

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO**

GENERAL CONSERVATORSHIP OF THE PERSON PACKET



FORMS INCLUDED IN THIS PACKET

General Information for Self-Represented Litigants—Conservatorship of the Person	SDSC Form #PR-172
Conservatorship Timeline & Checklist	SDSC Form #PR-179
Petition for Appointment of Probate Conservator (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-310
Attachment Requesting Special Orders Regarding A Major Neurocognitive Disorder	Judicial Council Form #GC-313
Citation for Conservatorship (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-320
Confidential Supplemental Information (Probate Conservatorship)	Judicial Council Form #GC-312
Confidential Conservator Screening Form (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-314
Duties of Conservator and Acknowledgment of Receipt of Handbook (Probate Conservatorship)	Judicial Council Form #GC-348
Referral Information and List of Relatives (Confidential) (Probate Conservatorship)	SDSC Form #PR-020
Confidential Capacity Assessment and Declaration—Probate Conservatorship	Judicial Council Form #GC-335
Everyday Activities Attachment to Confidential Capacity Assessment and Declaration—Probate Conservatorship	Judicial Council Form #GC-335A
Confidential Declaration on Medical Ability to Attend Hearing—Probate Conservatorship	Judicial Council Form #GC-325
Notice of Hearing—Guardianship or Conservatorship (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-020
Attachment to Notice of Hearing Proof of Service by Mail (Probate—Decedents' Estates and Guardianships and Conservatorships)	Judicial Council Form #DE-120(MA)/GC-020(MA)
Order Appointing Probate Conservator (Probate—Guardianship and Conservatorships)	Judicial Council Form #GC-340
Letters of Conservatorship (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-350
Notice of Conservatee's Rights - Probate	Judicial Council Form #GC-341
Attachment to Notice of Conservatee's Rights - Probate	Judicial Council Form #GC-341(MA)
Confidential Conservatorship Care Plan—Part 1	Judicial Council Form #GC-355
Confidential Conservatorship Care Plan—Part 2 (Medical Information)	Judicial Council Form #GC-356
Attachment to Judicial Council Form	Judicial Council Form #MC-025

*You may qualify for a fee waiver. Please ask the Probate Business Office for the Fee Waiver Packet (PKT-041) or download it online at www.sdcourt.ca.gov. Fill out the forms as instructed in the Fee Waiver Packet and file them with your general conservatorship forms.



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101

GENERAL INFORMATION FOR SELF-REPRESENTED LITIGANTS - CONSERVATORSHIP OF THE PERSON

The following information is intended to answer general questions a self-represented litigant may have about conservatorships of the person. This is not a complete reference or procedural guide, nor is it intended to take the place of legal advice from an attorney. It is the party's responsibility to read and comply with the applicable laws, use current forms, and be prepared to present the case.

What is a Conservatorship?

A conservatorship is a court proceeding in which a judge appoints a family member, friend, or other responsible person (conservator) to care for another adult (conservatee) who cannot care for their personal and/or financial needs.

Conservatorship of the Person

When the court appoints a person as the conservator, the person will be responsible for the following:

1. Arranging for the conservatee's care and protection.
2. Deciding where the conservatee will live.
3. Overseeing all of the following:
 - health care
 - food
 - clothes
 - personal care
 - housekeeping
 - transportation
 - recreation

Conservatorship of the Estate

When the court appoints a person to be the conservator of an estate, the person will be responsible for all of the following:

1. Managing the conservatee's finances.
2. Protecting the conservatee's income and property.
3. Making a list (inventory) of everything in the estate.
4. Ensuring that the conservatee's bills are paid.
5. Investing the conservatee's money.
6. Ensuring the conservatee receives all the benefits for which the conservatee is eligible.
7. Ensuring the conservatee's taxes are filed and paid on time.
8. Keeping exact financial records.
9. Making regular reports of the financial accounts to the court and other interested persons.

Note: This informational form addresses conservatorships of the person only.

Limited Conservatorship

A **limited conservatorship** is for adults with **developmental disabilities** who cannot fully care for themselves, but who do not need the higher level of care or support provided under a general conservatorship. In most cases, a limited conservator has less authority than a general conservator. A limited conservator has authority to do only those things that are granted at the time of appointment. The judge decides which responsibilities the conservatee will keep and which ones the conservator will have.

Note: If petitioning for a limited conservatorship, the Limited Conservatorship of the Person packet (SDSC #PKT-030) should be used.

What needs to be done to become a conservator of the person?

To petition to become a conservator of the person, the following forms, available in the Probate Business Office and on the court's website at www.sdcourt.ca.gov (click on Probate, then Forms), must be completed and filed with the court:

Included in the Conservatorship of the Person Packet (SDSC #PKT-045):

- Petition for Appointment of Probate Conservator (JC Form #GC-310).
- Citation for Conservatorship (JC Form #GC-320).
- Confidential Supplemental Information (JC Form #GC-312).
- Confidential Conservator Screening Form (JC Form #GC-314).
- Referral Information and List of Relatives (SDSC Form #PR-020).
- Confidential Declaration on Medical Ability to Attend Hearing – Probate Conservatorship (JC Form #GC-325).
- Confidential Capacity Assessment and Declaration – Probate Conservatorship (JC Form #GC-335).
- Everyday Activities Attachment to Confidential Capacity Assessment and Declaration – Probate Conservatorship (JC Form #GC-335A).
- Duties of Conservator and Acknowledgment of Receipt of Handbook for Conservators (Probate - Guardianships and Conservatorships) (JC Form #GC-348).

What needs to be done after the forms are filled out?

The documents must be filed by one of the following methods:

- E-Filing: www.sdcourt.ca.gov/sdcourt/onlineservices/efiling
Refer to Electronic Filing Requirements (Probate) ([SDSC Form #PR-188](#))
- In Person or by Mail (The original documents and one copy are needed):
Superior Court of California, County of San Diego
Probate Business Office, Room 330
1100 Union Street
San Diego, CA 92101

Is there a fee to file a conservatorship of the person?

Yes, there are court costs – the filing fee and the investigation fee, if required. The current fee amounts can be found on the court's Fee Schedule (SDSC Form #ADM-001), available in the Probate Business Office and on the court's website at www.sdcourt.ca.gov.

What if the proposed conservator cannot afford to pay the fees?

If the proposed conservator cannot afford the fees, a fee waiver can be requested from the court. All of the required forms can be found in the Fee Waiver Packet – Guardianships and Conservatorships (SDSC PKT #041) which is available in the Probate Business Office and on the court's website at www.sdcourt.ca.gov (click Probate, then Forms). If the request is granted, all court related fees will be waived.

Serving Proposed Conservatee and Required Parties

The law requires that the proposed conservatee, certain relatives, and agencies be served (given) a copy of the Petition for Appointment of Probate Conservator (JC Form #GC-310) with the related hearing information. This is sometimes referred to as "giving notice". **Someone else – NOT THE PERSON FILING THE PETITION – must serve the documents. The rules for service must be followed carefully, otherwise notice may be deemed insufficient.**

- **Personal Service** – The **proposed conservatee** must be personally served. This means someone else – **NOT THE PROPOSED CONSERVATOR** – personally hands the proposed conservatee a copy of the Petition for Appointment of Probate Conservator (JC Form #GC-310) along with a copy of the Citation for Conservatorship (JC Form #GC-320) that was returned to the proposed conservator after filing the paperwork with the Probate Business Office. Personal service must be given at least **15 days** before the hearing.

Once served, the person who has given notice must complete the proof of personal service on page 3 of the Citation for Conservatorship (JC Form #GC-320). The completed proof of personal service must be filed with the Probate Business office at least **four days** before the hearing.

- **Service by Mail** – The following parties must be served:
 - Conservatee's spouse or registered domestic partner.
 - All relatives listed in the Petition for Appointment of Probate Conservator (JC Form #GC-310).

