



**SUPERIOR COURT OF CALIFORNIA
 COUNTY OF TULARE**
www.tulare.courts.ca.gov
 559-730-5000

CONSERVATORSHIP OF THE PERSON PACKET

Forms included in this packet:

For you to read	FCS-308	Instructions
Complete and File for General Conservatorship	GC-310	Petition for Appointment of Probate Conservator
	GC-313	Attachment Requesting Special Orders Regarding Major Neurocognitive Disorder
	GC-020	Notice of Hearing – Guardianship or Conservatorship
	GC-320	Citation for Conservatorship and Proof of Service
	GC-330	Order Appointing Court Investigator
	GC-336	Ex Parte Order Authorizing Disclosure of (Proposed) Conservatee’s Health Information to Court Investigator (HIPAA)
	GC-312	Confidential Supplemental Information (Probate Conservatorship)
	GC-348	Duties of Conservator and Acknowledgement of Receipt of Handbook
	GC-314	Confidential Conservator Screening Form (Probate Conservatorship)
	GC-340	Order Appointing Probate Conservator
	GC-350	Letters of Conservatorship
	GC-335	Capacity Declaration – Conservatorship <i>(for Conservatee’s doctor to complete)</i>
	GC-335(A)	Dementia Attachment to Capacity Declaration – Conservatorship <i>(for Conservatee’s doctor to complete)</i>
	PRO-006	Conservatorship Questionnaire
	PRO-005	Conservatorship Care Plan
PRO-001	Confidential Contact Information	
Complete/file (Temporary Conservatorship)	GC-111	Petition for Appointment of Temporary Conservator
	GC-141	Order Appointing Temporary Conservator
	GC-150	Letters of Temporary Guardianship or Conservatorship
File to Excuse Service	PRO-008	Declaration of Due Diligence
	GC-021	Order Dispensing with Notice
Serve on relatives after appointment	GC-341	Notice of Conservatee’s Rights

SELF HELP RESOURCE CENTER

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

**Superior Court of California, County of Tulare
SELF-HELP RESOURCE CENTER
(559) 737-5500**

**221 S. Mooney Blvd. (County Civic Center), Room 203, Visalia CA 93291 OR
300 E. Olive Ave. (South County Justice Center), Porterville, CA 93257**

NOTE: This packet is to be used to file for Conservatorship of the Person exclusively. If you want to ask the Court for **Conservatorship of the Estate** please ask the Court Clerk for the form packet for **Conservatorship of the Estate**. You will file the forms in that packet in addition to the forms contained in this packet.

The Self-Help Resource Center (also known as the Family Law Facilitator's office) will provide instructions on how to complete the forms and how to properly notice all the necessary parties. Staff there can answer your procedural questions and explain the court process. The Self-Help Resource Center will **NOT** represent you in court.

The Self-Help Resource Center offers individual appointments for completing paperwork for a conservatorship. Contact them at **(559) 737-5500** to set an appointment.

The Self-Help Resource Center also provides the online Conservatorship Orientation class, which all proposed conservators **MUST** complete. The Self-Help Resource Center also can provide the Live Scan form in order to obtain mandatory fingerprinting. Contact them at **(559) 737-5500** for more information.

Please read and complete all applicable forms thoroughly and follow all of the required procedures – failure to do so may result in the Court delaying or denying your request. If you have questions or concerns regarding conservatorship, you may wish to consult with an attorney, use the assistance of a paralegal or typing service, or do self-research at the Tulare County Law Library (on the ground floor of the Visalia Courthouse, with Law Library computer terminals also available in the Self-Help Resource Center in the Porterville courthouse) or on the California Courts' Self-Help website at <https://selfhelp.courts.ca.gov/conservatorships> (select the Spanish icon at the right of the webpage for information in Spanish) prior to beginning your case.

STEP 1 COMPLETE REQUIRED FORMS FOR FILING

Type or neatly hand print all of the required forms in blue or black ink. Forms are also available in fillable .pdf format on the California Courts' website as follows:

- Judicial Council forms (beginning with the prefix GC-):
www.courts.ca.gov/forms - click on Browse Forms and choose the category Probate–Guardianships and Conservatorships
- Local forms (beginning with the prefix FCS- or PRO-):
<http://www.tulare.courts.ca.gov> - click on Forms & Filing, then Local Forms and Instructions, and choose Probate - Conservatorships.

