: _____
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6. You have the right to appear at the hearing and oppose the petition. You have the right to hire an attorney of your choice to represent you. The court will appoint an attorney to represent you if you are unable to retain one. You must pay the cost of that attorney if you are able. You have the right to a jury trial if you wish.
7. (For limited conservatorship only) In addition to the rights stated in item 6 above, you have the right to oppose the petition in part by objecting to any or all of the requested duties or powers of the limited conservator.

Date: _____ Clerk, by _____, Deputy

(SEAL)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): PROPOSED CONSERVATEE	CASE NUMBER:
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PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to this proceeding. I served copies of the *Citation for Conservatorship* and the *Petition for Appointment of Probate Conservator* (form GC-310) as follows:
2. a. Person cited (name):
 b. Person served: (1) person in item 2a
 (2) other (specify name and title or relationship to the person named in item 2a):

 c. Address (specify):
3. I served the person named in item 2
 - a. by personally delivering the copies (1) on (date): (2) at (time):
 - b. by mailing the copies to the person served, addressed as shown in item 2c, by first-class mail, postage prepaid,
 - (1) on (date): (2) from (city):
 - (3) with two copies of the *Notice and Acknowledgment of Receipt—Civil* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt—Civil* (form POS-015).)
 - (4) to an address outside California with return receipt requested. (Attach completed return receipt.)
 - c. other (specify other manner of service, and the authorizing code section and order of the court):
4. a. Person serving (name, address, and telephone number):

 b. Fee for service: \$
 c. Not a registered California process server.
 d. Exempt from registration under Business and Professions Code section 22350(b).
 e. Registered California process server.
 - (1) Employee or independent contractor.
 - (2) Registration no. (specify):
 - (3) County (specify):
 - (4) Expiration (date):
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
6. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:


 (SIGNATURE OF PERSON SERVING)

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CONSERVATORSHIP OF (Name): _____ <div style="text-align: right;">PROPOSED CONSERVATEE</div>	
<div style="text-align: center;"> CONFIDENTIAL SUPPLEMENTAL INFORMATION (Probate Conservatorship) </div> Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____
1. a. Proposed conservatee (name): _____ b. Date of birth: _____ c. Social security No.: _____	HEARING DATE: _____ DEPT.: _____ TIME: _____

2. UNABLE TO PROVIDE FOR PERSONAL NEEDS* The following facts support petitioner's allegation that the proposed conservatee is unable to provide properly for his or her needs for physical health, food, clothing, and shelter (*specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns*): Specified in Attachment 2.

* If this item is not applicable, complete item 8.

(Continued on reverse)

CONFIDENTIAL

CONSERVATORSHIP OF (Name):

CASE NUMBER:

PROPOSED CONSERVATEE

3. **UNABLE TO MANAGE FINANCIAL RESOURCES*** The following facts support petitioner's allegation that the proposed conservatee is substantially unable to manage his or her financial resources or to resist fraud or undue influence (*specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns*): Specified in Attachment 3.

4. **RESIDENCE** (*"Residence" means the place usually described as "home"; for example, owned real property or long-term rental.*)

a. The proposed conservatee is **located** at (*street address, city, state*):

b. The proposed conservatee's **residence** is* the address in item 4a other (*street address, city, state*):

c. **Ability to live in residence*** The proposed conservatee is

(1) **living** in his or her residence and

(a) will continue to live there unless circumstances change.

(b) will need to be moved after a conservator is appointed (*specify supporting facts below in item 4c(3)*).

(c) other (*specify and give supporting facts below in item 4c(3)*).

* If this item is not applicable, complete item 8.

(Continued on page three)

CONFIDENTIAL

CONSERVATORSHIP OF (Name): _____	PROPOSED CONSERVATEE	CASE NUMBER: _____
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4. c. (continued)

- (2) **not living** in his or her residence and
- (a) will return by (date): _____ (specify supporting facts below in item 4c(3)).
- (b) will not return to live there (specify supporting facts below in item 4c(3)).
- (c) other (specify and give supporting facts below in item 4c(3)).
- (3) Supporting facts (specify if required): Specified in Attachment 4c.

5. ALTERNATIVES TO CONSERVATORSHIP* Petitioner has considered the following alternatives to conservatorship and found them to be unsuitable or unavailable to the proposed conservatee (specify the alternatives considered and the reason or reasons each is unsuitable or unavailable): Reasons specified in Attachment 5.

- a. Voluntary acceptance of informal or formal assistance (give reason this is unsuitable or unavailable):
- b. Special or limited power of attorney (give reason this is unsuitable or unavailable):
- c. General power of attorney (give reason this is unsuitable or unavailable):
- d. Durable power of attorney for health care estate management (give reason this is unsuitable or unavailable):
- e. Trust (give reason this is unsuitable or unavailable):
- f. Other alternatives considered (specify and give reason each is unsuitable or unavailable):

6. SERVICES PROVIDED* (complete a or b, or both a and b)

- a. During the year before this petition was filed,
- (1) **health services** were provided were not provided to the proposed conservatee (explain):
 Explained in Attachment 6a(1).
- (2) **social services** were provided were not provided to the proposed conservatee (explain):
 Explained in Attachment 6a(2).

* If this item is not applicable, complete item 8.

(Continued on page four)

CONFIDENTIAL

CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
PROPOSED CONSERVATEE	

6. a. (continued)

(3) **estate management assistance** was provided was not provided to the proposed conservatee (explain):

Explained in Attachment 6a(3).

b. Petitioner has **no knowledge** of what social services health services estate management assistance was provided to the proposed conservatee during the year before this petition was filed. Petitioner has no reasonable means of determining what services were provided.

7. **SUPPORTING FACTS (AFFIDAVITS)** The information provided above is stated

- a. Item 1: on petitioner's own knowledge in an affidavit (declaration) by another person attached as Attachment 1a.
- b. Item 2: on petitioner's own knowledge in an affidavit (declaration) by another person attached as Attachment 2a.
- c. Item 3: on petitioner's own knowledge in an affidavit (declaration) by another person attached as Attachment 3a.
- d. Item 4: on petitioner's own knowledge in an affidavit (declaration) by another person attached as Attachment 4a.
- e. Item 5: on petitioner's own knowledge in an affidavit (declaration) by another person attached as Attachment 5a.
- f. Item 6: on petitioner's own knowledge in an affidavit (declaration) by another person attached as Attachment 6a.

8. **ITEMS NOT APPLICABLE** The following items on this form were not applicable to the proposed conservatee:

2 3 4b 4c 5 6 (specify reasons each item is not applicable):

Reasons specified in Attachment 8.

9. Number of pages attached: _____

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-314

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CONSERVATORSHIP OF _____ (Name): _____ <p style="text-align: right;">PROPOSED CONSERVATEE</p>	CASE NUMBER: _____
<p style="text-align: center;">CONFIDENTIAL CONSERVATOR SCREENING FORM</p> Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship	HEARING DATE AND TIME: _____ DEPT.: _____

The proposed conservator must complete and sign this form. The person requesting appointment of a conservator must submit the completed and signed form to the court with the conservatorship petition.

This form must remain confidential.

How This Form Will Be Used

This form is **confidential** and will not be a part of the public file in this case. Each proposed conservator must complete and sign a separate copy of this form under rule 7.1050 of the California Rules of Court. The information provided in this form will be used by the court and by the persons and agencies designated by the court to assist the court in determining whether to appoint the proposed conservator as conservator. The proposed conservator **must** respond to each item.

1. a. **Proposed conservator (name):**
 b. Date of birth: _____
 c. Social security number: _____ d. Driver's license number: _____ State: _____
 e. Telephone numbers: Home: _____ Work: _____ Other: _____
2. a. I am related to the proposed conservatee as (specify relationship): _____
 b. I have personally known the proposed conservatee for: _____ years, _____ months.
3. I was I was not nominated as conservator of the person estate of the proposed conservatee, by the proposed conservatee. the spouse or registered domestic partner of the proposed conservatee. a parent of the proposed conservatee. (If you checked "I was," provide documentation in Attachment 3.)
4. a. I am the spouse of the proposed conservatee. I have I have not filed for legal separation, dissolution of marriage, annulment, or adjudication of nullity of the marriage. (If you checked "I have," explain in Attachment 4.)
 b. I am not the spouse of the proposed conservatee.
5. a. I am the registered domestic partner of the proposed conservatee. I do not I do intend to terminate my domestic partnership with the proposed conservatee. (If you checked "I do," explain in Attachment 5.)
 b. I am a former domestic partner of the proposed conservatee. My domestic partnership with the proposed conservatee was terminated on (date): _____. (Explain circumstances in Attachment 5.)
 c. I am neither a current nor former domestic partner of the proposed conservatee.
6. a. I do I do not owe money or have a financial obligation to the proposed conservatee. (If you checked "I do," explain in Attachment 6.)
 b. The proposed conservatee does does not owe money or have a financial obligation to me. (If you checked "does," explain in Attachment 6.)
 c. I am I am not an agent for a creditor of the proposed conservatee. (If you checked "I am," explain in Attachment 6.)