- Public Guardian, if the proposed conservator is not nominated and has no prior relationship with the proposed conservatee.
- Public Conservator, if the proposed conservatee is currently under an Lanterman-Petris-Short (LPS) Conservatorship and the attorney representing the conservatee in the LPS matter.
- Director of Mental Health, if the proposed conservatee is a patient in, or on leave of absence from, a state institution under the jurisdiction of the California Department of Mental Health or the California Department of Developmental Services.
- Veterans Administration, if the proposed conservatee is receiving benefits from them.

This means someone else – **NOT THE PROPOSED CONSERVATOR** – mails the proposed conservatee a copy of the Petition for Appointment of Probate Conservator (JC Form #GC-310) along with the Notice of Hearing – Guardianship or Conservatorship (JC Form #GC-020). Service by mail must be given at least **15 days** before the hearing. Once mailed, the person who did the mailing must complete the proof of service on page 2 of the Notice of Hearing – Guardianship or Conservatorship (JC Form #GC-020). The completed proof of service must be filed with the Probate Business office at least **four days** before the hearing.

What if the proposed conservator does not know where the proposed conservatee’s relatives are?

If the proposed conservator does not know where the proposed conservatee’s relatives are, including the spouse or registered domestic partner, the proposed conservator must make a reasonable and diligent effort to locate them. Some suggestions to find them include:

- ✓ Ask all family members, friends, acquaintances, and employers.
- ✓ Search the property indexes in the recorder’s and assessor’s offices in the county where the person last resided.
- ✓ Search on the Internet (e.g., social media).
- ✓ Look in the phone book.

If the proposed conservator has done everything to locate a party and is not able to locate them, the proposed conservator can ask the court to allow the petition to proceed without giving notice. To do this, the proposed conservator must complete the Declaration of Diligent Search and Request to Dispense with Notice (SDSC Form #PR-182), which is available in the Probate Business Office and on the court’s website at www.sdcourt.ca.gov. The declaration must be filed with the Probate Business Office at least **four court days** before the hearing.

What happens before the court hearing date?

- **Capacity Assessment** – Prior to the hearing, the proposed conservatee’s capacity will need to be evaluated and the assessing clinician will need to complete a Confidential Capacity Assessment and Declaration – Probate Conservatorship (JC Form #GC-335). The Everyday Activities Attachment to Confidential Assessment and Declaration – Probate Conservatorship (JC Form #GC-335A) may also be required. If the proposed conservatee is medically unable to attend the court hearing, a Confidential Declaration on Medical Ability to Attend Hearing – Probate Conservatorship (JC Form #GC-325) will need to be filed.
- **Court-Appointed Attorney** – The court will appoint an attorney to represent the proposed conservatee. The attorney will meet with the proposed conservatee and may contact other relatives or friends to find out if a conservatorship is appropriate. The attorney will file a report with the court. The attorney represents the proposed conservatee (not the proposed conservator) and will advocate for the proposed conservatee’s wishes and/or best interests. The proposed conservator should receive a copy of the court-appointed attorney’s report before the hearing.
- **Court Investigation** - The court will determine if a court investigation is required prior to the hearing. If one is required, a court investigator will be assigned to the case and will contact the parties, first-degree relatives, or second-degree relatives if there are no first-degree relatives. The court investigator will issue a report on the appropriateness of the conservatorship. The proposed conservator should receive a copy of the court investigator’s report before the hearing. The court will assess a fee for the investigation. The fee amounts can be found on the court’s Fee Schedule (SDSC Form #ADM-001), available on the court’s website at www.sdcourt.ca.gov.
- **Probate Examiner Notes** – A probate examiner will review the paperwork submitted by the proposed conservator and make notes for the probate judge. These notes are referred to as “probate notes.” A copy of the probate notes will be available on the court’s website at www.sdcourt.ca.gov (click on the Probate tab, then Examiner Notes) about two weeks prior to the hearing.

If there are defects (things that are missing and/or corrections to be made), they will be noted by the probate examiner. If defects are noted and have not been corrected before the hearing date, the court may continue the hearing to a later date to allow time to correct the defects. The probate examiner listed on the probate notes should be contacted for information on how to correct defects. All corrections must be made at least **four court days** before the hearing.

The probate examiners can be contacted by phone or email. Instructions are available on the court’s website at www.sdcourt.ca.gov (click on the Probate tab, then Examiner Notes).

What if there is a need for a temporary conservator before the hearing?

The court may appoint a temporary conservator if there is an immediate and compelling need for the appointment. The Petition for Appointment of Probate Conservator (JC Form #GC-310) must be filed concurrently. Notice must be given at least **five court-days** prior to the hearing for temporary conservatorship. The following additional forms are required to request the appointment of a temporary conservator:

- Petition for Appointment of Temporary Conservator (JC Form #GC-111).
- Notice of Hearing – Guardianship or Conservatorship (JC Form #GC-020).
- Proof of Personal Service of Notice of Hearing – Guardianship or Conservatorship (JC Form #GC-020(P)).
- Order Appointing Temporary Conservator (JC Form #GC-141).
- Letters of Temporary Guardianship or Conservatorship (JC Form # GC-150).

What happens after the hearing?

If the court grants the petition for conservatorship at the hearing, the Order Appointing Probate Conservator (JC Form #GC-340) and Letters of Conservatorship (JC Form #GC-350) must be submitted to the Probate Business Office. Once processed, these forms are evidence of the conservator's authority to act on behalf of the conservatee. Obtaining a certified copy of the Letters of Conservatorship (JC Form #GC-350) is advisable.

After the court issues the Letters of Conservatorship (JC Form #GC-350), the conservator will have **30 days** to file the Notice of Conservatee's Rights (JC Form #GC-341) and **120 days** to file the Confidential Conservatorship Care Plan--Part 1 and Part 2 (Medical Information) (JC Form #GC-355 and #GC-356) with the Probate Business Office.

If the conservator or the conservatee moves residences, the conservator must inform the court in writing, as follows:

- **Conservator:** The Notice of Change of Address or Other Contact Information (JC Form #MC-040) must be filed with the Probate Business Office.
- **Conservatee:** The Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward (JC Form #GC-079) must be filed with the Probate Business Office prior to the physical move of the conservatee. Once the conservatee has physically moved to the new residence, the Post-Move Notice of Change of Residence of Conservatee or Ward (JC Form #GC-080) must be filed.

Annual or Biennial Court Investigations:

Pursuant to Probate Code section 1850, the court will conduct periodic investigations after the initial appointment, as resources permit. The court investigator will determine if the conservatee still meets the criteria for appointment of a conservator and if the terms of the appointment order should be modified to reduce or expand the conservator's powers and duties to ensure the conservatorship is still the least restrictive alternative needed. If there are any concerns, a Review Hearing may be set.

The court will assess a fee for each investigation. The fee amounts can be found on the court's Fee Schedule (SDSC Form #ADM-001), available on the court's website at www.sdscourt.ca.gov, or the conservator can ask staff in the Probate Business Office. If the conservator cannot afford the fee for the investigation and if the conservator has not already done so, a request to waive the fee may be filed. (Refer to the section "What if the proposed conservator cannot afford to pay the fees?")

Termination of Conservatorship:

Whomever is appointed as conservator will remain as the conservator until the conservatee passes away or an order is made terminating the conservatorship. If the conservatee passes away, the conservator must notify all persons entitled to notice and file a Notice of the Conservatee's Death and proof of service with the court (JC Form #GC-399). The conservatorship will be terminated by operation of law, unless conservatorship of the estate was also established. If there is an estate, a final accounting is required.

Need legal advice?

