

SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA
CIVIL DIVISION

**INSTRUCTIONS FOR OBTAINING A CLERK'S DEFAULT
JUDGMENT (POSSESSION ONLY) UNLAWFUL DETAINER**

1. You must submit the following documents:
 - A. The PROOF OF SERVICE for each defendant for whom a default is requested.
 - B. REQUEST TO ENTER DEFAULT naming each defendant for whom the default is requested. Copies of the request must have been mailed to each defendant as listed.
 - C. A completed original and one copy of the JUDGMENT CIVIL.
2. You may submit the WRIT OF EXECUTION FOR POSSESSION OF REAL PROPERTY (Original and two copies) along with an APPLICATION AND DECLARATION FOR ISSUANCE OF WRIT OF POSSESSION with a check payable to the Ventura Superior Court in the amount of \$25.00. Complete the writ with the exception of the date of entry of judgment. The clerk will complete this after the judgment is entered.
3. After the clerk enters the default judgment, your conformed copies will be returned to you in the following manner.
 - A. At the counter while you wait.
 - B. Provide a STAMPED, SELF-ADDRESSED ENVELOPE for the return of your copies.

**INSTRUCTIONS FOR OBTAINING A CLERK'S DEFAULT
JUDGMENT (POSSESSION ONLY) UNLAWFUL DETAINER**

ATTORNEY OR 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"/> 4353 VINEYARD AVE, OXNARD, CA. 93036	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	
PETITION FOR RESTRICTED LICENSE <input type="checkbox"/> 13202.5 VC - Controlled Substance or Alcohol Related Offense (under age of 21 years) <input checked="" type="checkbox"/> 13202.6 VC - Vandalism	CASE NUMBER: _____

I, the undersigned, say that:

1. I am the defendant in the above-entitled action.
2. My date of birth is: _____
3. My driver's license number is: _____
4. I was convicted of a violation of _____ on _____ and consequently my driving privilege was suspended for _____ months year(s).
5. My driving privilege is not suspended at this time for any other reason.
6. I have a critical need to drive, as follows: _____

7. Wherefore, I request the court to authorize a restricted license permitting me to do so.

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

Dated: _____ Signature of Petitioner: _____
 Address: _____ Phone Number : _____

ORDER

The court orders that the petition is: Denied. No critical need has been shown.
 Granted. DMV to issue a license restricted as follows:

Date: _____ Judicial Officer's Signature _____

CAUTION: THIS ORDER DOES NOT AUTHORIZE YOU TO DRIVE. YOU MUST GO TO THE DMV AND APPLY FOR A RESTRICTED LICENSE.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number E-MAIL ADDRESS ATTORNEY FOR (Name):	FOR COURT USE ONLY CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA Juvenile Courthouse 4353 Vineyard Ave Oxnard, CA 93036	
IN THE MATTER OF:	
CONSERVATORSHIP <input type="checkbox"/> CARE PLAN <u>LEVEL OF CARE</u> <input type="checkbox"/> STATUS REPORT Ventura Superior Court Local Rule 10.02.I & J	

_____, the conservator of the person/estate of _____ hereby submits the conservator's Care Plan/Level of Care Status Report in compliance with Ventura Superior Court Local Rules.

1. Conservatee's current residence:*

- a. Address: _____
- Type of ~~facility placement~~ (i.e. own home, group home, skilled nursing facility, ~~hospital~~, etc.) : _____
- b. How long has the conservatee been in the present residence? _____
- c. Do you anticipate making any changes in the conservatee's residence in the next year?
 No Yes (explain) _____
- d. What is the plan to return the conservatee to his/her personal residence if not now living at home?

- e. If there are no plans to return the conservatee to his/her personal residence in the foreseeable future, explain the limitations or restrictions for not doing so?