CONFIDENTIAL

GC-314

CONSERVATORSHIP OF (Name): 	CASE NUMBER:
PROPOSED CONSERVATEE	

- 7. I have I have not filed for bankruptcy protection within the last 10 years. (If you checked "I have," explain in Attachment 7.)
- 8. I have I have not been convicted of a felony or had a felony expunged from my record. (If you checked "I have," explain in Attachment 8.)
- 9. I have I have not been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property. (If you checked "I have," explain in Attachment 9.)
- 10. I have I have not been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information. (If you checked "I have," explain in Attachment 10.)
- 11. I have I have not been charged with, arrested for, or convicted of any form of elder abuse or neglect. (If you checked "I have," explain in Attachment 11.)
- 12. I have I have not had a restraining order or protective order filed against me in the last 10 years. (If you checked "I have," explain in Attachment 12.)
- 13. I am I am not required to register as a sex offender under California Penal Code section 290. (If you checked "I am," explain in Attachment 13.)
- 14. I have I have not previously been appointed conservator, executor, or fiduciary in another proceeding. (If you checked "I have," explain in Attachment 14.)
- 15. I have I have not been removed or resigned as a conservator, guardian, executor, or fiduciary in any other case. (If you checked "I have," explain in Attachment 15.)
- 16. I have or may have I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator. (If you checked "I have or may have," explain in Attachment 16.)
- 17. I am I am not a private professional fiduciary, as defined in Business and Professions Code section 6501(f). (If you checked "I am," respond to item 18. If you checked "I am not," go to item 19.)
- 18. I am I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as conservator in this matter. (Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 3c(7) of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
- 19. I am I am not a responsible corporate officer authorized to act for (name of corporation):

a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. (If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)

- 20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
 Yes No (If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PROPOSED CONSERVATOR)	▶	(SIGNATURE OF PROPOSED CONSERVATOR)*
--	---	--------------------------------------

*Each proposed conservator must fill out and file a separate screening form.

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CAPACITY DECLARATION—CONSERVATORSHIP	CASE NUMBER:

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee (check all that apply):

A. is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for (date): . (Complete item 5, then sign and file page 1 of this form.)

B. has the capacity to give informed consent to medical treatment. (Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)

C. has a major neurocognitive disorder (such as dementia) and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from medication for the treatment of major neurocognitive disorders (including dementia). (Complete items 6 and 8 of this form and complete form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and file form GC-335A.)

(If more than one item is checked above, sign the last applicable page of this form or, if item C is checked, form GC-335A. File page 1 through the last applicable page of this form; if item C is checked, file form GC-335A as well.)

COMPLETE ITEMS 1–4 OF THIS FORM IN EVERY CASE.

GENERAL INFORMATION

1. (Name):
2. (Office address and telephone number):
3. I am
 - a. a California-licensed physician psychologist acting within the scope of my license with at least two years' experience in diagnosing and treating major neurocognitive disorders (including dementia).
 - b. an accredited practitioner of a religion that calls for reliance on prayer alone for healing. The (proposed) conservatee is an adherent of my religion and is under my care. (Practitioner may make ONLY the determination in item 5.)
4. (Proposed) conservatee (name):
 - a. I last saw the (proposed) conservatee on (date):
 - b. The (proposed) conservatee is is NOT a patient under my continuing treatment and care.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. (Complete a. or b.)
 - a. The proposed conservatee is able to attend the court hearing.
 - b. Because of medical inability, the proposed conservatee is NOT able to attend the court hearing (check all items below that apply)
 - (1) on the date set (see date in box in item A above).
 - (2) for the foreseeable future.
 - (3) until (date):
 - (4) **Supporting facts** (State facts in the space below or check this box and state the facts in Attachment 5.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): Check the appropriate designation as follows: *a* = no apparent impairment; *b* = moderate impairment; *c* = major impairment; *d* = so impaired as to be incapable of being assessed; *e* = I have no opinion.)

A. Alertness and attention

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)

a b c d e

(2) Orientation (types of orientation impaired)

a b c d e Person

a b c d e Time (day, date, month, season, year)

a b c d e Place (address, town, state)

a b c d e Situation ("Why am I here?")

(3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)

a b c d e

B. Information processing. Ability to:

(1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)

i. Short-term memory a b c d e

ii. Long-term memory a b c d e

iii. Immediate recall a b c d e

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)

a b c d e

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)

a b c d e

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)

a b c d e

(5) Reason using abstract concepts (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)

a b c d e

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)

a b c d e

(7) Reason logically

a b c d e

C. Thought disorders

(1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)

a b c d e

(2) Hallucination (auditory, visual, olfactory)

a b c d e

(3) Delusions (demonstrably false belief maintained without or against reason or evidence)

a b c d e

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior)

a b c d e

(Continued on next page)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

6. (continued)

D. **Ability to modulate mood and affect.** The (proposed) conservatee has does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of item 6D.) I have no opinion.

(Instructions for item 6D): Check the degree of impairment of each inappropriate mood state (if any) as follows: a = mildly inappropriate; b = moderately inappropriate; c = severely inappropriate.)

Anger	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Euphoria	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Helplessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Anxiety	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Depression	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Apathy	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Fear	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Hopelessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Indifference	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Panic	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Despair	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>				

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A-6D

- (1) do NOT vary substantially in frequency, severity, or duration.
- (2) do vary substantially in frequency, severity, or duration (explain; continue on Attachment 6E if necessary):

F. (Optional) Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is stated below stated in Attachment 6F.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee

- a. has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.
- b. lacks the capacity to give informed consent to any form of medical treatment because he or she is *either* (1) unable to respond knowingly and intelligently regarding medical treatment *or* (2) unable to participate in a treatment decision by means of a rational thought process, *or both*. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**ATTACHMENT TO FORM GC-335, CAPACITY DECLARATION—CONSERVATORSHIP,
ONLY FOR (PROPOSED) CONSERVATEE WITH A MAJOR NEUROCOGNITIVE DISORDER**

9. It is my opinion that the (proposed) conservatee HAS does NOT have a major neurocognitive disorder (such as dementia) as defined in the current edition of *Diagnostic and Statistical Manual of Mental Disorders*.
- a. **Placement of (proposed) conservatee.** (If the (proposed) conservatee requires placement in a secured-perimeter residential care facility for the elderly, please complete items 9a(1)–9a(5).)
- (1) The (proposed) conservatee needs or would benefit from placement in a restricted and secure facility because (state reasons; continue on Attachment 9a(1) if necessary):

 - (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include (describe; continue on Attachment 9b(2) if necessary):

 - (3) The (proposed) conservatee HAS the capacity to give informed consent to this placement.
 - (4) The (proposed) conservatee does NOT have the capacity to give informed consent to this placement. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9a(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to placement in a restricted and secure environment.
 - (5) A locked or secured-perimeter facility is is NOT the least restrictive environment appropriate to the needs of the (proposed) conservatee.
- b. **Administration of medications.** (If the (proposed) conservatee requires administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia), please complete items 9b(1)–9b(5).)
- (1) For the reasons stated in item 9b(5), the (proposed) conservatee needs or would benefit from the following medications appropriate to the care and treatment of major neurocognitive disorders (including dementia) (list medications; continue on Attachment 9b(1) if necessary):

 - (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of from GC-335, include (describe; continue on Attachment 9b(2) if necessary):

 - (3) The (proposed) conservatee HAS the capacity to give informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia).
 - (4) The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The deficits in mental function assessed in item 6 of form GC-335 and described in item 9b(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to the administration of medications for the care and treatment of major neurocognitive disorders (including dementia).
 - (5) The (proposed) conservatee needs or would benefit from the administration of the medications listed in item 9b(1) because (discuss reasons; continue on Attachment 9b(5) if necessary):

10. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: _____

(TYPE OR PRINT NAME) ▶ _____
(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (name):	CONSERVATEE
ORDER APPOINTING <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship	CASE NUMBER:
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

1. The petition for appointment of successor conservator came on for hearing as follows
 (check boxes c, d, e, and f or g to indicate personal presence):

a. Judicial officer (name):

b. Hearing date: Time: Dept.: Room:

c. Petitioner (name):

d. Attorney for petitioner (name):

e. Attorney for person cited the conservatee on petition to appoint successor conservator:
 (Name): (Telephone):
 (Address):

f. Person cited was present. unable to attend. able but unwilling to attend. out of state.

g. The conservatee on petition to appoint successor conservator was present. not present.

THE COURT FINDS

2. All notices required by law have been given.

3. Granting the conservatorship is the least restrictive alternative needed for the protection of the conservatee.

4. (Name):

a. is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter.

b. is substantially unable to manage his or her financial resources or to resist fraud or undue influence.

c. has voluntarily requested appointment of a conservator and good cause has been shown for the appointment.

5. The conservatee

a. is an adult.

b. will be an adult on the effective date of this order.

c. is a married minor.

d. is a minor whose marriage has been dissolved.

6. There is no form of medical treatment for which the conservatee has the capacity to give an informed consent.

The conservatee is an adherent of a religion defined in Probate Code section 2355(b).

7. Granting the successor conservator powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and in the best interest of the conservatorship estate.

8. The conservatee cannot communicate, with or without reasonable accommodations, a desire to participate in the voting process.

Do NOT use this form for a temporary conservatorship.