The court cannot provide legal advice. For help locating an attorney in San Diego County, contact the Lawyer Referral & Information Service of the San Diego County Bar Association at www.sdcb.org or by calling (619) 231-8585.

Need general legal information or assistance with completing court forms?

Legal Aid Society of San Diego, Inc. – Conservatorship Clinic

This free clinic is open to the members of the public who need assistance in a Conservatorship of the Person action or who are seeking information about alternatives to Conservatorship. Assistance is provided on a first come, first served basis. For more information, call (877) 534-2524.



Conservatorship Timeline & Checklist

Note: This is an approximate timeline and checklist for the Probate Conservatorship process and is not intended to cover every scenario. It is the proposed conservator's responsibility to research and determine which tasks apply to each specific circumstance. For more complex situations involving an estate or conservatorships that might be challenged or contested it may be best to seek legal representation. Refer to **Duties of Conservator and Acknowledgment of Receipt of Handbook for Conservators (JC Form #GC-348)** for more information.



Approximate Deadlines:		Brief Description of Required Action:
<input type="checkbox"/>	File Petition for Appointment of Probate Conservator and required forms	Complete and file Petition for Appointment of Probate Conservator (JC Form #GC-310); Citation for Conservatorship (JC Form #GC-320) (Citation); Confidential Supplemental Information (JC Form #GC-312); Confidential Conservator Screening Form (JC Form #GC-314); Duties of Conservator and Acknowledgment of Receipt of Handbook for Conservators (JC Form #GC-348); Referral Information and List of Relatives (SDSC Form #PR-020).
<input type="checkbox"/>	Capacity Assessment	The proposed conservatee will need to be evaluated and the assessing clinician will need to complete a Confidential Capacity Assessment and Declaration (JC Form #GC-335). This form must be filed prior to the hearing date. Additional forms (JC Form #GC-335A and #GC-325) may also be required.
<input type="checkbox"/>	At least 30-days before Hearing Date	<u>Limited Conservatorships only</u> : Provide Notice of Hearing – Guardianship or Conservatorship (JC Form #GC-020) (Notice) to Regional Center and file proof of service.
<input type="checkbox"/>	3-weeks before Hearing Date	Submit Order Appointing Probate Conservator (JC Form #GC-340) and Letters of Conservatorship (JC Form #GC-350). For Conservatorships of Estate, submit bond, if applicable.
<input type="checkbox"/>	At least 15-days before Hearing Date	Personally serve Citation on proposed conservatee and file proof of service. Provide Notice to all relatives listed in petition and file proof of service. Provide Notice to any other interested parties, as applicable, and file proof of service. Interested parties may include Public Guardian, Public Conservator, Veterans Administration, Director of Mental Health.
<input type="checkbox"/>	Reports Prior to Hearing Date	Prior to the hearing date, the proposed conservator should receive copies of the following relevant reports that are filed in the case: <u>Regional Center Report</u> – In Limited Conservatorships, the Regional Center will prepare a report on the proposed conservatee and submit it to the court. <u>Court-Appointed Attorney Report</u> – The court will appoint an attorney to represent the proposed conservatee. The attorney will meet with the proposed conservatee and may contact other relatives. <u>Court Investigator Report</u> - The court will determine if a court investigation is required prior to the hearing. If one is required, a court investigator will meet with the proposed conservatee and interview parties and relatives.
<input type="checkbox"/>	Within 2-weeks from Hearing Date	Review Probate Notes on the court's website. Correct defects. Some defects may be corrected by clarifying on a Response to Probate Notes form (SDSC Form #PR-177).
<input type="checkbox"/>	Hearing Date	If there are no defects and/or objections, the Judge will grant the petition. If there are defects or if someone objects, there may be a continuance for defects to be cleared and/or objections to be filed.
<input type="checkbox"/>	After Hearing Date	Once the court grants the petition, the Order & Letters that were submitted three-weeks prior to the hearing will be reviewed for accuracy, signed by the Judge, issued by the clerk, and returned to the proposed conservator.
<input type="checkbox"/>	Within 30-days after Order issued	Serve the Notice of Conservatee's Rights (JC Form #GC-341) on the conservatee and all relatives listed in the petition. File a copy with the Proof of Mailing completed on page 3.
<input type="checkbox"/>	Within 90-days after Hearing Date	<u>Conservatorships of the Estate</u> : File an Inventory & Appraisal (JC Form #DE-160/GC-040). <u>General Conservatorships</u> : If ordered by the court, complete the online Conservatorship of the Person and/or Estate Orientation Class and file the Certificate of Completion – Conservatorship Orientation Class (SDSC Form #PR-186) with the court.
<input type="checkbox"/>	Within 120-days after Hearing Date	<u>Conservatorships of the Person</u> : File the Confidential Conservatorship Care Plan – Part 1 and Part 2 (JC Form #GC-355 & #GC-356), as applicable.
<input type="checkbox"/>	1-Year after Hearing Date	<u>All Conservatorships</u> : A review investigation will be conducted by the court investigator to ensure the needs of the Conservatee are being met. <u>Conservatorships of the Estate</u> : File an accounting.
<input type="checkbox"/>	Periodic Reviews / Accountings	<u>All Conservatorships</u> : The court investigator will return annually or biennially, as prescribed by the Probate Code and as resources permit. These visits may be unannounced. <u>Conservatorships of the Estate</u> : After the first accounting, further accountings will be required biennially, unless the court orders otherwise.
<input type="checkbox"/>	Death of Conservatee	Conservatorships are terminated by court order or upon the death of the conservatee: <u>All Conservatorships</u> : The Notice of the Conservatee's Death (JC Form #GC-399) must be completed, filed, and served. <u>Conservatorships of the Estate</u> : File the final accounting.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
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: _____ HEARING DATE AND TIME: _____ DEPT.: _____

1. **Petitioner (name):** _____ **requests that** _____
 a. *(Name):* _____ *(Telephone):* _____
(Address): _____

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

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

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. Page 1 of 8

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

1. h. (for limited conservatorship only) orders relating to the powers and duties of the proposed limited conservator of the person under Probate Code section 2351.5 be granted. (Specify orders, powers, and duties in Attachment 1h and complete item 1j.) successor*
- i. (for limited conservatorship only) orders relating to the powers and duties of the proposed limited conservator of the estate under Probate Code section 1830(b) be granted. (Specify orders, powers, and duties in Attachment 1i and complete item 1j.) successor*
- j. (for limited conservatorship only) orders limiting the civil and legal rights of the (proposed) limited conservatee be granted. (Specify limitations in Attachment 1j.)
- k. orders authorizing placement or treatment for a major neurocognitive disorder (such as dementia) as specified in the Attachment Requesting Special Orders Regarding a Major Neurocognitive Disorder (form GC-313) under Probate Code section 2356.5 be granted. A Capacity Declaration—Conservatorship (form GC-335) and Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship (form GC-335A), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her license with at least two years experience diagnosing major neurocognitive disorders (including dementia), are filed herewith. will be filed before the hearing.
 - (appointment of successor conservator only) will not be filed because an order relating to placement or treatment for a major neurocognitive disorder (such as dementia) was filed on (date): . That order has neither expired by its terms nor been revoked.
- l. other orders be granted. (Specify in Attachment 1l.)