A list of required forms is included on the front of this packet. Please note:

1. **Capacity Declaration (GC-335)** – the proposed conservatee's doctor will complete this form. Dementia Attachment to Capacity Declaration. This must be filed at least 5 days prior to the court hearing.
2. **Dementia Attachment to Capacity Declaration (GC-335A)** - this form must be completed if requesting dementia powers.
3. **Temporary Conservatorship:** If you are filing for temporary conservatorship, you **MUST** file both the **Petition for Appointment of Probate Conservator (GC-310)** and the **Petition for Appointment of Temporary Conservator (GC-211)** at the same time.

Temporary Conservatorship is intended for situations where you need an immediate order from the court to care for the proposed conservatee. Court dates for Temporary Conservatorship hearings are scheduled 25 court days from the date of filing. Upon request, court dates for emergency hearings can be scheduled 10 court days from date of filing.

STEP 2 FILE COMPLETED FORMS AND PAY FEES

1. Return the original and **two** photocopies of all forms to the Visalia Courthouse, Clerk of the Court located at 221 S. Mooney Blvd, Room 201, Visalia, CA 93291 **OR** the South County Justice Center, Court Clerk's window located at 300 E. Olive Ave, Porterville, CA 93257.
2. **Pay filing fee:** \$435.00. You will also be required to pay \$550 per investigation in addition to this filing fee, which will be ordered at the time the Order and Letters are issued. Typically, the court requires one investigation before conservatorship is granted, additional investigations one year after the Order and Letters of Conservatorship are issued, and subsequently every two years.

If you cannot pay the filing fee or investigation fee, ask for a ***Request to Waive Court Fees (Ward or Conservatee)*** (FW-001-GC) and ***Order on Court Fee Waiver (Superior Court) (Ward or Conservatee)*** (FW-003-GC). The Fee Waiver is based upon the income or financial status of the Proposed Conservatee.

3. The Court Clerk will file the forms and return your filed copies, except for the *Order* and *Letters*, which will be kept in the file until your court date. (The *Order* requires a Judge's signature before it can be filed. You will sign the *Letters* and they will be issued by the clerk once the *Order* is entered.)
4. One of your copies will be for your records. You can use this to make copies to provide to each person to whom you must give notice. (see **Step 3 – Give Notice of Hearing(s)**).
5. **Investigator's Copy:** On the same day you file with the Clerk's Office:
 - a. **In Visalia:** Deliver one copy of all filed forms to Family Court Services in the Visalia Courthouse, Room 204.
 - b. **In Porterville:** When you file your papers with the Court Clerk at the South County Justice Center, the clerk will keep one set of your forms to be delivered to Family Court Services.

STEP 3 COURT REVIEWS DOCUMENTS

As long as an Order Appointing Court Investigator is filed, a **court investigator** will be assigned to investigate whether a conservatorship is necessary. The investigator will interview the proposed conservator(s), and will make an unannounced, in-person visit to the proposed conservatee as required by the Probate Code. The Investigator will mail copies of the Investigative Report to the parties prior to the court hearing for General Conservatorship.

STEP 4 SERVE NECESSARY PARTIES

1. **Who must be served?**
 - a. The proposed conservatee
 - b. All 2nd degree relatives (grandparents, parents, brother and sisters (full or half brothers and sisters), children, grandchildren, and spouse/partner.
 - c. If the proposed conservatee is developmentally disabled: The Director of local Regional Center for the Developmentally Disabled – must be served by mail at least 30 days before hearing on the General Conservatorship.