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

9. The conservatee has dementia as defined in Probate Code section 2356.5, and the court finds all other facts required to make the orders specified in item 28.
10. Attorney (name): _____ has been appointed by the court as legal counsel to represent the conservatee in these proceedings. The cost for representation is: \$
 The conservatee has the ability to pay all none a portion of this sum (specify): \$
11. The conservatee need not attend the hearing.
12. The appointed court investigator is (name): _____
 (Address and telephone): _____
13. (For limited conservatorship only) The limited conservatee is developmentally disabled as defined in Probate Code section 1420.
14. The successor conservator is a professional fiduciary as defined by Business and Professions Code section 6501(f).
15. The successor conservator holds a valid, unexpired, unsuspended license as a professional fiduciary issued by the Professional Fiduciaries Bureau of the California Department of Consumer Affairs under chapter 6 (commencing with section 6500) of division 3 of the Business and Professions Code.
 License no.: _____ Issuance or last renewal date: _____ Expiration date: _____
16. (Either a, b, or c must be checked):
- a. The successor conservator is not the spouse of the conservatee.
- b. The successor conservator is the spouse of the conservatee and is not a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage.
- c. The successor conservator is the spouse of the conservatee and is a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage.
 It is in the best interest of the conservatee to appoint the spouse as successor conservator.
17. (Either a, b, or c must be checked):
- a. The successor conservator is not the domestic partner or former domestic partner of the conservatee.
- b. The successor conservator is the domestic partner of the conservatee and has neither terminated nor intends to terminate their domestic partnership.
- c. The successor conservator is the domestic partner or former domestic partner of the conservatee and intends to terminate or has terminated their domestic partnership. It is in the best interest of the conservatee to appoint the domestic partner or former domestic partner as successor conservator.

THE COURT ORDERS

18. a. (Name): _____ (Telephone): _____
 (Address): _____
- is appointed successor conservator limited conservator of the PERSON of (name): _____
 and Letters of Conservatorship shall issue upon qualification. (Telephone): _____
- b. (Name): _____ (Telephone): _____
 (Address): _____
- is appointed successor conservator limited conservator of the ESTATE of (name): _____
 and Letters of Conservatorship shall issue upon qualification.
19. The conservatee need not attend the hearing.
20. a. Bond is not required.
- b. Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.
- c. Deposits of: \$ _____ are ordered to be placed in a blocked account at (specify institution and location): _____

and receipts shall be filed. No withdrawals shall be made without a court order.
 Additional orders in attachment 20c.

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

20. (cont.)

d. The successor conservator is not authorized to take possession of money or any other property without a specific court order.

21. For legal services rendered, conservatee conservatee's estate shall pay the sum of: \$
to (name):

forthwith as follows (specify terms, including any combination of payors):

Continued in attachment 21.

22. The conservatee is disqualified from voting.

23. The conservatee lacks the capacity to give informed consent for medical treatment and the successor conservator of the person is granted the powers specified in Probate Code section 2355.

The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).

24. The successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in attachment 24 subject to the conditions provided.

25. Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in attachment 25 are granted.

26. Orders relating to the powers and duties of the successor conservator of the person under Probate Code sections 2351–2358 as specified in attachment 26 are granted. (Do not include orders under Probate Code section 2356.5 relating to dementia.)

27. Orders relating to the conditions imposed under Probate Code section 2402 on the successor conservator of the estate as specified in attachment 27 are granted.

28. a. The successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).

b. The successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).

29. Other orders as specified in attachment 29 are granted.

30. The probate referee appointed is (name and address):

31. (For limited conservatorship only) Orders relating to the powers and duties of the successor limited conservator of the person under Probate Code section 2351.5 as specified in attachment 31 are granted.

32. (For limited conservatorship only) Orders relating to the powers and duties of the successor limited conservator of the estate under Probate Code section 1830(b) as specified in attachment 32 are granted.

33. (For limited conservatorship only) Orders limiting the civil and legal rights of the limited conservatee as specified in attachment 33 are granted.

34. This order is effective on the date signed date minor attains majority (specify):

35. Number of boxes checked in items 18–34:

36. Number of pages attached:

Date:

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

Print this form

Save this form

Clear this form

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right;">CONSERVATEE</div>	
DUTIES OF CONSERVATOR and Acknowledgment of Receipt of Handbook for Conservators	CASE NUMBER: _____

DUTIES OF CONSERVATOR

When you are appointed by the court as a conservator, you become responsible to the court and assume certain duties and obligations. All of your actions as conservator are subject to review by the court. You should clearly understand the information on this form. You will find additional information in the Judicial Council's *Handbook for Conservators*, receipt of which, in addition to a copy of this form, you are required by law to acknowledge.

I. THE CONSERVATEE'S RIGHTS

Conservatees do not lose all rights or all voice in important decisions affecting their lives. All conservatees have the right to be treated with understanding and respect, the right to have their wishes considered, and the right to be well cared for by their conservators. Conservatees generally keep the right to (1) control their own wages or salary from employment, (2) make or change a will, (3) marry, (4) receive personal mail, (5) be represented by a lawyer, (6) ask a judge to change conservators, (7) ask a judge to end the conservatorship, (8) vote, unless a judge decides they are not capable of exercising this right, (9) control personal spending money if a judge has authorized an allowance, and (10) make their own medical decisions, unless a judge has taken away that right and given it exclusively to their conservators.

II. CONSULT WITH YOUR ATTORNEY

Your attorney will advise you on your duties, the limits of your authority, the conservatee's rights, your dealings with the court, all other topics discussed in this form, and many other matters. He or she will tell you when you must ask for prior court approval to take an action, when you may do so (and why it might be a good idea), and when prior court approval is not required. All legal questions should be discussed with your attorney, not the court staff, which is not permitted to give legal advice.

Your attorney will also help prepare your inventories, accountings, petitions, and all other documents to be filed with the court; and will see that the persons entitled to be notified of your actions are given proper notice. He or she will also advise you about legal limits on estate investments, leases and sales of estate assets, loans, lawsuits against others involving the conservatee or his or her property, and many other matters, and can prepare or review documents needed in these matters. You should communicate frequently and cooperate fully with your attorney at all times. **When in doubt, contact your attorney.**

Other questions may be answered by calling on local community resources. (To find these resources, see the *Handbook for Conservators* and the local supplement distributed by the court.)

III. CONSERVATOR OF THE PERSON

If the court appoints you as conservator of the person, you are responsible for the conservatee's care and protection. You must decide, within certain limits, where the conservatee will live; and you must arrange for the conservatee's health care, meals, clothing, personal care, housekeeping, transportation, and recreation.

A. DETERMINE THE APPROPRIATE LEVEL OF CARE FOR THE CONSERVATEE

You must determine the conservatee's appropriate level of care. Your determination must be in writing, signed under penalty of perjury, must be filed with the court within 60 days of the date of the court's order appointing you as conservator, and must include:

CONSERVATORSHIP OF (Name): _____ CONSERVATEE	CASE NUMBER: _____
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- III. A. 1. An evaluation of the level of care existing when the petition for your appointment as a conservator was filed and the measures that would be necessary to keep the conservatee in his or her **personal residence**.

*(Note: The conservatee's **personal residence** is the residence the conservatee understood or believed to be his or her permanent residence on (1) the date the petition for appointment of a conservator was filed in this matter, or (2) on the last earlier date the conservatee could form or communicate an understanding or belief about a permanent residence, whether or not he or she was living there when the appointment petition was filed. See Cal. Rules of Court, rule 7.1063(b).)*

2. A plan to return the conservatee to his or her **personal residence** or an explanation of the limitations or restrictions on a return of the conservatee to that residence in the foreseeable future if the conservatee was not living there when the petition for appointment of a conservator was filed.
3. A reevaluation after a material (important) change in circumstances affecting the conservatee's needs for placement and care after your initial determination.
4. If the conservatee is a limited conservatee who is developmentally disabled, special rules may apply to the determination of his or her level of care and residential placement. See item VI below.

B. DECIDE WHERE THE CONSERVATEE WILL LIVE

1. You must decide where the conservatee will live. You may choose a residence in California without prior approval of the court, but you must choose the least restrictive appropriate residence that is available and necessary to meet the conservatee's needs and that is in his or her best interests.
2. You must file a written notice of any change of the conservatee's residence with the court within 30 days of the move, and you must mail copies of the notice to the conservatee's attorney, the conservatee's spouse or registered domestic partner, and the conservatee's relatives who were mailed copies of the petition for your appointment as conservator, unless the court excuses you from the mailing to prevent harm to the conservatee. (There is a court form you must use for this notice and another form you may use to prove that you have mailed it. The forms are the *Post-Move Notice of Change of Residence of Conservatee or Ward* (form GC-080) and the *Attachment to Post-Move Notice, etc.* (form GC-080(MA)). These forms refer to a "post-move notice" because the notice may be filed and mailed after the date of the move.)
3. The law presumes that the conservatee's **personal residence** (see item IIIA) is the conservatee's least restrictive appropriate residence. There must be a reason supported by sufficient evidence to justify a change of residence from the conservatee's personal residence (including a move from a care facility or other temporary placement to a residence that is not the conservatee's personal residence).
4. If you want to move the conservatee from his or her **personal residence**, in addition to the post-move notice described in item 2, you must mail a notice of your intent to change the conservatee's residence to the conservatee, the conservatee's attorney, if any, and to each other person or entity entitled to notice of the hearing on the petition for your appointment as conservator; and then you must file with the court proof that the notice was mailed. Unless there is an emergency requiring a shorter period of notice, this notice must be mailed at least 15 days before the date of the proposed move. (There is a court form you must use for this notice and another form you may use to prove that you have mailed it. The forms are the *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward* (form GC-079) and the *Attachment to Pre-Move Notice, etc.* (form GC-079(MA)). These forms refer to a "pre-move notice" because the notice must be mailed before the move.)
5. If you want to establish the conservatee's residence outside California, you must petition the court for permission before the move. Notice of the court hearing on this petition, together with a copy of the petition, must be mailed to the conservatee and the other persons and entities that were entitled to notice of the hearing on the petition for your appointment as conservator. There is a court form for this petition, the *Petition to Fix Residence Outside the State of California* (form GC-085). Notice of the hearing and proof of its mailing is given on another court form, the *Notice of Hearing—Guardianship or Conservatorship* (form GC-020).
6. You may not place the conservatee involuntarily in a mental health treatment facility unless he or she has been determined to be gravely disabled as the result of a mental disorder or impairment by chronic alcoholism, you have been appointed as conservator under the Lanterman-Petris-Short Act (Welf. & Inst. Code, § 5350 et seq.), and then only if the court has authorized the placement. If the court has authorized you to place the conservatee in a secured-perimeter residential care facility or a locked and secured nursing facility because he or she suffers from dementia, you must be sure that the placement is the least restrictive placement appropriate to the conservatee's needs.

CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
CONSERVATEE	

III. C. PROVIDE MEDICAL CARE FOR THE CONSERVATEE

You are responsible for making sure that the conservatee's health care needs are met. But there are special rules you must follow to meet these needs. Two of the most important rules are as follows:

1. Unless the court has given you exclusive authority to consent to the conservatee's medical treatment because the court has determined that the conservatee has lost the capacity to make sound medical decisions, your consent or refusal to consent to such treatment is not sufficient if the conservatee disagrees (except in certain emergency situations). If you do have exclusive medical consent authority, you should be sure that all medical treatment and medications are appropriate.
2. If the conservatee has dementia and has lost the capacity to give an informed consent to the administration of medications for its treatment and care, you must be given specific authority by the court to consent to the administration of these medications. If you do have this authority, you should be sure that the medications are appropriate.

D. WORK WITH THE PERSON(S) RESPONSIBLE FOR MANAGING THE CONSERVATEE'S PROPERTY

If other persons are handling the conservatee's property, such as his or her estate conservator, the conservatee's spouse or registered domestic partner in possession of the couple's marital or partnership property, or the trustee of a trust created for the management of the conservatee's property and for his or her support, you must work together to be sure that the conservatee can afford the care you arrange. Purchases you make for the conservatee must be approved by the person(s) responsible for managing the conservatee's assets or you may not be reimbursed or your reimbursement may be delayed.

IV. CONSERVATOR OF THE ESTATE

The conservatee's property or assets and income are known as the conservatee's "estate." If the court appoints you as conservator of the estate, you will manage the conservatee's finances, protect the conservatee's income and property or assets, make an inventory of the conservatee's property or assets, make sure the conservatee's bills are paid, invest the conservatee's money, see that the conservatee receives all the income and benefits to which he or she is entitled, ensure that the conservatee's tax returns are filed on time and all taxes paid, keep accurate financial records, and regularly report the conservatee's financial condition to the court. *(Note: Property or assets and income in a trust for the conservatee's support and maintenance are usually not considered as part of the conservatee's estate, particularly if the trust was created and funded before the appointment of a conservator. Unless the conservatee's spouse or registered domestic partner consents to its inclusion in the conservatee's estate, the community property of the conservatee and his or her spouse or registered domestic partner under the management and control of the spouse or partner is also not part of the conservatee's estate.)*

A. MANAGING THE ESTATE

1. Prudent management for the benefit of the conservatee; prudent investments

You must manage the estate's property or assets and income for the benefit of the conservatee and with the care of a prudent person dealing with someone else's property. You must not make unreasonably risky investments of money or property of the estate.

2. Prior court approval required for fees, borrowing, loans, and gifts

You must ask and receive the court's permission, after full disclosure of all relevant facts, before you may pay from the conservatee's estate fees to yourself for your services as conservator and to your attorney for his or her services to you; borrow money for or loan money from the conservatee's estate (to yourself or anyone else); or make gifts of estate assets or property.

3. Keep estate money and property separate from your or anyone else's money or property

You must keep the money and property of the conservatee's estate separate from your money or property or from the money or property of any other person. Never deposit estate funds in your personal bank account or otherwise mix them with your or anyone else's funds, even for brief periods. Title to individual stocks, bonds, or other securities; securities broker accounts; mutual funds; and accounts with banks and other financial institutions must show that these assets are property of the conservatorship estate and not your or anyone else's property.

4. Interest-bearing accounts and other investments

Except for a checking account intended for payment of ordinary expenses, estate bank accounts must earn interest. You may deposit estate funds in one or more insured accounts in financial institutions, but you should not put more than the FDIC insurance limit, currently \$250,000, in any single institution. You have authority to make some investments without court approval. Other investments may be made only after court approval has been obtained. Consult with an attorney before making any investments, even those you have authority to make without court approval.

CONSERVATORSHIP OF (Name): CONSERVATEE	CASE NUMBER:
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IV. A. 14. Property, casualty, and liability insurance

Determine the appropriate kinds and adequate levels of property, casualty, and liability insurance covering the property, assets, risks, and potential liabilities of the conservatee and his or her estate. Maintain the insurance in force during the entire period of the administration (except for assets after they are sold).

15. Communicate with conservator of the person and trustee

You should communicate as necessary and appropriate with the conservator of the conservatee's person, if any, and with the trustee of any trust of which the conservatee is a beneficiary.

16. Other limitations or restrictions

There are many limitations or restrictions on your authority to deal with estate assets not mentioned here. If you do not obtain the court's permission when it is required before taking an action, you may be removed as conservator or you may be required to reimburse the estate from your own personal funds, or both.

B. INVENTORY OF ESTATE PROPERTY**1. Locate and take possession of the estate's property and prepare an inventory**

You must identify, locate, take possession of, and protect all the conservatee's property, assets, and income that will be or become part of the conservatorship estate. You must change the record title or ownership of most property and assets of the estate to reflect the conservatorship. You must record a copy of your *Letters of Conservatorship* (form GC-350) with the county recorder in each county where the conservatee owns real property. You must then prepare an inventory, or a list, of all of the real and personal property of the estate. There are court forms that must be used for the inventory. These consist of a two-page cover sheet, *Inventory and Appraisal* (form DE-160/GC-040) and one or more pages to be attached to the cover sheet containing the list of property, *Inventory and Appraisal Attachment* (form DE-161/GC-041). The property is separated into two categories, cash and cash-equivalent items, listed on Attachment 1; and all other types of real and personal property, listed on Attachment 2.

2. Determine the value of the estate's property

You must arrange to have a **probate referee** appointed by the court appraise, or determine the fair market value of, the noncash property of the estate shown in Attachment 2 of your inventory unless the referee's appointment is waived by the court. You, rather than the referee, may appraise the value of the cash and cash-equivalent items of property listed in Attachment 1, such as bank accounts.

3. File and mail copies of the inventory and appraisal and notice of how to object

Within 90 days after your appointment as conservator, unless the court gives you more time, you must file with the court your inventory containing the appraisals of estate property, signed by you and, if the probate referee has appraised assets, by the referee. You must also mail copies of the completed inventory and appraisal to the conservatee, the conservatee's attorney, if any, and the conservatee's spouse or registered domestic partner, parents, and children, and must give them written notice of how to file an objection to the inventory and appraisal. There is a court form that must be used for this notice, the *Notice of Filing of Inventory and Appraisal and How to Object to the Inventory or the Appraised Value of Property* (form GC-042).

C. RECORD KEEPING AND ACCOUNTING**1. Keep records and prepare accountings**

You must keep complete and accurate records of each financial transaction affecting the estate, including all receipts of income, changes in assets or property held in the estate, and expenditures. The checkbook for the conservatorship checking account is your indispensable tool for keeping records of income and expenditures. You should also save original bills or invoices paid, records of property sale transactions, receipts for money spent, and bank or other institutions' statements showing income received and money spent. You must prepare periodic accountings of all money and property you have received, what you have spent, the date of each transaction, and its purpose. Your accountings must describe in detail what you have left after you pay the estate's expenses. There are court forms you may, or in some situations must, use for your accountings. You will have to file original statements from banks and other institutions with your accountings.

CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
CONSERVATEE	

IV. C. 2. Court review of your accountings and records

You must file with the court a report with each of your accountings that shows the current circumstances of the conservatee and the estate, along with a petition requesting that the court review and approve the accounting. Your first accounting is due one year after your appointment, and later accountings must be filed at least every two years after that. The court may order you to file more frequent accountings. You must save your receipts and other original records because the court may ask to review them. If you do not file your accountings as required, the court will order you to do so. You may be removed as conservator if you fail to properly prepare and file your accountings or comply with the court's orders.

V. DUTY TO DISCLOSE CHANGES IN MARITAL OR DOMESTIC PARTNERSHIP STATUS

If you are the spouse of the conservatee, you must disclose to the court, and give notice to interested persons under the Probate Code, of the filing of any action or proceeding against the conservatee for (1) legal separation, (2) dissolution of marriage, or (3) adjudication of nullity of the marriage. If you are or were the registered domestic partner of the conservatee, you must disclose to the court any termination of the domestic partnership. The disclosure must be made within 10 days of the initial filing of the action or proceeding or termination of the partnership by filing a notice with the court. If you are not the spouse or registered domestic partner or former partner of the conservatee and one of these events occurs, the conservatee's spouse or former registered domestic partner must disclose the event to you within the same 10-day period.

VI. LIMITED CONSERVATOR (for the developmentally disabled only)

A. AUTHORITY SPECIFIED IN YOUR *LETTERS OF CONSERVATORSHIP* AND APPOINTMENT ORDER

If the court appoints you as limited conservator, you will have authority to take care of **only** those aspects of the conservatee's life and financial affairs specified in your *Letters of Conservatorship* and the court's order appointing you. The conservatee retains all other legal and civil rights. Although most of the information provided in this form also applies to limited conservatorships (especially the duties of the conservator of the person), you should clarify with your attorney exactly which information applies in your case.