2. (Proposed) conservatee is (name): (Telephone):
 (Current address):

3. a. **Jurisdictional facts** (initial appointment only) The proposed conservatee has no conservator in California and is a
 - (1) resident of California and
 - (a) a resident of this county.
 - (b) not a resident of this county, but commencement of the conservatorship in this county is in the best interests of the proposed conservatee for the reasons specified in Attachment 3a.
 - (2) nonresident of California but
 - (a) is temporarily living in this county, or
 - (b) has property in this county, or
 - (c) commencement of the conservatorship in this county is in the best interest of the proposed conservatee for the reasons specified in Attachment 3a.
- b. **Petitioner** (answer items (1) and (2) and check all other items that apply)
 - (1) is is not a **creditor** or an agent of a creditor of the (proposed) conservatee.
 - (2) is is not a **debtor** or an agent of a debtor of the (proposed) conservatee.
 - (3) is the proposed successor conservator.
 - (4) is the (proposed) conservatee. (If this item is **not** checked, you must also complete item 3f.)
 - (5) is the spouse of the (proposed) conservatee. (You must also complete item 6.)
 - (6) is the domestic partner or former domestic partner of the (proposed) conservatee. (You must also complete item 7.)
 - (7) is a relative of the (proposed) conservatee as (specify relationship):
 - (8) is an interested person or friend of the (proposed) conservatee.
 - (9) is a state or local public entity, officer, or employee.
 - (10) is the guardian of the proposed conservatee.
 - (11) is a bank is another entity authorized to conduct the business of a trust company.
 - (12) is a professional fiduciary within the meaning of Business and Professions Code section 6501(f) who is licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. Petitioner's license number is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment. You must also complete item 2 on page 2 of that form and item 3d below.)

* See item 5b on page 4.

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

3. c. **Proposed** **successor conservator** is (check all that apply)

- (1) a nominee. (Affix nomination as Attachment 3c(1).)
- (2) the spouse of the (proposed) conservatee. (You must also complete item 6.)
- (3) the domestic partner or former domestic partner of the (proposed) conservatee. (You must also complete item 7.)
- (4) a relative of the (proposed) conservatee as (specify relationship):
- (5) a bank. another entity authorized to conduct the business of a trust company.
- (6) a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
- (7) a professional fiduciary, as defined in Business and Professions Code section 6501(f). His or her statement concerning licensure or exemption is provided in item 1 on page 1 of the attached *Professional Fiduciary Attachment*. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
- (8) other (specify):

d. Engagement and prior relationship with petitioning professional fiduciary (complete this item if petitioner is licensed by the Professional Fiduciaries Bureau.)

- (1) Statements of who engaged petitioner, or how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family or friends, are provided in item 2 on page 2 of the attached *Professional Fiduciary Attachment*. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
- (2) A petition for appointment of a temporary conservator is filed with this petition. That petition contains statements of who engaged petitioner, how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family and friends.

e. **Character and estimated value of the property of the estate** (complete items (1) or (2) and (3), (4), and (5)):

(1) (For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):
 Personal property: \$ _____, per Inventory and Appraisal filed in this proceeding on
 (specify dates of filing of all inventories and appraisals):

(2) Estimated value of personal property: \$ _____

(3) Annual gross income from

- (a) real property: \$ _____
- (b) personal property: \$ _____
- (c) pensions: \$ _____
- (d) wages: \$ _____
- (e) public assistance benefits: \$ _____
- (f) other: \$ _____

(4) **Total** of (1) or (2) and (3): \$ _____

(5) Real property: \$ _____

- (a) per Inventory and Appraisal identified in item (1).
- (b) estimated value.

f. Due diligence (complete this item if the (proposed) conservatee is not a petitioner):

- (1) Efforts to find the (proposed) conservatee's relatives or reasons why it is not feasible to contact any of them are described on Attachment 3f(1).
- (2) Statements of the (proposed) conservatee's preferences concerning the appointment of any (successor) conservator and the appointment of the proposed (successor) conservator or reasons why it is not feasible to ascertain those preferences are contained on Attachment 3f(2).

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

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

4. **(Proposed) conservatee**

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

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

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

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

(1) Name of tribe:

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

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

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

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

(1) is an adult.

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

(3) is a married minor.

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

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

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

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

CONSERVATORSHIP OF <i>(name):</i> <div style="text-align: right;">(PROPOSED) CONSERVATEE</div>	CASE NUMBER:
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5. c. **(Proposed) conservatee** requires a conservator and is

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

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

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

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

10. **Temporary conservatorship**

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

11. **(Proposed) conservatee's relatives**

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

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

	<u>Name and relationship to conservatee</u>	<u>Residence address</u>
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		

Continued on Attachment 11.

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

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

13. **Court investigator**

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

14. Number of pages attached:

Date:

(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER)

(SIGNATURE OF ATTORNEY FOR PETITIONER)

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

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

Date:

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

CONSERVATORSHIP OF (Name):	CASE NUMBER:
<p>CONSERVATEE</p> <p>ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING A MAJOR NEUROCOGNITIVE DISORDER</p> <p><input type="checkbox"/> Petition for Appointment of Probate Conservator (form GC-310)</p> <p><input type="checkbox"/> Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380)</p>	

1. Petitioner **requests** that the conservator of the person be authorized
 - a. to place the conservatee in a secured-perimeter residential care facility for the elderly operated under Health and Safety Code section 1569.698 that has a care plan that meets the requirements of California Code of Regulations, title 22, section 87705.
 - b. to authorize the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia).
2. The conservatee or proposed conservatee has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.
3. A medical declaration executed by a licensed physician or a licensed psychologist acting within the scope of his or her license with at least two years' experience in diagnosing and treating major neurocognitive disorders (including dementia):
 - a. has been filed.
 - b. will be filed before the hearing.
4. *Restricted placement.* The conservatee needs or would benefit from placement as requested in item 1a. The conservatee lacks capacity to give informed consent to this placement. The placement requested is the least restrictive placement appropriate to the needs of the conservatee.
5. *Medications.* The conservatee needs or would benefit from administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The conservatee lacks capacity to give informed consent to the administration of those medications.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): _____ PROPOSED CONSERVATEE	
CITATION FOR CONSERVATORSHIP <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____

THE PEOPLE OF THE STATE OF CALIFORNIA,

To (name):

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

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

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

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

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


CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): _____ <div style="text-align: center; margin-top: 10px;">PROPOSED CONSERVATEE</div>	CASE NUMBER: _____
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6. You have the right to appear at the hearing and oppose the petition. You have the right to hire an attorney of your choice to represent you. The court will appoint an attorney to represent you if you are unable to retain one. You must pay the cost of that attorney if you are able. You have the right to a jury trial if you wish.
7. *(For limited conservatorship only)* In addition to the rights stated in item 6 above, you have the right to oppose the petition in part by objecting to any or all of the requested duties or powers of the limited conservator.

Date: _____ Clerk, by _____, Deputy

(SEAL)

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



CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): _____ <div style="text-align: center; margin-top: 10px;">PROPOSED CONSERVATEE</div>	CASE NUMBER: _____
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PROOF OF SERVICE

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

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

- c. Address (specify): _____

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

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

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

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

Date: _____



(SIGNATURE OF PERSON SERVING)

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF (Name): PROPOSED CONSERVATEE	
CONFIDENTIAL SUPPLEMENTAL INFORMATION <input type="checkbox"/> Limited Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate	
CASE NUMBER:	

1. a. Proposed conservatee (name): b. Date of birth: c. Age: d. Social security number:	HEARING DATE:
	DEPT.: TIME:

2. I, the person completing this form, am the (check each that applies) petitioner proposed conservator in this proceeding.

3. **ABILITY TO PROVIDE PROPERLY FOR PERSONAL NEEDS*** The following facts and circumstances supplement and support the petition's assertions that the proposed conservatee is unable to provide properly for personal needs for physical health, food, clothing, or shelter (specify in detail, expanding on the reasons in the petition; give specific examples from the proposed conservatee's daily life showing significant, ongoing behavior patterns):

a. Physical health (give examples showing the proposed conservatee's inability to move and exercise, maintain personal hygiene, make and attend routine medical appointments, take medication as prescribed, etc.):

Continued in Attachment 3a.

b. Food (give examples showing the proposed conservatee's inability to eat or drink, prepare food, shop for food, etc.):

Continued in Attachment 3b.

c. Clothing (give examples showing the proposed conservatee's inability to get dressed, do laundry, shop for clothing, etc.):

Continued in Attachment 3c.

d. Shelter (give examples showing the proposed conservatee's inability to pay rent or mortgage, pay utility bills, keep house, etc.):

Continued in Attachment 3d.