- d. If the proposed conservatee is eligible for VA benefits: the Office of Veterans Benefits Administration having jurisdiction in the area – must be served by mail at least 30 days before the hearing on the General Conservatorship. (see <https://benefits.va.gov/benefits/> to find your local office).
2. **Who can serve the paperwork?** The notice must be served by someone over 18 years of age, who can be anyone other than you or any of the parties who must be served in this case. See Form GC-510- *What is “Proof of Service” in a Conservatorship?* (in this packet) for further instruction on notice requirements.
3. **What must be served, and when?**
- a. **IF YOU ARE FILING FOR TEMPORARY CONSERVATORSHIP**, at least **5 days** before the hearing the following must be served:
- **Proposed Conservatee** – must be personally served with:
 - **Petition for Appointment of Temporary Conservator (GC-111)**
 - **Petition for Appointment of Probate Conservator (GC-310)**
 - **Citation for Conservatorship**. (File original issued **Citation** (with the blue seal) with page 3 signed by the server with the Court Clerk.)
 - **Proposed Conservatee’s relatives** – must be served in person or by mail with:
 - **Petition for Appointment of Temporary Conservator (GC-111)**
 - **Petition for Appointment of Probate Conservator (GC-310)**
 - **Notice of Hearing (GC-020)**. (File the Notice with the original signed **Proof of Service** (on p. 2 of the **Notice of Hearing**) with the Court Clerk.
- b. **General Conservatorship** (at least 15 days before the hearing)
- **Proposed Conservatee** – must be personally served with:
 1. **Citation and Petition (if these have not previously been served)**
 2. **Notice of Hearing** containing the signed Proof of Service.
 - **Proposed Conservatee’s relatives** – must be served by mail or in person with copies of the **Petition** (if not previously served) and the signed Proof of Service filed with the Court Clerk. If you want, you can also include a copy of the Capacity Declaration.

4. **If you are unable to locate any of the people you are required to serve:**
 - a. You **must** fill out and file a separate **Declaration of Due Diligence (FCS-302)** in Support of a **Request for Order Dispensing with Notice (GC-021)** for each person you are unable to serve. On that Declaration, you must show that you have tried at least three different ways to get in touch with them. Options for conducting this search are listed in the Declaration of Due Diligence.
 - b. You **must** also fill out and give the Court Clerk an **Order Dispensing with Notice (GC-021)** listing each person you were unable to serve. If the Judge decides that you do not need to notify that person based on the information in your Declaration, the Order will be signed and filed.

REMEMBER:

You must serve all of these people even if you think they don't care or may disagree with you. If these people are not served, and service on them is not excused by the court, the court will NOT grant your conservatorship.

The Notice of Hearing and Original Proof of Service (on the back of Notice) to all parties must be filed with the Clerk at least five (5) days prior to the court hearing. If you do not have proof that all the required people have been properly served, your matter will not go forward. It will be continued to another court date until you can show the Court that proper service has been completed.

STEP 4 **COMPLETE ONLINE CONSERVATORSHIP ORIENTATION AND BACKGROUND CHECK**

1. **Each** proposed conservator is required to complete the online Conservatorship Orientation. Information and links for the orientation materials, including the Declaration of Completion, are located on the court website under Divisions/Probate.
 - a. **Declaration of Completion of Online Orientation**– After you have completed the orientation, you will complete and sign a Declaration of Completion of Online Orientation stating that you have reviewed the PowerPoint orientation materials and watched the video entitled “With Heart.” You **must** file the original and two copies of this certificate with the Court Clerk no later than 5 days before the scheduled court hearing. In Visalia, you will deliver one filed-stamped copy to Family Court Services in Room 204 of the Courthouse. In Porterville, the Court Clerk will retain one copy and send it to Family Court Services for you.

b. Fingerprinting:

- i. Each proposed conservator must complete a background check. Fingerprinting and the subsequent record check (provided through the Tulare County Sheriff's Office and the California Department of Justice) must be completed pursuant to Tulare County Rules of Court 1009.
- ii. You must obtain the Live Scan Fingerprint Fact Sheet and Instructions and the necessary Live Scan fingerprint form (BCIA 8016) from the Self-Help Resource Center in Visalia or Porterville. Each person being fingerprinted must take their completed Live Scan form to the Live Scan location and pay the required fee for Live Scan fingerprinting.
- iii. Fingerprinting is completed by having the technician roll your fingers across a computer screen which "reads" your fingerprints. Please be prepared to spend approximately 15 to 30 minutes for the process to be completed. Fingerprinting is done by APPOINTMENT ONLY at the Tulare County Sheriff's Office located at 833 S. Akers, Visalia California, 93291. The office is located inside the lobby of the Cigna Building on the northwest side of the building. Please call (559) 802-9400 for information. You can also have your Live Scan fingerprinting done by walk-in at the Porterville Police Department at 350 N. D Street, Porterville, CA 93257. Please call (559) 782-7420. You can also choose any other Live Scan location within the state of California. However, if you have your Live Scan fingerprints completed at a location other than the Tulare County Sheriff's Main Office, you may be charged an additional fee.
- iv. When you go to your appointment, take **the completed and signed Live Scan form** and **picture identification** and give it to the fingerprint technician. The fingerprint technician will complete your fingerprinting, fill in the bottom portion of the form, keep the top copy of the form, and return two copies to you. Bring or mail the yellow copy of the Live Scan Fingerprint form to Family Court Services in Room 204 of the Visalia Courthouse at 221 S. Mooney Blvd., or to the Court Clerk at the South County Justice Center in Porterville to provide to the Family Court Services box.