B. DUTY TO HELP LIMITED CONSERVATEE DEVELOP SELF-RELIANCE

You must secure treatment, services, and opportunities that will assist the limited conservatee to develop maximum self-reliance and independence. This assistance may include training, education, medical and psychological services, social opportunities, vocational opportunities, and other appropriate help.

C. DETERMINATION OF LEVEL OF CARE FOR CERTAIN LIMITED CONSERVATEES

The level of care determination described in item IIIA does not apply to a limited conservatee who receives services from a regional center for the developmentally disabled and for whom the Director of Developmental Services or the regional center is acting as conservator. Determination of the services provided for and residential placement of these limited conservatees are to be identified, delivered, and evaluated consistent with the individual program plan process described in Welfare and Institutions Code sections 4640-4659. (See *Prob. Code*, § 2352.5(e).)

VII. TEMPORARY CONSERVATOR

If the court appoints you as temporary conservator, you will generally have the same duties and authority as general conservators, **except** the conservatorship will end on the date specified in your *Letters of Temporary Conservatorship*. Most of the information in this form also applies to temporary conservatorships, but you must consult your attorney about which duties you will **not** perform because of the short duration of the temporary conservatorship appointment. A temporary conservator should avoid making long-term decisions or changes that could safely wait until a general conservator is appointed. As temporary conservator, you may not move a conservatee from his or her home, unless there is an emergency, or sell or give away the conservatee's home or any other assets without prior court approval.

Sign the Acknowledgment of Receipt on page 7.

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

VIII. JUDICIAL COUNCIL FORMS

This form identifies a number of Judicial Council forms used for court filings in conservatorship proceedings. This form, the petition for your appointment as conservator, and the order that appoints you as conservator are examples of Judicial Council forms. Judicial Council forms are either mandatory or optional. If a mandatory form applies to a situation or proposed action, it must be used. Optional forms may be used, at the option of the person preparing and filing the form or, in some situations, at the option of the court. Each form is identified on the bottom left side of its first page as optional or mandatory. Judicial Council forms are not available for every situation where a document may or must be filed with the court, but the forms address the most common and important matters that occur during a conservatorship. The *Handbook for Conservators* has additional information about Judicial Council conservatorship forms.

Your attorney will select and prepare the appropriate Judicial Council forms. However, if you do not have an attorney, you can prepare them yourself. All Judicial Council forms are posted on the California courts' public website, www.courts.ca.gov. Select "Forms" at the top of the site's home page, then select the form group in the drop-down menu in the middle of the page. All conservatorship forms are collected in the Probate—Guardianships and Conservatorships form group. They are designated with the prefix "GC," followed by a three-digit number. Forms shown in the drop-down list with an asterisk are mandatory forms.

The forms are posted on the website in both unfillable and fillable versions, as PDF files. The unfillable versions are designed to be completed by typewriter or, in some cases, by hand. Fillable forms may be filled out online, then printed out ready for signing and filing with the court, and they may also be saved to your computer and completed in more than one sitting. Go to the "Forms and Information" page at the Web site's Self-Help Center for more information on accessing the forms.

ACKNOWLEDGMENT OF RECEIPT of *Duties of Conservator and Handbook for Conservators* (Probate Code, § 1834)

I acknowledge that I have received this statement of the duties and liabilities of the office of conservator, the *Duties of Conservator* (form GC-348), and the *Handbook for Conservators* adopted by the Judicial Council.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF (PROPOSED) CONSERVATOR)
----------------------	---	---------------------------------------

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF (PROPOSED) CONSERVATOR)
----------------------	---	---------------------------------------

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF (PROPOSED) CONSERVATOR)
----------------------	---	---------------------------------------

NOTICE

This statement of duties and liabilities is a summary and is not a complete statement of the law. Your conduct as a conservator is governed by the law itself and not by this summary or by the Judicial Council's *Handbook for Conservators*. When in doubt, consult your attorney.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): (PROPOSED) CONSERVATEE	
EX PARTE ORDER AUTHORIZING DISCLOSURE OF (PROPOSED) CONSERVATEE'S HEALTH INFORMATION TO COURT INVESTIGATOR—HIPAA (Health Insurance Portability and Accountability Act of 1996)	CASE NUMBER:

THE COURT FINDS

1. A conservatorship proceeding under the Guardianship—Conservatorship Law (Parts 1–4 of Division 4 of the Probate Code, section 1400 et seq.) is pending in this court for the person named in the caption above as the (proposed) conservatee.
2. To perform the investigations required by law, the court investigator or investigators named in item 3 must have access to protected health information about the (proposed) conservatee named in the caption above.
3. The court investigators authorized to access the (proposed) conservatee's protected health information are (*name each authorized court investigator*):

THE COURT ORDERS

4. Notice is dispensed with.
5. Each health-care provider, health plan, and health-care clearinghouse that has protected health-care information about the (proposed) conservatee named above is authorized to disclose the information to any court investigator named in item 3.
6. The protected health information must be used by the court investigator solely to discharge the investigator's responsibilities in this proceeding and is governed by the disclosure safeguards contained in the regulations of the federal Department of Health and Human Services (45 C.F.R. §§ 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (Pub.L. No. 104-191 (August 21, 1996)). No use of the protected health information other than that which is permitted in those regulations is permitted by this order.
7. Additional orders, the judicial officer's signature, and the date of this order are on the next page.

Date:

 Judicial Officer

(Clerk's certification is on the next page.)

Page 1 of 2

CONSERVATORSHIP OF (Name): _____ (PROPOSED) CONSERVATEE	CASE NUMBER: _____
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8. Additional orders (specify):

Date:

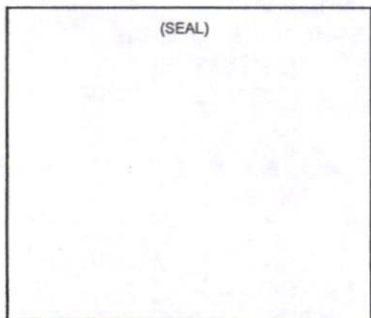
Judicial Officer

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy



ATTORNEY OR PARTY WITHOUT ATTORNEY (name, address, and State Bar number):
After recording return to:

TEL NO.: FAX NO. (optional):
E-MAIL ADDRESS (optional):
ATTORNEY FOR (name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

FOR RECORDER'S USE ONLY

CONSERVATORSHIP OF (name):

CASE NUMBER:

CONSERVATEE

LETTERS OF CONSERVATORSHIP

Person Estate Limited Conservatorship

FOR COURT USE ONLY

1. (Name): _____ is the appointed
 conservator limited conservator of the person estate
of (name): _____
2. (For conservatorship that was on December 31, 1980, a guardianship of an adult or of
the person of a married minor) (Name):
was appointed the guardian of the person estate by order dated
(specify): _____ and is now the conservator of the person
 estate of (name): _____
3. Other powers have been granted or conditions imposed as follows:
 - a. Exclusive authority to give consent for and to require the conservatee to receive
medical treatment that the conservator in good faith based on medical advice
determines to be necessary even if the conservatee objects, subject to the limitations
stated in Probate Code section 2356.
 - (1) This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call
for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of
the conservatorship.
 - (2) (If court order limits duration) This medical authority terminates on (date): _____
 - b. Authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
 - c. Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in
Probate Code section 2356.5(c).
 - d. Powers to be exercised independently under Probate Code section 2590 are specified in Attachment 3d (specify powers,
restrictions, conditions, and limitations).
 - e. Conditions relating to the care and custody of property under Probate Code section 2402 are specified in Attachment 3e.
 - f. Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358
are specified in Attachment 3f.
 - g. (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section 2351.5 are
specified in Attachment 3g.
 - h. (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section 1830(b) are
specified in Attachment 3h.
 - i. Other powers granted or conditions imposed are specified in Attachment 3i.

(SEAL)

4. The conservator is **not** authorized to take possession of money or any other property without a
specific court order.

5. Number of pages attached:

WITNESS, clerk of the court, with seal of the court affixed.

Date:

Clerk, by _____, Deputy

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in Probate Code § 1875.

CONSERVATORSHIP OF (name):

CASE NUMBER:

CONSERVATEE

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

When these *Letters of Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the conservator of the estate (1) to take possession or control of an asset of the conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is www.courts.ca.gov/forms/. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter or may be filled out online and printed out ready for signature and filing.

An *institution* under California Probate Code section 2890(c) is an insurance company, agent, or broker; an investment company; an investment bank; a securities broker-dealer; an investment advisor; a financial planner; a financial advisor; or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, a trust, a savings and loan association, a savings bank, an industrial bank, or a credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF CONSERVATORSHIP
AFFIRMATION

I solemnly affirm that I will perform according to law the duties of conservator limited conservator.

Executed on (date): _____, at (place): _____

(TYPE OR PRINT NAME)

(SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date:

Clerk, by _____, Deputy

LETTERS OF CONSERVATORSHIP
(Probate—Guardianships and Conservatorships)

Print this form

Save this f

Clear this form

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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right;">CONSERVATEE</div>	
NOTICE OF CONSERVATEE'S RIGHTS	CASE NUMBER: _____

When a person becomes a conservatee, he or she does not necessarily lose the right to take part in important decisions affecting his or her property and way of life. Every conservatee has the right to be treated with understanding and respect and to have his or her wishes considered. Every conservatee has all basic human rights and the right to be well cared for by his or her conservator.

