

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> 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> _____	CASE NUMBER: _____
PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate	HEARING DATE: _____ DEPT.: _____ TIME: _____

1. **Petitioner** *(name each):*

requests that

- a. *(Name):*
(Address and telephone number):
 be appointed temporary conservator of the PERSON of the proposed conservatee and Letters issue upon qualification.
- b. *(Name):*
(Address and telephone number):
 be appointed temporary conservator of the ESTATE of the proposed conservatee and Letters issue upon qualification.
- c. (1) bond not be required because petition is for a temporary conservatorship of the person only.
 (2) bond not be required for the reasons stated in attachment 1c.
 (3) \$ _____ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.
(Specify reasons in attachment 1c if the amount is different from maximum required by Probate Code section 2320 and Cal. Rules of Court, rule 7.207(c).)
 (4) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed.
(Specify institution and location):
- d. a request for an exception to notice of the hearing on this petition for good cause is filed with this petition.
- e. the powers specified in Attachment 1e be granted in addition to the powers provided by law.
- f. other orders be granted *(specify in attachment 1f)*.

2. **The proposed conservatee is** *(name):*

Current address: _____ Current telephone no.: _____

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

TEMPORARY CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

4. Temporary conservatorship is required

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

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

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

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

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

The proposed conservatee will suffer irreparable harm if his or her residence is not changed as requested and no means less restrictive of the proposed conservatee's liberty will suffice to prevent the harm because (reasons are specified in attachment 6a as follows):

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

7. Petitioner is a professional fiduciary

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

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

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

9. Petitioner is informed and believes that the proposed conservatee

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

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

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

Date: _____ _____
(SIGNATURE OF ATTORNEY*)

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

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

Date: _____ _____
(SIGNATURE OF PETITIONER)

 (TYPE OR PRINT NAME)

 (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> _____ CONSERVATEE	
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;">CONSERVATEE</div>	CASE NUMBER: _____
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5. The conservatee must be removed from the State of California to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival. The conservatee consents to this medical treatment.
6. The conservatee need not attend the hearing.

THE COURT ORDERS

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

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

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

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

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

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

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

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

Date: _____

 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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

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:

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

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

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

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

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

The temporary guardian or temporary conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is www.courtinfo.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 (nonfillable form), or may be filled out online and printed out ready for signature and filing (fillable form).

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)
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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
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ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 <input type="checkbox"/> 3855 - F ALAMO ST. SIMI VALLEY, CA 93063-2110 <input type="checkbox"/> 4353 VINEYARD AVE., OXNARD, CA 93036		Limited Civil Case
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		
DECLARATION RE EX PARTE NOTICE <input type="checkbox"/> Dom. Violence Restraining Order <input type="checkbox"/> Civil Harassment Restraining order <input type="checkbox"/> Other Family Law / Custody <input type="checkbox"/> Other Civil/Probate		CASE NUMBER:

Instructions: The person giving the notice must state how notice was given, where the hearing is to be held, and what orders are requested. If notice is not being given, please advance to page two of this form.

I, _____, declare:

1. I informed the other party in this action that an emergency order would be sought as follows:

Person informed: (Name) _____ Date and time informed: _____

How Informed:

By telephone to the party attorney at (Telephone Number) _____

By leaving a message with (Name) _____ at (Telephone Number) _____
 relationship to party: _____

By leaving a message on voicemail of the party at (Telephone Number) _____

By personally informing:
 the party
 another person (name) _____ Relationship to party: _____
 Other: _____

2. I informed the person listed above that an order would be sought in the Superior Court of Ventura County at

800 South Victoria Ave., Ventura **3855-F Alamo St., Simi Valley** **4353 Vineyard Ave., Oxnard**

on: Date: _____ **Time:** _____ **Courtroom:** _____

3. I told him/her that the orders requested included, but were not limited to:

Domestic Violence Restraining Orders with move-out orders custody orders

Civil Harassment Restraining Orders

Custody / visitation Family Law orders, specifically: _____

Other Civil/Probate orders, specifically: _____

and that he/she should appear at the above time and place if he/she wished to be heard by the court.

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

Dated: _____

 Signature of Declarant

DECLARATION RE: EXPARTE NOTICE - NO NOTICE GIVEN

Dom. Violence Restraining Order

Civil Harassment Restraining order

Other Family Law / Custody

Other Civil / Probate

Instructions: Notice must be given for all Ex Parte requests unless the person requesting the order can establish exceptional circumstances to excuse notice.