- v. **DISCLOSURE:** When you submit to fingerprinting through Live Scan, Criminal Offense Reporting Information is being obtained for the purpose of evaluating you for your petition for conservatorship or guardianship. The report may contain information regarding criminal records, civil records, Social Security number verification, Driver's License Record/Status, and Child Welfare Services information.
2. Contact **Family Court Services** at (559) 730-5000, Option #6, if you have any problems or questions about this process.
3. **NOTE: Letters of Conservatorship cannot be issued until each proposed conservator has completed the orientation program and filed the Declaration of Completion, and the proposed conservator(s) have completed the fingerprinting process.**

STEP 5 HEARING FOR TEMPORARY CONSERVATORSHIP

If you filed for Temporary Conservatorship, attend the hearing on Temporary Conservatorship. If the Judge signs an *Order Appointing Temporary Guardian*, the *Order* and *Letters* will be filed with the Court Clerk and you will receive copies the same day.

Important! Whether the judge grants or denies your request, the Court will set a new court date for the hearing on your petition for General Conservatorship. You will need to give notice of this further hearing as well.

STEP 6 INVESTIGATION

1. After you file your paperwork and deliver a copy to Family Court Services, the Court Document Examiner will review your file to be sure all the notices have been properly served and that all the necessary paperwork is in the file. You will be notified of any missing paperwork. All necessary paperwork must be filed before the conservatorship can be granted.
2. The Court Investigator will gather information and complete a report and recommendation for the court, which will be filed prior to the hearing on general conservatorship. **Investigator Reports must not be distributed to any person who did not receive it directly from the Court pursuant to Probate Code §1513(d).**
3. The Court may order that you will be assessed fees for the investigation (\$550.00) which was completed by the Court Investigator. Those court fees are

separate from the initial filing fees, but are covered by your fee waiver if you received one at the time you filed your Petition. At the time the investigation fee is ordered, please advise the court if you have an order waiving fees.

STEP 7 **THE COURT HEARING**

1. Bring the Proposed Conservatee to the initial hearing, unless a medical professional states that a medical reason prevents attendance. Make sure you have provided your prepared **Order Appointing Conservator** and **Letters of Conservatorship** or **Order Appointing Temporary Conservator** and **Letters of Temporary Conservatorship** to the Court Clerk *in advance of your hearing*. If the conservatorship is granted, the Judge will sign the **Order Appointing Conservator** or the **Order Appointing Temporary Conservator** and it will be filed with the Court Clerk.
4. If your hearing is continued and you have an order of temporary conservatorship, the Court may reissue your temporary order.
5. You can pick up your copy of the signed and filed **Order Appointing Conservator** or **Order Appointing Temporary Conservator** and the **Letters of Conservatorship** or **Letters of Temporary Conservatorship** at the Court Clerk's office.
6. You may want to request certified **Letters of Conservatorship**. The cost is \$40.00 plus \$.50 per page for each set issued (cost subject to change without notice). The cost of one copy is covered by the Fee Waiver, if you received one, for up to 60 days after the date of filing of the **Order Appointing Conservator**. Additional copies are not covered by the Fee Waiver. If more than 60 days have elapsed since appointment of Conservator, a subsequent fee waiver may be required to obtain copies of documents not previously requested, without cost to you.

STEP 8 **REQUIREMENTS AFTER THE CONSERVATORSHIP IS GRANTED**

Within 30 days after you are appointed:

Serve a copy of the **Notice of Conservatee's Rights** and a copy of the signed **Order Appointing Probate Conservator** by mail on all relatives to the second degree.