* If any part of item 3 does not apply to the proposed conservatorship, skip it, check box 3 in item 10, and explain why it does not apply.

CONSERVATORSHIP OF <i>(name):</i> PROPOSED CONSERVATEE	CASE NUMBER:
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4. **ABILITY TO MANAGE OWN FINANCIAL RESOURCES*** The following facts and circumstances supplement and support the petition's assertions that the proposed conservatee is substantially unable to manage that person's own financial resources or to resist fraud or undue influence *(specify in detail, expanding on the reasons in the petition; give specific examples from the proposed conservatee's daily life showing significant, ongoing behavior patterns):*

a. Financial resources *(give examples of the proposed conservatee's substantial inability to manage money or property):*

Continued in Attachment 4a.

b. Fraud or undue influence *(give examples of the proposed conservatee's substantial inability to resist fraud or undue influence):*

Continued in Attachment 4b.

* If any part of item 4 does not apply to the proposed conservatorship, skip it, check box 4 in item 10, and explain why it does not apply.

5. **RESIDENCE** *(A "residence" is the place a person would tend to describe as "home," for example, an owned or rented single-family house or an apartment in a multiunit building, or an assisted-living, board-and-care, skilled-nursing, or other long-term care facility.)*

a. The proposed conservatee's **residence** is a *(nature of residence; see above for examples):*

b. The proposed conservatee's **residence** is located at *(street address, city, state):*

c. The proposed conservatee is **currently located** at the residence in item 5b other *(street address, city, state):*

d. The proposed conservatee's **current location** is a *(nature of current location; see above for examples):*

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

(1) **living** in the residence, and

(a) is able to continue living there unless circumstances change.

(b) will need to be moved after a conservator is appointed *(give specific reasons in item 5f)*.

(c) other *(specify and give reasons in item 5f)*.

(2) **not living** in the residence, and

(a) will be able to return home by *(date):* *(explain in item 5f)*

(b) will not return to live there *(give specific reasons in item 5f)*.

(c) other *(specify and give reasons in item 5f)*.

f. Specific reasons supporting the determination in item 5e about the proposed conservatee's ability to live in the residence:

Continued in Attachment 5f.

CONSERVATORSHIP OF <i>(name):</i> PROPOSED CONSERVATEE	CASE NUMBER:
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6. **ALTERNATIVES TO CONSERVATORSHIP** I have considered the following alternatives to conservatorship. For each alternative below, either (1) I have attempted that alternative for the length of time and in the manner described and have determined for the reasons explained below that it is unsuitable or does not meet the proposed conservatee's needs; or (2) I have not attempted that alternative and have determined for the reasons explained below that it is unsuitable or does not meet the proposed conservatee's needs and therefore should not be attempted.

a. A supported decisionmaking agreement, as defined in Welfare and Institutions Code section 21001

Continued in Attachment 6a.

b. Designation of a health care surrogate under Probate Code section 4711

Continued in Attachment 6b.

c. An advance health care directive under Probate Code section 4600 et seq.

Continued in Attachment 6c.

d. A power of attorney (general or limited, durable or nondurable) under Probate Code section 4000 et seq.

Continued in Attachment 6d.

e. A trust, as defined in Probate Code section 82

Continued in Attachment 6e.

f. Other alternatives considered or attempted

Continued in Attachment 6f.

CONSERVATORSHIP OF <i>(name):</i> PROPOSED CONSERVATEE	CASE NUMBER:
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7. HEALTH OR SOCIAL SERVICES PROVIDED (complete all that apply):

a. In the year immediately before the petition was filed, the proposed conservatee received the following **health services**, for example, doctor's visits, medical testing, hospitalizations, surgeries, administration of medication, wound care, or therapy. (describe the services and the circumstances in which they were provided; if none were provided, state "none"):

Continued in Attachment 7a.

b. In the year immediately before the petition was filed, the proposed conservatee received the following **social services**, for example, companionship, assistance with personal hygiene, housekeeping, shopping, cooking, or assistance managing finances. (describe the services and the circumstances in which they were provided; if none were provided, state "none"):

Continued in Attachment 7b.

c. I do not know, and cannot reasonably find out, what, if any, health services social services were provided to the proposed conservatee in the year immediately before the petition was filed.

8. KNOWLEDGE AND PREFERENCES The proposed conservatee (check all that apply)

a. knows about does not know about the proposed conservatorship. I don't know.
b. agrees with does not agree with the proposed conservatorship. I don't know. Not applicable.

9. SOURCE OF INFORMATION The facts, circumstances, and conclusions stated on this form are based, (check all that apply)

- a. in item 3, on my own personal knowledge an affidavit (declaration) by another person, attached as Attachment 3.
- b. in item 4, on my own personal knowledge an affidavit (declaration) by another person, attached as Attachment 4.
- c. in item 5, on my own personal knowledge an affidavit (declaration) by another person, attached as Attachment 5.
- d. in item 6, on my own personal knowledge an affidavit (declaration) by another person, attached as Attachment 6.
- e. in item 7, on my own personal knowledge an affidavit (declaration) by another person, attached as Attachment 7.
- f. in item 8, on my own personal knowledge an affidavit (declaration) by another person, attached as Attachment 8.

10. ITEMS THAT DO NOT APPLY The following items on this form, or parts of those items, do not apply to the proposed conservatorship. (for each item checked, explain why that item or part of an item does not apply): 3 4

Continued on Attachment 10.

11. 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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<i>FOR COURT USE ONLY</i>	
TELEPHONE NO.: _____ FAX NO. (Optional): _____			
EMAIL ADDRESS (Optional): _____			
ATTORNEY FOR (Name): _____			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101			
CONSERVATORSHIP OF _____ (Name):		CASE NUMBER: _____	
PROPOSED CONSERVATEE			
CONFIDENTIAL CONSERVATOR SCREENING FORM		HEARING DATE AND TIME: _____	DEPT.: _____
Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship			

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

How This Form Will Be Used

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

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

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): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ CONSERVATEE	
DUTIES OF CONSERVATOR and Acknowledgment of Receipt of Handbook for Conservators	
CASE NUMBER: _____	

DUTIES OF CONSERVATOR

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

I. THE CONSERVATEE'S RIGHTS

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

II. CONSULT WITH YOUR ATTORNEY

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

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

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

III. CONSERVATOR OF THE PERSON

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

A. DETERMINE THE APPROPRIATE LEVEL OF CARE FOR THE CONSERVATEE

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

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

III. A. 1. An evaluation of the level of care existing when the petition for your appointment as a conservator was filed and the measures that would be necessary to keep the conservatee in his or her **personal residence**.

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

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

B. DECIDE WHERE THE CONSERVATEE WILL LIVE

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

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

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF _____	
REFERRAL INFORMATION AND LIST OF RELATIVES (CONFIDENTIAL)	CASE NUMBER _____
The information provided in this form will assist the Court Investigator in completing a timely investigation. Complete ALL sections and provide as much detail as possible. This form must be filed with the Petition for Appointment of Probate Conservator (JC Form #GC-310) and each accounting or subsequent petition following the establishment of a conservatorship.	