1. I, _____, am requesting Ex Parte orders as stated below. I am requesting that notice be excused in this matter.

2. Ex Parte hearing is set at **800 South Victoria Ave., Ventura**

3855-F Alamo St., Simi Valley

4353 Vineyard Ave., Oxnard

on: Date: _____ **Time:** _____ **Courtroom:** _____

3. I am requesting the following orders:

Domestic Violence Restraining Orders with move-out orders custody orders

Civil Harassment Restraining Orders

Custody / visitation Family Law orders, specifically: _____

Other Civil/Probate orders, specifically: _____

4. Notice should be excused because (provide details as to why the other party should not be told, in advance, of your request for emergency orders)

I do not have any way to give notice to the other party because: _____

If notice is given, I, or the children, will suffer immediate harm, specifically: _____

Giving notice would frustrate the purpose of this order because: _____

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

Dated: _____

Signature of Declarant

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> _____ (PROPOSED) CONSERVATEE			
PETITION FOR APPOINTMENT OF <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">HEARING DATE AND TIME:</td> <td style="width:20%; padding: 2px;">DEPT.:</td> </tr> </table>	HEARING DATE AND TIME:	DEPT.:
HEARING DATE AND TIME:	DEPT.:		

1. **Petitioner** *(name)*:

requests that

a. *(Name)*:
(Address):

(Telephone):

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

b. *(Name)*:
(Address):

(Telephone):

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

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

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

Do NOT use this form for a temporary conservatorship.

CONSERVATORSHIP OF (Name): _____ <div style="text-align: right; margin-top: 10px;">CONSERVATEE</div>	CASE NUMBER: _____
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1. h. (for limited conservatorship only) orders relating to the powers and duties of the proposed successor * 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.)
- i. (for limited conservatorship only) orders relating to the powers and duties of the proposed successor * 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.)
- 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 related to dementia placement or treatment as specified in the Attachment Requesting Special Orders Regarding Dementia (form GC-313) under Probate Code section 2356.5 be granted. A Capacity Declaration—Conservatorship (form GC-335) and Dementia 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 licensure with at least two years experience diagnosing dementia, are filed herewith. will be filed before the hearing.
 (appointment of successor conservator only) will not be filed because an order relating to dementia placement or treatment 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): _____
 (Present 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 other 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.)

CONSERVATORSHIP OF (Name): <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER:
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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 other entity authorized to conduct the business of a trust company.
 - (6) a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
 - (7) a professional fiduciary, as defined in Business and Professions Code section 6501(f). His or her statement concerning licensure or exemption is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
 - (8) other (specify):
- d. **Engagement and prior relationship with petitioning professional fiduciary** (complete this item if petitioner is licensed by the Professional Fiduciaries Bureau.)
- (1) Statements of who engaged petitioner, or how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family or friends, are provided in item 2 on page 2 of the attached Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
 - (2) A petition for appointment of a temporary conservator is filed with this petition. That petition contains statements of who engaged petitioner, how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family and friends.
- e. **Character and estimated value of the property of the estate** (complete items (1) or (2) and (3), (4), and (5)):
- (1) (For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):
 Personal property: \$ _____, per Inventory and Appraisal filed in this proceeding on
 (specify dates of filing of all inventories and appraisals):

 - (2) Estimated value of personal property: \$ _____
 - (3) Annual gross income from:
 - (a) real property: \$ _____
 - (b) personal property: \$ _____
 - (c) pensions: \$ _____
 - (d) wages: \$ _____
 - (e) public assistance benefits: \$ _____
 - (f) other: \$ _____
 - (4) **Total** of (1) or (2) and (3): \$ _____
 - (5) Real property: \$ _____
 - (a) per Inventory and Appraisal identified in item (1).
 - (b) estimated value.
- f. **Due diligence** (complete this item if the (proposed) conservatee is not a petitioner):
- (1) Efforts to find the (proposed) conservatee's relatives or reasons why it is not feasible to contact any of them are described on Attachment 3f(1).
 - (2) Statements of the (proposed) conservatee's preferences concerning the appointment of any (successor) conservator and the appointment of the proposed (successor) conservator or reasons why it is not feasible to ascertain those preferences are contained on Attachment 3f(2).