Every year after you are appointed

One year after you are appointed, and every two years after that:

You will have a review appointment with Family Court Services. Six weeks before each appointment you will receive a blank **Conservatorship Care Plan** from Family Court Services. **You must file this on or before 5 days before that appointment.** If it is not filed, a Court hearing may be set. You must make the

Conservatee available to the Court Investigator at the time of each review. These are unannounced visits as required per the Probate Code.

If you move:

File a **Notice of Change of Address (MC-040)** with the Court and provide a copy to Family Court Services. Please also call **Family Court Services** (559-730-5000, Option 6) with changes in telephone numbers or addresses as soon as possible. This will ensure that you receive any notices mailed to you from the court or Family Court Services.

If you want to change the residence of the Conservatee:

- You **must** file and serve a **Pre-Move Notice of Change of Personal Residence of Conservatee (GC-079)** at least 15 days before a move if you plan to remove the Conservatee from their personal residence.
- You must file a **Petition to Fix Residence outside the State of California** and obtain the court's permission prior to removing the Conservatee from the state of California.
- You must file a **Post-Move Notice of Change of Personal Residence of Conservatee (GC-080)** with the Court Clerk within 30 days of changing the address of the Conservatee, each time you change the conservatee's address.

You must also provide a copy of these forms to Family Court Services.

PLEASE NOTE:

Failure to follow these instructions may result in a delay or denial of your request. 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.*

ATTORNEY OR PARTY WITHOUT ATTORNEY 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): (PROPOSED) CONSERVATEE	
PETITION FOR APPOINTMENT OF PROBATE CONSERVATOR OF THE <input type="checkbox"/> Limited Conservatorship	<input type="checkbox"/> SUCCESSOR <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE
	CASE NUMBER: HEARING DATE AND TIME: DEPT.:

1. **Petitioner (name):**

a. (Name):
(Address):

requests that

(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):	CASE NUMBER:
(PROPOSED) CONSERVATEE	

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 <i>(name):</i> <p style="text-align: right;">(PROPOSED) CONSERVATEE</p>	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):	CASE NUMBER:
(PROPOSED) CONSERVATEE	

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.**
(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> <div style="text-align: right;">(PROPOSED) CONSERVATEE</div>	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.

	<u>Name and relationship to conservatee</u>	<u>Residence address</u>
(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;">(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 <input type="checkbox"/> Petition for Appointment of Probate Conservator (form GC-310) <input type="checkbox"/> 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 (<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 CASE NUMBER: _____
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 (<i>Name</i>): <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP	

**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:
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- b. Address of court same as noted above 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 OF (Name):	CASE NUMBER:
<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 a 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

Name of person served

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

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: 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 <i>of (name):</i>	
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:
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b. Address of court: same as noted above 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): _____ <div style="text-align: right; margin-top: 10px;">PROPOSED CONSERVATEE</div>	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.)



FOR PREPARATION BY THE COURT ONLY	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 above.

1. **A Petition for Appointment of a Probate Conservator (form GC-310) has been filed. YOU ARE DIRECTED TO:**
- a. Interview the proposed conservatee personally.
 - b. Conduct the other interviews required by Probate Code section 1826(a)(1).*
 - c. Provide to the proposed conservatee all the information required by Probate Code section 1826(a)(2).
 - d. Determine whether it appears that the proposed conservatee is unable to attend the hearing and, if able to attend, whether the proposed conservatee is willing to attend.
 - e. Make all determinations required by Probate Code section 1826(a)(4)–(8).
 - f. Determine if the proposed conservatee is incapable of communicating, with or without reasonable accommodations, a desire to participate in the voting process. The proposed conservatee may not be disqualified from voting unless the court makes the determination above *and* appoints a conservator.
 - g. Gather and review relevant medical reports regarding the proposed conservatee from the proposed conservatee's primary care physician and other relevant mental and physical health providers. Place all confidential medical information or confidential information obtained from the California Law Enforcement Telecommunications System (CLETS) that is included in or attached to your report into a separate, confidential attachment.*
 - h. 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) if the proposed conservatee 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.
 - i. Deliver a copy of your report—omitting any attachment containing confidential medical information or confidential information from CLETS—to all persons listed in Probate Code section 1826(a)(13) in any manner permitted by Probate Code section 1215, at least five days before the date set for hearing,
 - (1) **except** for the persons listed in Attachment 1i(1), because the court has determined that delivery to those persons will harm the proposed conservatee;
 - (2) **and** to the persons listed in Attachment 1i(2) (*specify names and addresses in the attachment*).
 - j. Comply with the other orders specified in Attachment 1j.