A. (Proposed) Conservatee:

1. Name: _____ D.O.B.: _____
2. Address: _____ Gate/Door Code: _____
3. Telephone No.: _____
4. Primary language spoken: English Spanish other: _____
5. Medi-Cal recipient? Yes No
6. Contact person (name/telephone): _____
7. Barriers to investigation/meeting (i.e. communication issues, safety hazards, aggressive behavior, etc.): _____
8. Diagnosis: _____
9. Medications currently being taken:

Name:	Major Neurocognitive Disorder (F.K.A. Dementia) Medication
-------	---

- | | |
|----------|--------------------------|
| a. _____ | <input type="checkbox"/> |
| b. _____ | <input type="checkbox"/> |
| c. _____ | <input type="checkbox"/> |
| d. _____ | <input type="checkbox"/> |
| e. _____ | <input type="checkbox"/> |

Additional medications listed on attachment A.

10. Name and address of secured facility where (proposed) conservatee will be/is placed, if requesting/granted authority under Prob. Code § 2356.5(b): _____

11. Is there an LPS conservatorship? Yes No (If yes, list case number, name & address of LPS conservator)

B. (Proposed) Conservatee's School/Facility/Day Program:

1. Name: _____
2. Address: _____
3. Telephone No.: _____ Email: _____
4. Contact person (name/telephone): _____

CONFIDENTIAL

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

C. Regional Center Information:

1. Location: _____
2. Contact person: _____ Telephone No. _____ Email: _____

D. (Proposed) Conservator:

1. Name & Relationship (to proposed conservatee): _____
2. Address: _____
3. Telephone No.: _____
4. Email: _____
5. Primary language spoken: English Spanish other: _____

E. (Proposed) Co-Conservator:

1. Name & Relationship (to proposed conservatee): _____
2. Address: _____
3. Telephone No.: _____
4. Email: _____
5. Primary language spoken: English Spanish other: _____

Additional (proposed) co-conservators listed on attachment D.

F. (Proposed) Conservatee's Relatives:

List conservatee's spouse or registered domestic partner, 1st degree relatives (parents and children), and 2nd degree relatives (brothers and sisters, grandparents and grandchildren), so far as known to petitioner(s). If there are no known relatives, list conservatee's neighbors and close friends, if known.

	Name:	Relationship:	Tel. No(s):	Email:	Minor
1.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
2.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
3.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
4.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
5.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
6.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
7.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>
8.	_____	_____	Main: _____ Work: _____	_____	<input type="checkbox"/>

Additional relatives listed on attachment F.

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

Date: _____

Type or Print Name

Signature of Petitioner

Type or Print Name

Signature of Petitioner

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY FILE IN CONFIDENTIAL FOLDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(name):</i> _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER: _____
CONFIDENTIAL CAPACITY ASSESSMENT AND DECLARATION—PROBATE CONSERVATORSHIP	HEARING DATE: _____ TIME: _____ DEPT. or ROOM: _____
This form is intended to record the results of a capacity assessment of the person named in item 2, to describe the assessing clinician's conclusions about the person's mental functioning and capacity, and to submit the results and conclusions under oath to the court. The petitioner completes items 1 and 2 to give instructions to the clinician. The clinician completes the remainder of the form.	

PETITIONER'S INSTRUCTIONS TO CLINICIAN

1. **Assessments requested.** In addition to completing Parts I and II (pages 2–4), please complete the following items in Part III (pages 5–6) to assess the person's ability to perform the action or capacity to make the decision indicated (*check all that apply*):
- a. Item 20: Give or withhold informed consent to medical treatment specified in the petition. (Prob. Code §§ 811, 813, 2357.)
 - b. Item 21: Give or withhold informed consent to medical treatment generally. (*Id.*, §§ 811, 1880–1891, 2355.)
 - c. Item 22: Give or withhold informed consent to placement in a secured-perimeter (locked) residential care facility for the elderly. (*Id.*, §§ 811, 2356.5.)
 - d. Item 23: Give or withhold informed consent to administration of medication appropriate for care and treatment of major neurocognitive disorders (e.g., dementia). (*Id.*, §§ 811, 813, 2356.5.)

Note to petitioner: Provide a copy of the petition to the clinician who will be assessing the person named in item 2 for the clinician's reference. Do **not** attach *Confidential Supplemental Information* (form GC-312).

2. **Person to be assessed**

Name: _____
 Address: _____
 Telephone number: _____ Email address: _____
 Date of birth: _____
 Highest level of education completed (*grade or degree*): _____
 Marital or partnership status: single married/partnered dissolved widowed
 Preferred language: _____ speaks reads writes

TO THE CLINICIAN: Provide your contact and license information below.

3. a. Name: _____
 b. Office address: _____
 Telephone number: _____ Email address: _____
4. a. I am a California-licensed physician. License no: _____
 b. I am a California-licensed psychologist practicing within the scope of my license. License no: _____
 I have at least two years' experience diagnosing major neurocognitive disorders (including dementia).
 c. I have been practicing as a licensed physician or psychologist for _____ years.

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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Information about the assessment

5. a. The person named in item 2 is is **not** a patient under my continuing care and treatment.
 b. I have known this person for (specify length of time in months or years):

6. a. Date of the examination on which this assessment is based or, if based on multiple examinations, the date I most recently examined the person:
 b. Time spent in most recent examination:

7. My responses to the questions and prompts on this form are based on (check all that apply):
 - a. My examination of this person for the purpose of assessing the person's abilities and capacities.
 - b. Multiple examinations of this person for purposes of general health care and medical treatment.
 - c. Administration of standardized examinations or tools that measure the person's mental functioning. All tests administered and dates of administration are listed below in Attachment 7c.

 - d. My review of the person's medical records.
 - e. Discussions with other practitioners responsible for providing health care to the person. These discussions are described below in Attachment 7e.

 - f. Discussions with team members or other professionals who participated in the person's assessment. These discussions are described below in Attachment 7f.

 - g. Discussions with the person's family or friends; names and relationships are given below in Attachment 7g.

 - h. Other sources of information, which are described below in Attachment 7h.

REPORT OF ASSESSMENT

If a question or prompt does not apply to an ability or capacity checked in item 1 or your assessment does not address a question or prompt, please check the appropriate box in that item or, if there is no box, leave the item blank. Secure or destroy your copy of the petition. Do not send it to the court.

PART I. GENERAL PHYSICAL AND MENTAL HEALTH This part describes the general state of the physical and mental health of the person named in item 2. Information focused on the effect of the person's health on their mental function is given in items 16–18.

8. Physical health

- a. Overall physical health is: Excellent Good Fair Poor I don't know
- b. Overall physical health is likely to: Improve Remain stable Deteriorate I don't know
 The person should be reevaluated in _____ weeks.
- c. Chronic conditions that require ongoing care and treatment are listed below in Attachment 8c.

9. Mental health

- a. Overall mental health is: Excellent Good Fair Poor I don't know
- b. Overall mental health is likely to: Improve Remain stable Deteriorate I don't know
 The person should be reevaluated in _____ weeks.
- c. All known diagnosed mental health disorders (current *Diagnostic and Statistical Manual of Mental Disorders*) are listed below in Attachment 9c.