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

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).

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 none are now 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)		

CONSERVATORSHIP OF (Name): CONSERVATEE	CASE NUMBER:
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ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING DEMENTIA
(Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380))
(Petition for Appointment of Probate Conservator (form GC-310))

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 and which has a care plan that meets the requirements of California Code of Regulations, title 22, section 87724.
 - b. to authorize the administration of medications appropriate for the care and treatment of dementia.

2. The conservatee or proposed conservatee has 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 licensure with at least two years experience in diagnosing 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. *Dementia medications*. The conservatee needs or would benefit from medications appropriate to the care and treatment of 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> <hr style="width: 20px; margin-left: 0;"/> 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> : _____ <div style="text-align: right;">PROPOSED CONSERVATEE</div>	
<div style="text-align: center;">CONFIDENTIAL SUPPLEMENTAL INFORMATION (Probate Conservatorship)</div> Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____
1. a. Proposed conservatee <i>(name)</i>: b. Date of birth: c. Social security No.:	HEARING DATE: _____ DEPT.: _____ TIME: _____

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

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

(Continued on reverse)

CONFIDENTIAL

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

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): _____ <div style="text-align: right; padding-right: 20px;">PROPOSED CONSERVATEE</div>	CASE NUMBER: _____
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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 <i>(Name, State Bar number, and address):</i> <hr/> 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> _____ PROPOSED CONSERVATEE	CASE NUMBER: _____
<p align="center">CONFIDENTIAL CONSERVATOR SCREENING FORM</p> Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship	HEARING DATE AND TIME: _____ DEPT.: _____

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

How This Form Will Be Used

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

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

CONSERVATORSHIP OF <i>(Name)</i> :	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 (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): _____ PROPOSED CONSERVATEE	
CITATION FOR CONSERVATORSHIP <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____

THE PEOPLE OF THE STATE OF CALIFORNIA,

To (name):

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

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
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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. You also may be disqualified from voting if you are found to be incapable of completing an affidavit of voter registration. The judge or the court investigator will explain to you the nature, purpose, and effect of the proceedings and answer questions concerning the explanation.
- 4. 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.
- 5. (For limited conservatorship only) In addition to the rights stated in item 4 above, you have the right to oppose the petition in part by objecting to any or all of the requested duties or powers of the limited conservator.

Date: _____ Clerk, by _____, Deputy

(SEAL)

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

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

PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to this proceeding. **I served copies** of the *Citation for Conservatorship* and the *Petition for Appointment of Probate Conservator* (form GC-310) as follows:

2. a. Person cited (name):
- b. Person served: (1) person in item 2a
(2) other (specify name and title or relationship to the person named in item 2a):

- c. Address (specify):

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

4. a. Person serving (name, address, and telephone number): _____

- b. Fee for service: \$ _____
- c. Not a registered California process server.
- d. Exempt from registration under Business and Professions Code section 22350(b).
- e. Registered California process server.
 - (1) Employee or independent contractor.
 - (2) Registration no. (specify): _____
 - (3) County (specify): _____
 - (4) Expiration (date): _____

5. I **declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
6. I **am a California sheriff or marshal** and I certify that the foregoing is true and correct.

Date: _____



 (SIGNATURE OF PERSON SERVING)

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:	
<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	CASE NUMBER: _____

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

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

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

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

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

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

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



CONSERVATORSHIP OF (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: _____
CONSERVATEE	

III. C. PROVIDE MEDICAL CARE FOR THE CONSERVATEE

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

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

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

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

IV. CONSERVATOR OF THE ESTATE

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

A. MANAGING THE ESTATE

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

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

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

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

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

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

4. Interest-bearing accounts and other investments

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

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

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 (Name): _____	CASE NUMBER: _____
CONSERVATEE	

VIII. JUDICIAL COUNCIL FORMS

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

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

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

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

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

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF (PROPOSED) CONSERVATOR)

NOTICE

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE., VENTURA, CA 93009 3855 – F ALAMO ST., SIMI VALLEY, CA 93063-2110 4353 E. VINEYARD AVE., OXNARD, CA 93036		
CONSERVATORSHIP OF (NAME):		
CONFIRMATION OF VIEWING CONSERVATORSHIP VIDEO (Ventura County Local Rule 10.02A(3))		CASE NUMBER:

This shall confirm that (name of conservator(s)) _____, viewed the video “*With Heart: Understanding Conservatorship*”, pursuant to Rule 10.02A(3) of the Ventura County Rules of Court.