* You are required to perform an activity marked with an asterisk only if the box is checked or the Legislature has made an appropriation identified for that purpose.

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

2. **A Petition for Appointment of Temporary Conservator (form GC-111) has been filed. YOU ARE DIRECTED TO:**
- Conduct the interviews required by Probate Code section 2250.6(a)(1) before the hearing on the petition or, if that is not feasible, conduct the interviews required by section 2250.6(b)(1) within two court days after the hearing. In either case, interview the temporary conservatee or proposed temporary conservatee personally.*
 - Provide to the temporary conservatee or proposed temporary conservatee the information in Probate Code section 2250.6(a)(2) before the hearing or, if that is not feasible, the information in section 2250.6(b)(2) within two court days after the hearing.*
 - Make the determinations required by Probate Code section 2250.6(a)(3)–(5) before the hearing on the petition unless it is not feasible to do so.*
 - Report to the court in writing before the hearing on the petition concerning all of the activities discussed in item 2a–c, above, that you are able to complete before the hearing.*
 - If you cannot 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 visit with the temporary conservatee.*
 - If it appears to you that the temporary conservatorship is inappropriate, report this determination in writing to the court immediately, and in no event more than two court days after you make the determination.*
3. **The temporary conservator has requested an order under Probate Code section 2253 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).
 - Gather and review relevant medical reports regarding the proposed conservatee from the proposed conservatee's primary care physician and other relevant mental and physical health care providers. Place all confidential medical information or confidential information obtained from the California Law Enforcement Telecommunications System (CLETS) that is included in or attached to your report into a separate, confidential attachment.*
 - At least two days before the hearing on the request, report your findings concerning the foregoing in writing to the court. Include in your report the temporary conservatee's express communications concerning representation by legal counsel and whether the temporary conservatee is not willing to attend the hearing and does not wish to contest the request.
 - Comply with the other orders specified in Attachment 3e.
4. **A request for exclusive authority to give consent for medical treatment under Probate Code section 1880 has been included in the petition for appointment on form GC-310 or filed as a separate petition on form GC-380.**
- The petition alleges that the conservatee or proposed conservatee 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:**
- Interview the conservatee or proposed conservatee personally and inform the conservatee or proposed conservatee of the contents of the petition; of the nature, purpose, and effect of the proceeding; 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)–(f).
 - At least five days before the hearing on the petition, report your findings concerning the foregoing in writing to the court, and include 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.

* You are required to perform an activity marked with an asterisk only if the box is checked or the Legislature has made an appropriation identified for that purpose.

5. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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 <i>(Name)</i> : <p style="text-align: center;">(PROPOSED) CONSERVATEE</p>	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

(SEAL)

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:	
CONSERVATORSHIP OF <i>(Name)</i> : _____ <p align="right">PROPOSED CONSERVATEE</p>	
<p align="center">CONFIDENTIAL SUPPLEMENTAL INFORMATION (Probate Conservatorship)</p> 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: _____
2. <input type="checkbox"/> 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 <i>(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)</i> : <input type="checkbox"/> Specified in Attachment 2.	DEPT.: _____ TIME: _____

*If this item is not applicable, complete item 8. (Continued on reverse)

CONFIDENTIAL

CONSERVATORSHIP OF (Name): <p style="text-align: center;">PROPOSED CONSERVATEE</p>	CASE NUMBER:
---	----------------------

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)

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): _____ CONSERVATEE	
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): _____	CASE NUMBER: _____
CONSERVATEE	

- 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: _____
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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): _____	CASE NUMBER: _____
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IV. A. 5. Claims against others on behalf of the conservatee

Pursue claims against others on behalf of the conservatee's estate when it is in the best interests of the conservatee or his or her estate to do so. The court may require you to be represented by a lawyer to proceed with litigation on behalf of the conservatee's estate. Consider requesting prior court authority to pursue or compromise large or complex claims, particularly those that might require litigation and the assistance of legal counsel and those that might result in an award of attorney fees for the other party against the conservatee's estate if you are unsuccessful. You may sign a contingent fee agreement with legal counsel on behalf of the conservatee's estate if such agreements are customary for the type of case involved, but the court must approve the agreement before it is enforceable. You may ask for court approval of a contingent fee agreement before signing it and before legal counsel performs any services under it.