2. Current level of care (mark all that apply):

- requires total care requires assistance with care has feeding tube
- able to do own care uses a wheelchair/walker has catheter
- ambulatory urinary/bowel incontinence

Details: _____

If residing in a facility or group home, attach copy of the facility's care plan:

If the challenged adult is a Regional Center consumer, and it is reasonable to do so, please attach a complete copy of the current Individual Program Plan (IPP): if client of a regional center, identify regional center and social worker and telephone number as well as a complete copy of the most recent individual program planning (IPP) report:

* Please note that the Probate Investigator's Office, and Conservatee's Counsel, must be notified of any change of address.

PROPOSED CHANGES

CONSERVATORSHIP OF (Name): _____	Case number: _____
CONSERVATEE	

3. Conservatee's physical and medical condition: _____

a. Please list health problems: _____

b. Are any other health providers involved? No Yes

_____ visiting nurse	_____ social worker
_____ podiatrist	_____ dentist
_____ counselor	_____ physical therapist
_____ speech therapist	_____ other (specify): _____

c. Medications: _____

d. Activities conservatee is involved in? _____

4. How often do you expect to visit the conservatee? _____ . **Does the family visit?** _____ .

5. Are there plans to give the conservator a rest? _____

_____ respite care _____ adult day care _____ other care takers

_____ In Home Support Services (IHSS)

Names & relationships of relief caregivers: _____

6. Conservatee's Estimated Monthly Income (complete even if a conservatorship of the person only):

7. Conservatee's Estimated Monthly Expenses (complete even if a conservatorship of the person only):

a. LIVING EXPENSES

Rent/Mortgage	\$ _____	Utilities	\$ _____
Nursing/Care Home	\$ _____	In-Home Care	\$ _____
Food	\$ _____	Clothing	\$ _____
Medical/Dental	\$ _____	Medications	\$ _____
Transportation	\$ _____	Entertainment	\$ _____
		Other (specify)	\$ _____
		Total Estimated Monthly Expenses	\$ _____

b. OTHER EXPENSES

	Current	Estimated Amount
TAXES		
Income Tax	\$ _____	\$ _____
Property	\$ _____	\$ _____
Payroll	\$ _____	\$ _____

c. INSURANCE

	Current	Estimated Amount
Homeowner	\$ _____	\$ _____
Renters	\$ _____	\$ _____
Automobile	\$ _____	\$ _____
Worker's Comp	\$ _____	\$ _____
Health	\$ _____	\$ _____
Life	\$ _____	\$ _____

8. What are the contents of any safe deposit boxes? _____

CONSERVATORSHIP OF (Name):	Case number:
CONSERVATEE	

9. Does the conservatee receive Medi-Cal benefits? No Yes \$ _____ share of cost
10. Do you expect to sell any of the conservatee's real or personal property in the next year? No Yes
 If yes, what will be sold and explain reason why: _____
11. Does the conservatee own a home in which (s)he does not live in? No Yes
 If yes, is it rented? No Yes Amount of rent: \$ _____
 If not rented, explain why: _____
12. If the Conservatee's monthly expenses are greater than his/her income explain how the shortfall will be met:

13. Does the conservatee have a trust or is (s)he a beneficiary of a trust and entitled to receive income from the trust? If so, please provide an attachment with the name of the trust, the name(s) of the trustee(s) and their contact information, and if applicable court case number for the trust:

14. Do you anticipate any unusual activities related to the management of the conservatee's estate during the next year? No Yes (explain): _____

15. Are there any special problems or needs raised by the Court Investigation, the Court, or other interested? If yes, how have you addressed them:

The undersigned conservator will:

- a. Inventory all assets in which the conservatee has any interest.
- b. Submit accurate, complete, and timely accountings.
- c. Carry out all mandatory usual and general duties of a conservator.
- d. Maintain periodic contact with the conservatee's physician and other health care providers, if appointed conservator of the person.
- e. Maintain periodic contact with the conservatee's family and friends, if applicable.
- f. Be available to the conservatee on a 24 hour basis for emergencies, or arrange for such coverage by a qualified agent.
- g. Maintain accurate records related to the estate.
- h. Maintain all estate assets in a separate identifiable manner.
- i. Maintain estate cash assets in interest-bearing accounts, except as necessary for every day administration.
- j. Maintain an adequate surety bond as required by law.
- k. Update care plan as needed.
- l. Refer to the "Conservator's Handbook."