The video was viewed on (date) _____ at the following location:

Ventura Self-Help Legal Access Center
 JC Family Resource Center

Oxnard Self-Help Legal Access Center
 Simi Self-Help Legal Access Center

Law Firm of (name): _____

Address of firm: _____

Other: _____

I am the [proposed] conservator and I certify that I have viewed this video:

Date: _____

Print Name: _____ Signature: _____

Confirmed by: _____ Date: _____
Signature of SHLA Staff or Law Firm Representative

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 THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____ <div style="text-align: right;">PROPOSED CONSERVATEE</div>	CASE NUMBER: CONSERVATORSHIP PETITION HEARING DATE:
EX PARTE APPLICATION FOR ORDER AUTHORIZING COMPLETION OF CAPACITY DECLARATION—HIPAA * (Health Insurance Portability and Accountability Act of 1996)	DEPT.: _____ TIME: _____

1. Applicant (*name*):
 has filed a petition for the appointment of a conservator for the above-named proposed conservatee. The petition is set for hearing on (*date*): _____ at (*time*): _____ in Dept.: Rm.:
2. The petition requests (*check all that apply*):
 - a. A finding that the proposed conservatee should be excused from attending the hearing on the petition.
 - b. Exclusive authority to consent to medical treatment for the proposed conservatee.
 - c. Dementia powers.
 - d. Appointment of a conservator of the estate.
 - e. Other (*specify*): _____
3. Applicant has requested (*name each declarant*):

to complete, sign, and deliver to applicant for use to support the petition, a *Capacity Declaration—Conservatorship* (form GC-335) *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A) (the Declaration), concerning the medical condition or mental capacity of (*name of proposed conservatee*):

4. The proposed conservatee has not consented to the disclosure of any private medical information that would be disclosed by the completed Declaration.
5. Applicant requests this court to authorize each declarant named in item 3 to complete, sign, and deliver the Declaration to Applicant within 15 days of the declarant's receipt of the court's order.
6. Applicant requests this court to dispense with notice of hearing on this application.

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 APPLICANT'S NAME) (APPLICANT'S SIGNATURE)

* For use with *Ex Parte Order Re Completion of Capacity Declaration—HIPAA* (form GC-334).

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 THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____ PROPOSED CONSERVATEE	CASE NUMBER: CONSERVATORSHIP PETITION HEARING DATE:	
EX PARTE ORDER RE COMPLETION OF CAPACITY DECLARATION—HIPAA (Health Insurance Portability and Accountability Act of 1996)	DEPT.:	TIME:

- Attached to this order is a *Capacity Declaration—Conservatorship* (form GC-335) and a *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A) (the Declaration).
- (*Name*):
 has applied for an order authorizing the declarant named in item 5 to complete, sign, and return the Declaration for the purpose specified in item 6 and good cause appearing,

THE COURT FINDS

- Notice of the hearing on the application should be dispensed with and the application should be granted.
- A petition for the appointment of a conservator has been filed in this proceeding by (*name of petitioner*):

This petition is set for hearing on (*date*): _____ at (*time*): _____ in Dept.: Rm.:

- Declarant (*name each*):

has been requested to complete and sign the Declaration for the purpose specified in item 6.

- Petitioner proposes to use the Declaration to provide evidence to support (*check all that apply*):
 - A finding that the proposed conservatee should be excused from attending the hearing on the petition.
 - A request for exclusive authority to consent to medical treatment for the proposed conservatee.
 - A request for dementia powers.
 - The appointment of a conservator of the estate.
 - Other (*specify*): _____

CONSERVATORSHIP OF <i>(Name)</i> :	CASE NUMBER:
PROPOSED CONSERVATEE	

THE COURT ORDERS

- 7. Notice is dispensed with.
- 8. Each declarant named below is authorized to complete, sign, and deliver to the attorney or other person whose address appears at the top of page 1 of this order the original of the Declaration, consisting of:
 - a. *Capacity Declaration—Conservatorship* (form GC-335) *(name each authorized declarant)*:

b. and *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A) *(name authorized declarant)*:

regarding *(name of proposed conservatee)*:

to enable the Court to determine whether the proposed conservatee should be excused from attending the hearing on the appointment of a conservator or the proposed conservator should be granted certain powers over the person or estate of the proposed conservatee.