6. Defend against claims against the conservatee's estate

Defend against actions or claims against the conservatee or his or her estate when it is in the best interest of the conservatee or the estate to do so. The court may require you to be represented by a lawyer for your defense of a lawsuit against the conservatee's estate. You may request court approval or instructions concerning the defense or compromise of such a lawsuit.

7. Public and insurance benefits

You must learn about and collect all public and insurance benefits for which the conservatee is eligible.

8. Evaluate the conservatee's ability to manage cash and other assets

You should evaluate the conservatee's ability to manage cash or other assets and take appropriate action, including asking for prior court approval when necessary or appropriate, to enable the conservatee to do so to the level of his or her ability.

9. Locate the conservatee's estate planning documents

You should undertake, as soon as possible after your appointment and qualification as conservator, to locate and take reasonable steps to ensure the safety of the conservatee's estate planning documents, including wills and codicils, living trusts, powers of attorney for health care and finances, life insurance policies, and pension records.

10. Preserve property mentioned in the conservatee's estate planning documents

Make reasonable efforts to identify, locate, and preserve property mentioned in the conservatee's estate planning documents.

11. Guard against inappropriate disclosure of the conservatee's financial information

Subject to your duty of full disclosure to the court and persons entitled under the law to receive it, you must closely guard against unnecessary or inappropriate disclosure of the conservatee's financial information.

12. Conservatee's tangible personal property

If you plan to dispose of any of the conservatee's tangible personal property, inform the conservatee's family members in advance and give them an opportunity to acquire the property, with approval or confirmation of the court.

13. Factors to consider when deciding whether to dispose of any of the conservatee's property

In deciding whether it is in the best interest of the conservatee to dispose of property of his or her estate, consider the following factors, among others, as appropriate in the circumstances:

- (A) The likely benefit or improvement of the conservatee's life that disposing of the property would bring;
- (B) The likelihood that the conservatee would need or benefit from the property in the future;
- (C) The previously expressed or current desires of the conservatee concerning the property, unless accommodating those desires would violate your fiduciary duty to the conservatee or impose an unreasonable expense on the estate;
- (D) The provisions of the conservatee's estate plan concerning the property;
- (E) The tax consequences of disposing of the property;
- (F) The impact of disposition on the conservatee's eligibility for public benefits;
- (G) The condition of the entire estate;
- (H) The likelihood that the property will deteriorate or be subject to waste if kept in the estate; and
- (I) The benefit versus the cost or liability of maintaining the property in the estate.

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

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 <i>(Name)</i> : _____	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)
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Date:

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

Date:

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

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-314

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
TELEPHONE 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: _____			
CONSERVATORSHIP OF _____		CASE NUMBER: _____	
(Name): _____			
PROPOSED CONSERVATEE			
CONFIDENTIAL CONSERVATOR SCREENING FORM		HEARING DATE AND TIME: _____	DEPT.: _____
Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship			

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.)

Page 1 of 2

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 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.
- 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

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

CONSERVATORSHIP OF <i>(name)</i> :	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

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 <i>(name)</i> :	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

ATTORNEY OR PARTY WITHOUT ATTORNEY 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): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
---	--------------

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) Hallucinations (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): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
---	--------------

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):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

**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 9a(2) if necessary):

 - (3) The (proposed) conservatee HAS 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 form 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)

Page 1 of 1

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)

1. Name_____ Telephone_____

Address_____ Job description_____

_____ Date began_____ Date left_____

Reason for leaving_____

2. Name_____ Telephone_____

Address_____ Job description_____

_____ Date began_____ Date left_____

Reason for leaving_____

3. 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 _____
Health Status: Good _____ Fair _____ Poor _____
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, year, and license number, as well as the name(s) on the registration.