I declare under penalty if perjury under the laws of the State of California that the foregoing is true and correct, and that I have retained a copy for my record.

Dated

Signature of Conservator

Type or Print Name

File the original Conservatorship Care Plan/Level of Care / Status Report with the court and mail a copy to the Probate Investigations Office at: 800 S. Victoria Ave, Ventura, CA 93009 and Public Defender's Office at: 800 S. Victoria Ave. Suite 207, Ventura, CA 93009.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number E-MAIL ADDRESS: ATTORNEY FOR (Name):	FOR COURT USE ONLY
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 93063-2210 <input type="checkbox"/> 4353 VINEYARD AVE, OXNARD, CA. 93036	CASE NUMBER:
<p style="text-align: center;">ORDER FOR INVESTIGATION AND REPORT - FAMILY CODE SECTIONS 7850 AND 7851</p>	

- Petitioner has filed: a petition to declare a child free from parental custody and control under Family Code section 7800 et seq.
- a petition to terminate parental rights under Probate Code §1516.5.

The Ventura County Human Services Agency is hereby ordered to conduct an investigation concerning the child and to report to the court its recommendation. (Fam. Code §§ 7850, 7851).

Date: _____

 Judge of the Superior Court,
 County of Ventura

The clerk of the court is directed to deliver a conformed copy of this order and a copy of the petition to the Ventura County Human Services Agency.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) ATTORNEY FOR (Name):	Telephone Number	FOR COURT USE ONLY CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE. VENTURA, CA 93009		
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT		
<p style="text-align: center;">DECLARATION RE: FIREARMS, FIREARMS PARTS, AND AMMUNITION OWNERSHIP</p>		

I hereby declare:

1. I am the restrained person in the above-entitled matter.
2. I am aware that I am subject to a firearms restrictions order which provides that I shall not own, possess, purchase, or receive a firearm, firearm parts, or ammunition while the protective order is in effect. Further, I am aware that a person who owns, possesses, purchases, or receives, or attempts to purchase or receive a firearm, firearm parts, or ammunition while the protective order is in effect is punishable pursuant to section 29825 of the Penal Code.
3. I currently do not own or possess firearms, firearm parts, or ammunition.

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 RESTRAINED PERSON)

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
COURTHOUSE ADDRESS: Superior Court of California, County of Ventura 800 South Victoria Avenue, Ventura, CA 93009		
CONTESTANT: ADDRESS: TELEPHONE NUMBER:		
PROCESSING AGENCY: ADDRESS: TELEPHONE NUMBER:		
NOTICE OF APPEAL - ADMINISTRATIVE HEARING (MENACING DOG)		CASE NUMBER:

NOTICE TO CONTESTANT

The contestant is responsible for the timely filing of the Notice of Appeal. **A separate Notice of Appeal - Administrative Hearing is required for each citation.** When the Court returns a copy of this notice to you with the date, place and time of the hearing filled in, you must serve a copy of this notice upon the processing agency and file a copy of the original Proof of Service of this notice with the Court. The Court may not proceed on your appeal if proof of service has not been filed.

The Contestant in the above-titled action hereby appeals to the Superior Court of California, County of Ventura, from the final administrative decision on citation number: _____, which was issued on _____ (DATE).

- The hearing was by personal conference.
 by mailed declaration.
- The date of the final administrative decision was _____. (a copy of the final decision must be attached)
- The final administrative decision was personally delivered on _____ (DATE).
 mailed on _____ (DATE).

Dated: _____

Signature of Contestant

NOTICE OF HEARING

For Court Use Only:
 A hearing will be held in the Superior Court of California, County of Ventura, on the date and time shown below.

Date	Time	Dept.	Court Location

Brenda McCormick, Executive Officer/Clerk

Dated: _____ By: _____
Deputy Clerk