The conservatee has the right to ask questions and to express concerns and complaints about the conservatorship and the actions of his or her conservator. The conservatee may ask the court to review the conservator's management of the conservatorship if disputes cannot be worked out between them. Even if the conservatee does not take direct action, the court will periodically send a person, called a **court investigator**, to visit the conservatee, to inquire about his or her circumstances and desires, and to advise the conservatee of his or her rights. The court also may appoint a lawyer to represent the conservatee.

The conservatee will be allowed the greatest degree of freedom and privacy possible consistent with the underlying reasons for the conservatorship. The conservator should give as much regard to the wishes of the conservatee as possible under the circumstances so that the conservatee may function at the highest level his or her ability permits. The conservator must give due regard to the preferences of the conservatee and to encourage the conservatee's participation in decision-making.

THE CONSERVATEE'S RIGHTS

After appointment of a conservator, the conservatee keeps the right to:

- Be represented by a lawyer;
- Ask a judge to replace the conservator;
- Ask a judge to end the conservatorship;
- Make or change his or her will;
- Directly receive and control his or her salary; and
- Control an allowance (an allowance is personal spending money the court has authorized the conservator to pay directly to the conservatee).

(Conservatee's rights continued on next page)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): CONSERVATEE	CASE NUMBER:
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THE CONSERVATEE'S RIGHTS (continued)

Unless the court has limited or taken the right away, the conservatee also keeps the right to:

- Receive personal mail;
- Vote;
- Marry or enter into a registered domestic partnership;
- Receive visits from family and friends;
- Make his or her own medical decisions;
- Enter into transactions, to the extent reasonable to (1) provide the necessities of life to the conservatee and his or her minor children, and (2) provide the necessities of life to his or her spouse or basic living expenses to his or her registered domestic partner;
- Engage in other activities the court expressly allows him or her to do, at the time of the conservator's appointment, or a later time following a court hearing on a request for authority to engage in the activity; and
- If the conservatee is a **limited conservatee**, to engage in any activity that the court has not expressly reserved to his or her **limited conservator**.

(Proof of mailing on page 3)
 (Instructions for mailing on page 4)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): CONSERVATEE	CASE NUMBER:
---	--------------

**INSTRUCTIONS FOR MAILING COPIES OF NOTICE OF CONSERVATEE'S
RIGHTS AND ORDER APPOINTING PROBATE CONSERVATOR**

1. **What to mail:** The conservator, the conservator's attorney, or the attorney's employee must mail a copy of this *Notice of Conservatee's Rights*, with an attached copy of the *Order Appointing Probate Conservator* showing the judicial officer's signature and the date of filing, to each person identified in item 2 below.
2. **Who must receive the mailing:** The persons to whom copies of this *Notice of Conservatee's Rights* and the *Order Appointing Probate Conservator* must be mailed are:
 - a. The conservatee;
 - b. The conservatee's attorney, if any;
 - c. The following relatives of the conservatee named in Probate Code section 1821(b) (spouse or registered domestic partner and second-degree relatives required to be named in the *Petition for Appointment of Probate Conservator*):
 - (1) Spouse or registered domestic partner;
 - (2) Parents;
 - (3) Children at least 12 years old (see item e below if there are children under the age of 12);
 - (4) Grandparents;
 - (5) Grandchildren at least 12 years old (see item e below if there are grandchildren under the age of 12); and
 - (6) Brothers and sisters, including half-brothers and half-sisters.
 - d. If the conservator knows of no spouse or registered domestic partner or second-degree relative of the conservatee, copies of this *Notice of Conservatee's Rights* and the *Order Appointing Probate Conservator* must be mailed to the following persons:
 - (1) Spouse or registered domestic partner of a predeceased parent of the conservatee;
 - (2) Children of a predeceased spouse or predeceased registered domestic partner of the conservatee at least 12 years old (see item e below if there are children under the age of 12);
 - (3) Brothers and sisters of the conservatee's parents (conservatee's aunts and uncles), if any, or, if none, to their natural and adoptive children at least 12 years old (see item e below if there are children under the age of 12); and
 - (4) The natural and adoptive children of the conservatee's brothers and sisters at least 12 years old (see item e below if there are children under the age of 12).
 - e. If a person named above is under the age of 12, a parent, guardian, or other person having legal custody of the person entitled to notice, with whom the person entitled to notice resides.
3. **When the mailing must be completed:** The mailing described in item 1 must be completed on or before the 30th day following the filing date of the *Order Appointing Probate Conservator*.
4. **Fill out Proof of Mailing:** The conservator or his or her attorney of record must fill out the Proof of Mailing on page 3 of this form, including the correct addresses of the persons to receive the mailing, identified in item 2 above, before making the copies to be mailed. If the Proof of Mailing does not have enough space for the names and addresses of all persons who will receive the mailing, the names and addresses not shown on the Proof of Mailing must be shown on one or more additional pages attached to this form. One or more copies of *Attachment to Notice of Conservatee's Rights* (form GC-341(MA)) may be used for this purpose. After the mailing described in item 5 below, the conservator or his or her attorney must date and sign the Proof of Mailing on page 3 of this form.
5. **How to mail:** The conservator, the conservator's attorney of record, or an employee of the attorney, must do the following:
 - a. Place copies of this *Notice of Conservatee's Rights*, with attached conformed copies of the *Order Appointing Probate Conservator* in sealed envelopes, addressed to each person at the address shown for that person on the Proof of Mailing on page 3 of this form, or on attached additional pages, with postage fully prepaid.
 - b. Deposit (mail) the sealed envelope(s) with the United States Postal Service on the date and from the place (city and state) shown in item 4 of the Proof of Mailing on page 3 of this form.
6. **Filing Notice of Conservatee's Rights:** The conservator, or his or her attorney of record, must file with the court the original *Notice of Conservatee's Rights*, with a signed and dated Proof of Mailing and all attached additional address pages. **Do not attach a copy of the *Order Appointing Probate Conservator* to the original *Notice of Conservatee's Rights* filed with the court.**

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="text-align: right;">CONSERVATEE</div>	
PETITION FOR EXCLUSIVE AUTHORITY TO GIVE CONSENT FOR MEDICAL TREATMENT	
CASE NUMBER:	

1. Petitioner (name): _____ requests that
- a. the conservatee be adjudged to lack the capacity to give informed consent to medical treatment or healing by prayer.
 - b. the conservator of the person be granted the exclusive authority to give consent to medical treatment or healing by prayer that the conservator in good faith based on medical advice determines to be necessary.
 - c. the treatment be performed by a licensed medical practitioner a licensed psychologist within the scope of his or her license an accredited practitioner of a religion that relies on prayer alone for healing.
 - d. orders related to the care and treatment of a major neurocognitive disorder (such as dementia) as specified in the *Attachment Requesting Special Orders Regarding a Major Neurocognitive Disorder* be granted. (Attach form GC-313.)
 - e. the order dated (specify): _____ made under Probate Code section 1880
 be revoked be modified as specified in Attachment 1e be modified as follows (specify): _____

 - f. other orders be granted as specified in Attachment 1f as follows (specify): _____

 - g. *Letters of Conservatorship* be reissued to include a statement that conservator has the powers requested in this petition.
2. There is no form of medical treatment for which the proposed conservatee has the capacity to give informed consent.
3. Attached to this petition is a declaration executed by a licensed physician stating that the conservatee lacks the capacity to give informed consent for any form of medical treatment and giving reasons and the factual basis for this conclusion. (Label as Attachment 3.)
4. Conservatee is is not an adherent of a religion that relies on prayer alone for healing as defined in Probate Code section 2355(b).

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

5. ATTENDANCE AT THE HEARING **Conservatee**

- a. will attend the hearing.
- b. is able but unwilling to attend the hearing AND does does not wish to contest this petition.
- c. is unable to attend the hearing because of medical inability. An affidavit or certificate of a licensed medical practitioner or an accredited religious practitioner is affixed as Attachment 5c.
- d. is not the petitioner, is out of state, and will not attend the hearing.

6. **Special notice** has has not been requested. (Specify the names and addresses of persons requesting special notice in Attachment 6.)

7. Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330) that specifies the duties to be performed before granting an order relating to medical consent .

8. The names, residence addresses, and relationships of the spouse and all relatives within the second degree of the conservatee so far as known to petitioner are listed below listed in Attachment 8.

	<u>Relationship and name</u>	<u>Residence address</u>
--	------------------------------	--------------------------

a. Spouse:

b.

9. Number of pages attached: _____

Date:

*(Signature of all petitioners also required (Prob. Code, § 1020).)

▶ _____
(SIGNATURE OF ATTORNEY*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="text-align: right;">CONSERVATEE</div>	
ORDER AUTHORIZING CONSERVATOR TO GIVE CONSENT FOR MEDICAL TREATMENT	CASE NUMBER:

1. The petition for authority to give consent for medical treatment came on for hearing as follows (check items c, d, and e to indicate personal presence; complete item f):
- a. Judge (name): _____
 - b. Hearing date: _____ Time: _____ Dept.: _____ Div.: _____ Room: _____
 - c. Petitioner (name): _____
 - d. Attorney for petitioner (name): _____
 - e. Attorney for conservatee (name, address, and telephone): _____
 - f. Conservatee was present unable to attend able but unwilling to attend and does not wish to contest the petition out of state

THE COURT FINDS

2. a. All notices required by law have been given.
- b. There is no form of medical treatment for which the conservatee has the capacity to give informed consent.
 - c. Conservatee is an adherent of a religion that relies on prayer alone for healing as described in Probate Code section 2355(b).
 - d. Attorney (name): _____ has been appointed by the court as legal counsel to represent the conservatee in this proceeding. The cost for representation is: \$ _____
 - e. Conservatee has a major neurocognitive disorder (such as dementia) as described in Probate Code section 2356.5, and the court finds all other facts required to make the orders specified in item 4.