Make Model Year License Number

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/Amount of coverage

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

Do you have a valid California driver's license? Yes ___ No ___ 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 for arrests, charges, years, 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 No. _____

Are you the plaintiff or defendant in any current or pending criminal or civil matter?

Yes ___ No ___

If so please _____

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, audiological, 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?
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 partners
___ 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 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) 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:
- 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

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 _____)
Address: _____)
_____)
Phone Number: _____)
Bar Number: _____)
_____)
_____)
 Limited)
Conservatorship of Person Estate of)
_____)
(Name of Conservatee))
Date of Birth: _____ Age: _____)
_____)

Case Number: VPR _____

Hearing Date: _____

Time: _____ Dept. _____

THIS FORM MUST BE FILED WITH PETITION FOR THE APPOINTMENT OF A COSERVATOR, 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: _____

(PROPOSED) CONSERVATOR

_____	_____
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: _____	

_____	_____
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: _____

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

Relationship to proposed conservatee: _____

FRIENDS

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

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 <i>(Name):</i> _____ 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 telephone no.: _____
 Current address: _____

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): _____ CONSERVATEE	CASE NUMBER: _____
--	--------------------

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 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)

_____ (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): _____ <div style="text-align: right; margin-top: 10px;">CONSERVATEE</div>	CASE NUMBER: _____
--	--------------------

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:

TEMPORARY GUARDIANSHIP CONSERVATORSHIP
 OF (*name*):

MINOR CONSERVATEE

FOR RECORDER'S USE ONLY

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

TEMPORARY <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (name):	CASE NUMBER:
<input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE	

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): _____

_____ _____
 (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

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS)	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE		
<input type="checkbox"/> 221 S. Mooney Blvd., County Civic Center, Visalia CA 93291		
<input type="checkbox"/> 300 E. Olive Ave., South County Justice Center, Porterville, CA 93257		
<input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship <input type="checkbox"/> Estate of:		
DECLARATION OF DUE DILIGENCE (PROBATE)		CASE NUMBER:

Note: Please use one form for each person you are unable to serve/locate.

I, _____, make this declaration in support of my request for order dispensing with notice permitting notice by publication.

1. I made a reasonable search and cannot locate and serve the following person who is entitled to notice:

Name	Relationship to Minor/Conservatee/Decedent

2. I do not know the name of the person I am to serve and I am unable to find out that information because:

3. The last known address of the person named in item 1 is: _____

4. The last known telephone number of the person named in item 1 is: _____

5. I mailed a letter to the last known address on (date): _____ and it was was not returned.

Complete at least four of items 6 through 9:

6. **MANDATORY** - I contacted the following relatives, friends, acquaintances, employers and/or landlords to locate the person named in item 1.

Name	Date of Contact	Relationship to Person in item 1	Information Obtained

Case Name: _____	Case Number: _____
------------------	--------------------

7. I _____ called the last known telephone number _____ sent a text message and left a message on (date): _____ and received the following response: _____.

8. I sent a text message to the last known telephone number on (date): _____ and received the following response: _____.

9. I searched the telephone directory and called directory assistance in the following city: _____ on (date): _____, to try to locate the person named in Item 1 and obtained the following information: _____

10. On (date): _____, I searched the real and personal property indexes in the recorder's and assessor's offices for the following county _____, where the person named in item 1 was last known or believed to reside, and this was the information obtained: _____

11. I contacted the California Prisoner Locator System at (916) 445-6713 and this was the result [complete only if there is reason to believe the person is incarcerated in California]: _____

12. On (date): _____, I searched the internet, including social media sites, to locate the person named in Item 1, and this was the result: _____.

13. I have checked public records in _____ County with the following results:

Tax Assessor's Name:	
Voter Registration Records:	
Other:	

14. **(MANDATORY)** The last date and type of contact I had with the person named in item 1 was/ or the last information concerning his/her whereabouts is as follows: _____

15. I am requesting to provide notice by publication. The newspaper most likely to give notice is: _____ because _____.

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

Executed on (date) _____, at (city) _____, California.

Type or print name _____ Signature _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):		
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 (<i>Name</i>):		
<input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE		
ORDER DISPENSING WITH NOTICE		CASE NUMBER:

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