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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PART II. MENTAL FUNCTIONING This part documents the existence and extent of any deficits found by my assessment of the mental functioning of the person described in item 2. Deficits are indicated in items 10–14 as follows:

a = no deficit; b = mild deficit; c = moderate deficit; d = major deficit or no function; e = not applicable or not assessed

10. Alertness and attention (ability to recognize and react to a stimulus)

- a. Level of arousal or consciousness (deficit may be shown by lethargy, lack of response without constant stimulation, or stupor)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- b. Orientation to:
 - (1) Time (When? Year, month, day, hour)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
 - (2) Place (Where? State, city, address)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
 - (3) Person (Who? Name, relationship)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
 - (4) Situation (What? How? Why?)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- c. Ability to attend to and concentrate on tasks (ability to attend to a stimulus; concentrate on a stimulus over brief time periods)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Notes:

11. Information processing

- a. Memory
 - (1) Immediate recall

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
 - (2) Short-term memory and learning (the ability to encode, store, and retrieve information)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
 - (3) Long-term memory (ability to remember information from the past)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- b. Understanding (the ability to receive and accurately process information given in written, spoken, visual, or other media)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- c. Communication (the ability to express oneself and indicate preferences in speech, writing, signs, pictures, etc.)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- d. Visual-spatial reasoning (recognition of familiar objects; spatial perception, problem solving, and design)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- e. Quantitative reasoning (the ability to understand basic quantities and make simple calculations)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- f. Verbal reasoning (the ability to compare options, to reason using abstract concepts, and to reason logically about outcomes)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- g. Executive functioning (the ability to plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Notes:

12. Thought processes

- a. Organization of thinking (deficit may be demonstrated by severely disorganized, nonsensical, or incoherent thinking)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- b. Correspondence of thoughts to reality (deficit may be demonstrated by hallucinations or delusions)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- c. Control of thoughts (deficit may be demonstrated by uncontrollable, repetitive, or intrusive thoughts)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Notes:

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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a = no deficit; b = mild deficit; c = moderate deficit; d = major deficit or no function; e = not applicable or not assessed

13. **Ability to modulate mood and affect** (deficit may be demonstrated by pervasive and persistent or recurrent mood or affect inappropriate in kind or degree to the circumstances) a b c d e
 Notes:

14. **Ability to accept and cooperate with appropriate care or assistance** (deficit may be demonstrated by inability to acknowledge illness or disorder, acting without regard for consequences, or inability or refusal to accept appropriate care)
 a b c d e
 Notes:

15. **Variation** (some or all of the deficits noted above vary in frequency, severity, or duration):
 Yes No I don't know Variation of deficits is described below in Attachment 15.

Possible Temporary or Reversible Causes of Mental Function Deficits

16. Medications

a. Is the person currently taking any medication—prescription or nonprescription—that may impair the person's mental functioning?
 Yes No I don't know Not applicable
 If yes, each of those medications, with dosage and treatment indications, is listed below in Attachment 16a.

Name	Dosage/Schedule	Indications
------	-----------------	-------------

b. Each medication listed in item 16a can impair a person's mental functioning as explained
 below in Attachment 16b.

17. **Reversible causes** Have temporary or reversible causes of mental impairment been considered, assessed, diagnosed, or treated?
 Yes No I don't know All causes considered are discussed below in Attachment 17.

18. **Physical or emotional factors** Are there physical or emotional factors (e.g., hearing, vision, or speech impairment; bereavement; or others) present that could diminish the person's capabilities and that could improve with time, treatment, or assistive devices?
 Yes No I don't know
 Applicable physical or emotional factors are described below in Attachment 18.

Effect on Ability to Perform Everyday Activities

19. In my professional opinion, the mental function deficits, if any, identified in items 10–14 will will not significantly impair the person's ability to perform some or all activities of daily living (e.g., eating, cooking, toileting, bathing, dressing) or instrumental activities of daily living (e.g., shopping, scheduling appointments, paying bills, using a credit card or checks, taking medication). More details about specific activities and reasons for my opinion are given (*check all that apply*):
 below in Attachment 19 in the attached *Everyday Activities Attachment* (form GC-335A).

I do not have enough information to form an opinion on this issue.

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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PART III. CAPACITY TO GIVE OR WITHHOLD INFORMED CONSENT This part documents my professional conclusions about each issue checked in item 1. The conclusions are based on my assessment of the level of the person's mental functions described in Part II.

20. **Capacity to give or withhold informed consent to medical treatment specified in the petition** (Probate Code, § 2357.)

The following medical treatment has been recommended for the person (*describe*):

Based on my assessment of the person's applicable mental functions and abilities, it is my professional opinion that:

- a. The person **has** the capacity to give or withhold informed consent to the recommended medical treatment because the person can do **all** of the following: (1) respond knowingly and intelligently to questions about the treatment; (2) participate in the treatment decision by means of a rational thought process; and (3) understand (A) the nature and seriousness of the diagnosed disorder, (B) the nature of the recommended treatment, (C) the probable degree and duration of and benefits and risks of the recommended treatment, (D) the consequences of lack of treatment, and (E) the nature, risks, and benefits of any reasonable alternatives to the recommended treatment.
- b. The person **lacks** the capacity to give or withhold informed consent to the recommended medical treatment because the person **cannot do at least one** of the following: (1) respond knowingly and intelligently to questions about the treatment, (2) participate in the treatment decision by means of a rational thought process, or (3) understand at least one of the following: (A) the nature and seriousness of the diagnosed disorder, (B) the nature of the recommended treatment, (C) the probable degree and duration of and benefits and risks of the recommended treatment, (D) the consequences of lack of treatment, or (E) the nature, risks, and benefits of any reasonable alternatives to the recommended treatment.
 These conclusions are further explained below in Attachment 20b.

c. I do not have enough information to form an opinion on this issue.

21. **Capacity to give or withhold informed consent to medical treatment generally** (Probate Code, §§ 811, 1881.)

Based on my assessment of the person's applicable mental functions and abilities, it is my professional opinion that:

- a. The person **has** the capacity to give or withhold informed consent to medical treatment because the person can do **all** of the following: (1) respond knowingly and intelligently to questions about at least some forms of medical treatment; (2) participate in at least some treatment decisions by means of a rational thought process; and (3) understand (A) the nature and seriousness of some diagnosed disorders, (B) the nature of some recommended treatments, (C) the probable degree and duration of and benefits and risks of at least some forms of treatment, (D) the consequences of lack of at least some forms of treatment, and (E) the nature, risks, and benefits of any reasonable alternatives to at least some forms of treatment.
- b. The person **lacks** the capacity to give or withhold informed consent to any form of medical treatment because **either** (1) the person is unable to respond knowingly and intelligently to questions about their medical treatment **or** (2) the person is unable to participate in treatment decisions by means of a rational thought process, which means the person cannot understand at least one of the following: (A) the nature and seriousness of any illness, disorder, or defect that they have or may develop; (B) the nature of any medical treatment that is or may be recommended by their health-care providers; (C) the probable degree and duration of any benefits and risks of any medical intervention that is or may be recommended by the person's health-care providers and the consequences of lack of treatment; or (D) the nature, risks, and benefits of any reasonable alternatives.

The person's lack of capacity to give or withhold informed consent is linked to one or more mental function deficits described in Part II.

These conclusions are further explained below in Attachment 21b.

c. I do not have enough information to form an opinion on this issue.

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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22. **Capacity to give or withhold informed consent to placement in a secured-perimeter residential facility for persons with major neurocognitive disorders** (Probate Code, § 2356.5.)

- a. The person has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*. See Part I of this form for more information.
- b. The person needs or would benefit from placement in a restricted and secure environment for the reasons (for example, wandering, violence, or rejecting care) explained below in Attachment 22b.
- c. Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:
 - (1) The person **has** the capacity to give or withhold informed consent to this placement.
 - (2) The person **lacks** the capacity to give or withhold informed consent to this placement. The mental function deficit or deficits described in Part II significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to placement in a restricted, secured-perimeter residential facility.
 These conclusions are further explained below in Attachment 22c.
- d. The proposed placement in a locked or secured-perimeter facility is is **not** the least restrictive environment appropriate to the person's needs.
- e. I do not have enough information to form an opinion on this issue.

23. **Capacity to give or withhold informed consent to administration of medication for treatment of major neurocognitive disorders** (Probate Code, § 2356.5.)