THE COURT ORDERS

3. a. Conservatee lacks the capacity to give informed consent to any medical treatment and the conservator of the person is granted the powers specified in Probate Code section 2355.
- b. Treatment is to be given by an accredited practitioner of the conservatee's religion under Probate Code section 2355(b).
- c. The order dated: _____ made under Probate Code section 1880 is revoked modified as stated below as stated in Attachment 3c.
- d. For legal services rendered, conservatee conservatee's estate shall pay to _____ (name): _____ the sum of: \$ _____ forthwith as follows (specify terms): _____
- e. other (specify): _____
- f. *Letters of Conservatorship* shall reissue and include a statement that conservator has the powers ordered.
- g. This order shall terminate on (date): _____
4. a. The conservator of the person is granted authority to place conservatee in a secured-perimeter residential care facility as described in Probate Code section 2356.5(b).
- b. The conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia) as described in Probate Code section 2356.5(c).

5. Total boxes checked in items 2-4: _____

6. Number of pages attached: _____

Date: _____

 JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE <input type="checkbox"/> PERSON AND ESTATE OF (Name): _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	
NOTICE OF FILING INVENTORY AND APPRAISAL AND HOW TO OBJECT TO THE INVENTORY OR THE APPRAISED VALUE OF PROPERTY	CASE NUMBER: _____

1. NOTICE is given that (name):

Conservator Guardian of the estate of the above-named conservatee or ward, filed with the court a
 Partial No.: _____ Final Supplemental Corrected Reappraisal for Sale
 Inventory and Appraisal on (date filed): _____

2. If you object to the *Inventory and Appraisal* identified above or to the appraised value of any property listed in it, and you want the court to hear your objections, they must be in writing, signed by you under penalty of perjury, and filed with the court at the court's address stated above. **If you object to the appraised value of any property listed in the *Inventory and Appraisal*, you must file your objections with the clerk of the court no later than 30 days after the date specified in item 1 above.**
3. If you object to a *Final Inventory and Appraisal* or to an *Inventory and Appraisal* filed on or after the later of (1) 90 days from the date of the order appointing the conservator or guardian or (2) the last day of any extension granted by the court for filing the *Inventory and Appraisal*, in addition to the objections described above you may also object to that *Inventory and Appraisal* and all others previously filed on the ground that they do not list property that should have been listed and valued as property of the estate.
4. You may prepare your written objections on **form GC-045, *Objections to Inventory and Appraisal of Conservator or Guardian***. When you file your objections, the court will set a date, time, and place for a hearing on them. Unless the court orders otherwise, you then must arrange for someone other than yourself to mail, at least 15 days before the hearing date, copies of your objections and copies of another form, **form GC-020, *Notice of Hearing—Guardianship or Conservatorship***, showing the date, time, and place of the court hearing, to (1) the conservator or guardian of the estate; (2) the conservator's or guardian's attorney, if any, at the address shown at the top of this form; (3) the conservatee or the minor (if the minor is at least 12 years of age; if not, to the minor's parents, guardian, or other adult residing with the minor who has legal custody); (4) the spouse or registered domestic partner of the conservatee or the spouse of the minor; (5) any person who has filed **form DE-154/GC-035, *Request for Special Notice***, in this case; and (6) any probate referee who made an appraisal of property to which you object. (You do not have to ask someone to mail copies to you if you are one of the persons listed above.) You must then arrange for the person who did the mailing to complete and sign the proof of service on page 2 of the original *Notice of Hearing* and file the *Notice* with the court before the date of the hearing.
5. At the hearing the court will consider and determine the merits of your objections and may fix the true value of any property to the appraised value of which you have objected. The court may order an independent reappraisal by one or more additional appraisers at the expense of the conservatorship or guardianship estate, **but if your objection to the appraisal of any property that the court orders to be reappraised is not upheld by the court, the cost of the reappraisal may be charged to you.**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least five days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civ. Code, § 54.8.)



<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE <input type="checkbox"/> PERSON AND ESTATE OF (Name): _____ <div style="text-align: right;"> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR </div>	CASE NUMBER: _____
--	--------------------

**ATTACHMENT TO NOTICE OF FILING OF INVENTORY AND APPRAISAL AND
HOW TO OBJECT TO THE INVENTORY OR THE APPRAISED VALUE OF PROPERTY**

(This attachment is for use with form GC-042.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name and relationship to conservatee or ward

Address (number, street, city, state, and zip code)

_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF (Name): _____	CASE NUMBER: _____
<input type="checkbox"/> Conservatee <input type="checkbox"/> Minor	

Schedule A, Receipts—Simplified Account

Receipts (Receipts of noncapital items by the estate of the conservatee or ward)

Date of Receipt <i>(mm/dd/yyyy)</i>	Description	Amounts
		\$
<input type="checkbox"/> Total, Schedule A:		\$ _____

(Add pages if necessary, but if this schedule exceeds five pages, you must prepare it in the Standard Account format. If so, you may use Forms GC-400(A)(1)–(6), the standard account forms for Schedule A, for that purpose. Check the box at the bottom of the last page of this schedule and total the amount of the receipts. Carry that sum over to line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule A.)

Page A _____ of _____ pages

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor </div>	CASE NUMBER: _____
--	--------------------

Schedule C, Disbursements—Simplified Account

Disbursements (payments from the estate of the conservatee or ward)

Date of Payment (mm/dd/yyyy)	Date of Order Authorizing Payment * (mm/dd/yyyy)	Check No.	Payee and Purpose of Payment	Amounts
				\$

Total, Schedule C: \$ _____

*** Leave blank for disbursements that were not authorized by an order. A court order is not required for every disbursement.**
 (Add pages if necessary, but if this schedule exceeds five pages, you must prepare it in the Standard Account format. If so, you may use Forms GC-400(C)(1)–(11), the standard account forms for Schedule C, for that purpose. Check the box at the bottom of the last page of this schedule and total the amount of the disbursements. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule C.)

Page C _____ of _____ pages

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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____ <div style="text-align: right;"><input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR</div>	
PRE-MOVE NOTICE OF PROPOSED CHANGE OF PERSONAL RESIDENCE OF <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> WARD (Name): _____	CASE NUMBER: _____

INFORMATION FOR CONSERVATOR OR GUARDIAN OF THE PERSON:

- (1) You must mail, at least 15 days before the date of the proposed move (unless you can show that an emergency requires a shorter time), a notice of your intention to change your conservatee's or ward's **personal residence** (his or her residence as defined in rules 7.1063(b) or 7.1013(b) of the Cal. Rules of Court) to the conservatee, the ward if 12 years of age or older, the conservatee's or ward's attorney; and (a) in a conservatorship, the conservatee's spouse or registered domestic partner; and the conservatee's relatives named in the petition for appointment of a conservator in your case (the conservatee's second-degree relatives, or if there are no spouse, registered domestic partner, and second-degree relatives, the persons named in Probate Code section 1821(b)(1)–(4) as the conservatee's "deemed relatives"); or (b) in a guardianship, the ward's parents; any person who had legal custody of the ward when the first petition for appointment of a guardian was filed in your case, the guardian of the ward's estate, and any person nominated as a guardian for the ward who was not appointed. **Use copies of this form for the notice described above. File the original of the notice form with the court and show proof of mailing. See page 2 of this form for proof of mailing. If there is more than one ward in your case, file and mail copies of a separate form for each ward moved.** (See rules 7.1013(a) and (b), or 7.1063(a) and (b) of the Cal. Rules of Court.)
- (2) You must also give notice to the court and others, **after the move**, of any change in the conservatee's or ward's residence within the State of California. **Do not use this form for that notice.** Use form GC-080, *Post-Move Notice of Change of Residence of Conservatee or Ward*, for that notice. (See rules 7.1013(c)–(e), and 7.1063(c)–(e) of the Cal. Rules of Court.)
- (3) You must obtain court permission **before** the conservatee or ward can move to a new residence outside California.

NOTICE IS GIVEN as follows:

1. I intend to change the above-named conservatee's or ward's personal residence on (date): _____
2. The conservatee's or ward's residence address after the move will be (street address, including residence or facility name and room or apartment number, if any, and city, county, and zip code): _____
3. The new residence will be a (describe type of residence or facility, for example, single family residence; apartment or condominium; board and care, intermediate care, or skilled nursing): _____
4. I cannot give at least 15 days' notice of this intended change because of the emergency described below (specify): _____

Continued on Attachment 4. (State name of this case, case number, and title of this form on the top of attached page.)