- 9. Use of the Declaration is governed by the disclosure safeguards contained in the regulations of the federal Department of Health and Human Services (45 C.F.R. parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (Public Law No. 104-191 (August 21, 1996)), and no use other than what is permitted in those regulations is permitted by this order.
- 10. The completed and signed original of the Declaration must be returned to the attorney or other person whose address appears at the top of this order within 15 days after its receipt by the declarant authorized to complete and sign it.
- 11. Other orders *(specify)*:

Date: _____

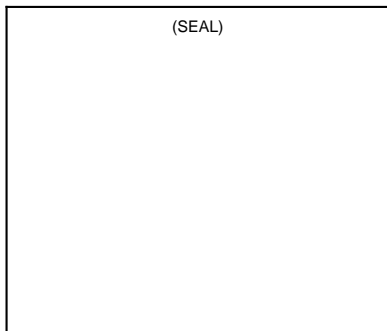
Judicial Officer

CERTIFICATION

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

Date: _____

Clerk, by _____, Deputy



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): <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, 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 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 dementia medications. (Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.)

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

COMPLETE ITEMS 1-4 OF THIS FORM IN ALL CASES.

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 licensure with at least two years' experience in diagnosing dementia.
 - b. an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. (Religious practitioner may make the determination under item 5 ONLY.)
- 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.

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

9. It is my opinion that the (proposed) conservatee HAS does NOT have 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 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 his or her actions with regard to giving informed 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 dementia medications.** (If the (proposed) conservatee requires administration of psychotropic medications appropriate to the care of dementia, please complete items 9b(1)–9b(5).)
- (1) The (proposed) conservatee needs or would benefit from the following psychotropic medications appropriate to the care of dementia, for the reasons stated in item 9b(5) (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 capacity to give informed consent to the administration of psychotropic medications appropriate to the care of dementia.
 - (4) The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of psychotropic medications appropriate to the care of 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 his or her actions with regard to giving informed consent to the administration of psychotropic medications for the treatment of dementia.
 - (5) The (proposed) conservatee needs or would benefit from the administration of the psychotropic medications listed in item 9b(1) because (state reasons; continue on Attachment 9b(5) if necessary):
10. Number of pages attached: _____

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (Name): _____	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 is not capable of completing an affidavit of voter registration.

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, State Bar number, and address):
 After recording return to:

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:

FOR RECORDER'S USE ONLY

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

LETTERS OF CONSERVATORSHIP <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship	FOR COURT USE ONLY
1. <input type="checkbox"/> (Name): _____ is the appointed <input type="checkbox"/> conservator <input type="checkbox"/> limited conservator of the <input type="checkbox"/> person <input type="checkbox"/> estate of (name): 2. <input type="checkbox"/> (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 <input type="checkbox"/> person <input type="checkbox"/> estate by order dated (specify): _____ and is now the conservator of the <input type="checkbox"/> person <input type="checkbox"/> estate of (name): 3. <input type="checkbox"/> Other powers have been granted or conditions imposed as follows: a. <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> (If court order limits duration) This medical authority terminates on (date): b. <input type="checkbox"/> Authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b). c. <input type="checkbox"/> Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c). d. <input type="checkbox"/> Powers to be exercised independently under Probate Code section 2590 are specified in Attachment 3d (specify powers, restrictions, conditions, and limitations). e. <input type="checkbox"/> Conditions relating to the care and custody of property under Probate Code section 2402 are specified in Attachment 3e. f. <input type="checkbox"/> Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358 are specified in Attachment 3f. g. <input type="checkbox"/> (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section 2351.5 are specified in Attachment 3g. h. <input type="checkbox"/> (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section 1830(b) are specified in Attachment 3h. i. <input type="checkbox"/> 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 section

LETTERS OF CONSERVATORSHIP
(Probate—Guardianships and Conservatorships)

CONSERVATORSHIP OF (Name): CONSERVATEE	CASE NUMBER:
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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.courtinfo.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 (nonfillable form) or may be filled out online and printed out ready for signature and filing (fillable form).

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 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