Date: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(TYPE OR PRINT NAME OF CONSERVATOR OR GUARDIAN)

(SIGNATURE OF CONSERVATOR OR GUARDIAN) Page 1 of 2

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____ <div style="text-align: center;"> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR </div>	CASE NUMBER: _____
--	---------------------------

PROOF OF MAILING

1. I am over the age of 18. I am the appointed conservator or guardian of the above-named conservatee or ward, the conservator's or guardian's attorney, or an employee of the attorney. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*): _____
3. I mailed the foregoing *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward* to each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope on the date and at the place shown in item 4 with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: _____ b. Place mailed (*city, state*): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

▶

 (SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name and relationship to conservatee or ward</u>	<u>Address (number, street, city, state, and zip code)</u>
1.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Conservatee or ward at least 12 years of age</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
2.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Attorney for conservatee or ward</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
3.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Spouse or domestic partner of conservatee</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
4.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Parent of ward</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
5.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Parent of ward</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Continued on an attachment. (*You may use form GC-079 (MA) to show additional addressees.*)

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____	CASE NUMBER: _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR
--	---

**ATTACHMENT TO PRE-MOVE NOTICE OF PROPOSED CHANGE OF
PERSONAL RESIDENCE OF CONSERVATEE OR WARD**

(This attachment is for use with form GC-079.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name and relationship
to conservatee or ward

Address (number, street, city, state, and zip code)

_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	
_____ Relationship: _____	

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 _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	
POST-MOVE NOTICE OF CHANGE OF RESIDENCE OF <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> WARD (Name): _____	CASE NUMBER: _____

INFORMATION FOR CONSERVATOR OR GUARDIAN OF THE PERSON:

- (1) Every time your conservatee or ward moves to a new residence in California, you must, **within 30 days of the date of the move**, give written notice of the change to the court and, unless the court excuses you for good cause to prevent harm to the conservatee or ward, mail a copy of the notice to the attorney for the conservatee or ward; and **(a) in a conservatorship**, mail copies of the notice to the conservatee's spouse or registered domestic partner and the conservatee's relatives named in the petition for appointment of a conservator in your case (the conservatee's second-degree relatives, or if there is no spouse, registered domestic partner, and second-degree relatives, the persons named in Probate Code section 1821(b)(1)-(4) as the conservatee's "deemed relatives"); or **(b) in a guardianship**, mail copies of the notice to the ward's parents, any person who had legal custody of the ward when the first petition for appointment of a guardian was filed in your case, the guardian of the ward's estate, and any person nominated as a guardian for the ward who was not appointed.
- (2) **Use this form for the notice described above.** Do not mail a copy to the conservatee or ward. To give notice to the court, file the original of this form after filling out the proof of mailing on the second page. (See rules 7.1013(c) and (d), or 7.1063(c) and (d) of the Cal. Rules of Court.) If there is more than one ward in your case, file and mail copies of a separate form for each ward moved.
- (3) You must also give notice, **before the move**, of an intent to move the conservatee or ward from his or her personal residence (as defined in rules 7.1063(b) and 7.1013(b) of the Cal. Rules of Court). **Do not use this form for that notice.** Use form GC-079, *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward*, for that notice.
- (4) You must obtain court permission **before** the conservatee or ward can move to a new residence outside California.

NOTICE IS GIVEN as follows:

1. On (date): _____ the conservatee or ward named above moved to the residence described in item 2.
2. New address (street address, city, county, and zip code): _____
 Telephone number: _____ Other contact telephone number, if any (if none, write "None"): _____
3. (Check this box if this case is a conservatorship.) The conservatee's new residence identified in 2 is the least restrictive appropriate residence that is available to meet his or her needs and is in the conservatee's best interest.

Date: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 (TYPE OR PRINT NAME OF CONSERVATOR OR GUARDIAN)

 (SIGNATURE OF CONSERVATOR OR GUARDIAN)

Page 1 of 2

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____ <div style="text-align: center;"> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR </div>	CASE NUMBER: _____
--	---------------------------

PROOF OF MAILING

1. I am over the age of 18. I am the appointed conservator or guardian of the above-named conservatee or ward, the conservator's or guardian's attorney, or an employee of the attorney. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*): _____
3. I mailed the foregoing *Post-Move Notice of Change of Residence of Conservatee or Ward* to each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope on the date and at the place shown in item 4 with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: _____ b. Place mailed (*city, state*): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)	(SIGNATURE OF PERSON COMPLETING THIS FORM)
---	--

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name and relationship to conservatee or ward</u>	<u>Address (number, street, city, state, and zip code)</u>
1.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Attorney for conservatee or ward</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
2.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Spouse or registered domestic partner of conservatee</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
3.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Parent of ward</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
4.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Parent of ward</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
5.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Person with legal custody of ward at beginning of this proceeding</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Continued on an attachment. (*You may use form GC-080(MA) to show additional addressees.*)

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF	CASE NUMBER:
(Name):	
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	

ATTACHMENT TO POST-MOVE NOTICE OF CHANGE OF RESIDENCE OF CONSERVATEE OR WARD

(This attachment is for use with form GC-080.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name and relationship to conservatee or ward

Address (number, street, city, state, and zip code)

Relationship: <input style="width: 150px;" type="text"/>	
Relationship: <input style="width: 150px;" type="text"/>	
Relationship: <input style="width: 150px;" type="text"/>	
Relationship: <input style="width: 150px;" type="text"/>	
Relationship: <input style="width: 150px;" type="text"/>	
Relationship: <input style="width: 150px;" type="text"/>	
Relationship: <input style="width: 150px;" type="text"/>	

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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____ CONSERVATEE	
DETERMINATION OF CONSERVATEE'S APPROPRIATE LEVEL OF CARE	CASE NUMBER: _____

Notice to Conservator of the Person

You must prepare a written determination of the conservatee's appropriate level of care, sign it under penalty of perjury, and file it with the court within 60 days of the date of the court's order appointing you as conservator. You must use this form for that purpose. Your determination must include an evaluation of the conservatee's level of care on the date the conservatorship proceeding was started (the date the petition for the appointment of a conservator was filed with the court or, if more than one petition was filed, the date the first petition was filed), and the measures that would be necessary to keep the conservatee in his or her **personal residence**. If the conservatee was not living in that residence on the date the proceeding was started, your determination must include either a plan to return the conservatee to that residence or an explanation of the reasons why the conservatee cannot return to that residence in the foreseeable future. **This determination is in addition to, not a replacement for, any written care or placement plan the court may require. Check the court's local rules to see if a care or placement plan must also be filed.**

The conservatee's **personal residence** is the residence he or she understood or believed, or appeared to understand or believe, was his or her permanent residence on the date the conservatorship proceeding was started, whether or not he or she was living there on that date. If the conservatee could not then form or communicate an understanding or belief about his or her permanent residence, the conservatee's personal residence is the residence he or she last previously understood or appeared to understand was his or her permanent residence. (See Cal. Rules of Court, rule 7.1063.)

(Name): _____, declares as follows:

1. I am conservator of the person of the above-named conservatee. I am determining the conservatee's appropriate level of care as of (date): _____, the date of the order appointing me as conservator.
2. a. On the date stated in item 1, the conservatee was living at the following residence or facility (address and name of facility, if any):

Telephone: _____

- b. The conservatee has been living in the above residence or facility since (date): _____

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

2. c. The residence or facility identified in item 2a is described as follows (select all that apply):

- Conservatee's single family home, condominium, or apartment
 Relative's or friend's single family home, condominium, or apartment
 Acute care hospital Acute psychiatric hospital Intermediate-care facility Skilled nursing facility
 Licensed residential care facility Assisted living facility (7 or more beds)
 Board and care home (6 or fewer beds) Continuing-care retirement community Secured perimeter
 Congregate living health facility—terminal or life-threatening illness type (hospice)
 Other (describe):

3. a. The conservatee's care requirements as of the date given in item 1 are as follows (select all that apply; you may provide additional information concerning any items selected below under "other assistance required"):

- No assistance is needed at this time. Light housekeeping help required, _____ hours per week.
 Personal caregivers required, _____ hours per week: 24-hour care Part-time, _____ hours per day.
 Assistance with daily living skills, _____ hours per week.
 Nursing care required, _____ hours per week. Meal preparation assistance required, _____ hours per week.
 Assistance with medication required, _____ hours per week: Dispensing Set-up only
 Assistance with ambulation: Maximum Standby In-home hospice services.
 Other assistance required, _____ hours per week (describe):

Continued on Attachment 3a.

- b. A professional assessment of the conservatee's care needs has been made. A copy of the assessment, including a statement of the professional's qualifications, is provided on Attachment 3b. (A professional assessment of the conservatee's care needs is not required, but is recommended if the conservatee's circumstances and condition warrant it and the conservatee can afford the expense. Include any written assessment performed by a professional fiduciary proposed for appointment or appointed as conservator.)

CONSERVATORSHIP OF (Name): CONSERVATEE	CASE NUMBER:
--	--------------

4. (Complete item 4a if the residence identified in item 2 is the conservatee's personal residence as defined in Cal. Rules of Court, rule 7.1063. Complete item 4b if the residence identified in item 2 is not the conservatee's personal residence.)

a. **Conservatee living in personal residence**

The residence or facility described in item 2 is the conservatee's **personal residence** within the meaning of Cal. Rules of Court, rule 7.1063. The following measures are necessary to keep the conservatee in that residence:

Continued on Attachment 4a.

b. **Conservatee not living in personal residence**

The residence or facility described in item 2 is **not** the conservatee's **personal residence** within the meaning of Cal. Rules of Court, rule 7.1063. The conservatee's **personal residence** is (address and name of facility, if any):

(Complete either item 4b(1) below or item 4b(2) on page 4. Complete item 4b(1) if you believe the conservatee can be returned to his or her personal residence in the foreseeable future. Complete item 4b(2) if you believe the conservatee cannot be returned to his or her personal residence in the foreseeable future.)

(1) The conservator's plan to restore the conservatee to his or her **personal residence** is as follows:

Continued on Attachment 4b(1).

CONSERVATORSHIP OF _____ (Name): <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER:
--	----------------------

4. b. (2) The limitations or restrictions on the conservatee's return to his or her **personal residence** in the foreseeable future are as follows:

Continued on Attachment 4b(2).

5. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME OF CONSERVATOR OF THE PERSON)

 (SIGNATURE OF CONSERVATOR OF THE PERSON)