- a. The person has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*. See Part I of this form for more information.
- b. The person needs or would benefit from appropriate medications for the care and treatment of major neurocognitive disorders (including dementia). Any medications and the need or potential benefit of each are described below in Attachment 23b.
- c. Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:
 - (1) The person **has** the capacity to give or withhold informed consent to the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia).
 - (2) The person **lacks** the capacity to give or withhold informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The mental function deficit or deficits described in Part III significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to the administration of medications for the care and treatment of major neurocognitive disorders (including dementia).
 These conclusions are further explained below in Attachment 23c.
- d. I do not have enough information to form an opinion on this issue.

24. Other information regarding my assessment of the person's mental functions, any deficits in those functions, and any resulting significant impairments to the person's ability to understand and appreciate the consequences of acts or decisions is given in Attachment 24.

25. Number of pages attached: _____

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

Date:

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

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**EVERYDAY ACTIVITIES ATTACHMENT TO CONFIDENTIAL CAPACITY ASSESSMENT
AND DECLARATION—PROBATE CONSERVATORSHIP (FORM GC-335)**

This form is for optional use in a probate conservatorship proceeding, in conjunction with *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335), to indicate the ability of the person described in item 1 to perform activities of daily living and instrumental activities of daily living.

The person whose abilities are described on this form

1. a. Name:
- b. Address:
 Telephone number: _____ Email address: _____
 Date of birth: _____

The person who is completing this form

2. a. Name:
- b. Office address:
 Telephone number: _____ Email address: _____
3. a. I am a California-licensed physician psychologist nurse practitioner physician assistant
 registered nurse clinical social worker occupational therapist
 other licensed professional (*specify profession*): _____
- b. My license number is: _____

4. *Check the box or boxes that apply to you.*

- a. I am the clinician who conducted the assessment of the person named in item 1 documented on the *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335) to which this form is attached, and I completed that form. The conclusions and opinions given in this form are based on the same assessment.
- b. I work or consult with the clinician who completed the *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335) to which this form is attached, and I participated in that clinician's assessment of the person named in item 1. The conclusions and opinions in this form are based on my participation in that assessment.
- c. The conclusions and opinions given in this form are based on the application of my knowledge, experience, and training to my personal observations of the person named in item 1, as described below.

Items 5–11 describe my conclusions about the ability of the person named in item 1 to perform activities in each of the listed categories based on information gathered as described in item 4.

Activities of Daily Living (care of self and related activities)

5. **Maintain adequate hygiene** (for example, bathing, grooming, dressing, caring for teeth, going to the toilet)
 Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know
 Comments below in Attachment 5.

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(name):</i> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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Activities of Daily Living (care of self and related activities)

6. Prepare meals and eat for adequate nutrition

Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 6.

7. Identify abuse or neglect and protect self from harm

Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 7.

Instrumental Activities of Daily Living

8. Financial (if appropriate, note dollar limits)

a. Protect and spend small amounts of cash

Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 8a.

b. Manage and use checks; pay monthly bills

Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 8b.

c. Enter into a contract (including, for example, to buy, sell, or lease real property or to obtain and use a credit card)

Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 8c.

9. Resist fraud or undue influence (for example, has a history of being a victim of fraud or undue influence)

Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 9.

10. Medical

a. Choose and direct caregivers

Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 10a.

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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10. b. Admit self to health-care facility

- Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 10b.

c. Manage own medication (take proper dose as scheduled; refill or renew prescriptions as needed)

- Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 10c.

d. Contact help if ill or in an emergency

- Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 10d.

11. Home and community life

a. Maintain a reasonably safe and clean home or other living environment; arrange for home maintenance or repair

- Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 11a.

b. Recognize and avoid common hazards (for example, a hot stove or poisons)

- Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 11b.

c. Access transportation (for example, drive a car or use public transportation)

- Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 11c.

d. Initiate and follow a schedule of daily activities

- Able; fully independent
 Able with advice and passive support
 Able only with active assistance
 Unable, even with assistance
 I don't know

Comments below in Attachment 11d.

CONFIDENTIAL

GC-335A

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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12. Other information regarding my assessment of the person's ability to perform activities of daily living or instrumental activities of daily living, including any significant impairments to that ability, is given below in Attachment 12.

13. 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): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY FILE IN CONFIDENTIAL FOLDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(name):</i> _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER: _____
CONFIDENTIAL DECLARATION ON MEDICAL ABILITY TO ATTEND HEARING—PROBATE CONSERVATORSHIP	

The person requesting the declaration must complete item 1.

1. A petition that requires a hearing
 - a. has been filed in the conservatorship proceeding named above and set for hearing on *(date)*:
 - b. will be filed in the conservatorship proceeding named above.

INSTRUCTIONS TO DECLARANT (PRACTITIONER)

The (proposed) conservatee is expected to attend the hearing, but may be excused if medically unable to attend. *Please complete items 2–6, below, to give your professional opinion whether the (proposed) conservatee is medically able to attend.*

Note: Emotional or psychological instability does not qualify as medical inability to attend unless, because of that instability, attending the hearing is likely to cause the (proposed) conservatee serious and immediate physiological damage.

DECLARANT'S CONTACT INFORMATION AND QUALIFICATIONS

2. Name:
3. Office address, telephone number, and email:
4. a. I am a California-licensed physician psychologist nurse practitioner physician assistant registered nurse other medical practitioner *(specify):*
My license number is:
- b. I am an accredited practitioner of a religion that calls for reliance on prayer alone for healing. The (proposed) conservatee is an adherent of my religion and is under my treatment.
Accrediting religious organization *(name)*:
5. a. I last examined the (proposed) conservatee on *(date)*:
- b. The (proposed) conservatee is is **not** a patient under my ongoing care and treatment.

MEDICAL ABILITY TO ATTEND COURT HEARING

6. a. The (proposed) conservatee is medically able to attend a court hearing *(check all that apply)*:
 in person remotely.
- b. The (proposed) conservatee is medically unable to attend a court hearing *(check one)*:
(1) from *(date)*: _____ until *(date)*: _____
(2) for the foreseeable future.
- c. **Factual basis for conclusion** *(Supporting facts are stated* *below* *in Attachment 6c.)*

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): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER: _____

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

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

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

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

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

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

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF _____ (name): _____ CONSERVATEE	
ORDER APPOINTING <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

1. The petition for appointment of successor conservator came on for hearing as follows (check boxes c, d, e, and f or g to indicate personal presence):
 - a. Judicial officer (name): _____
 - b. Hearing date: _____ Time: _____ Dept.: Room:
 - c. Petitioner (name): _____
 - d. Attorney for petitioner (name): _____
 - e. Attorney for person cited the conservatee on petition to appoint successor conservator:
 (Name): _____ (Telephone): _____
 (Address): _____
 - f. Person cited was present. unable to attend. able but unwilling to attend. out of state.
 - g. The conservatee on petition to appoint successor conservator was present. not present.

THE COURT FINDS

2. All notices required by law have been given.
3. Granting the conservatorship is the least restrictive alternative needed for the protection of the conservatee.
4. (Name): _____
 - a. is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter.
 - b. is substantially unable to manage his or her financial resources or to resist fraud or undue influence.
 - c. has voluntarily requested appointment of a conservator and good cause has been shown for the appointment.
5. The conservatee
 - a. is an adult.
 - b. will be an adult on the effective date of this order.
 - c. is a married minor.
 - d. is a minor whose marriage has been dissolved.
6. There is no form of medical treatment for which the conservatee has the capacity to give an informed consent.
 The conservatee is an adherent of a religion defined in Probate Code section 2355(b).
7. Granting the successor conservator powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and in the best interest of the conservatorship estate.
8. The conservatee cannot communicate, with or without reasonable accommodations, a desire to participate in the voting process.

Do NOT use this form for a temporary conservatorship. Page 1 of 3

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

20. *(cont.)*
 d. The successor conservator is not authorized to take possession of money or any other property without a specific court order.
21. For legal services rendered, conservatee conservatee's estate shall pay the sum of: \$
 to *(name)*:
 forthwith as follows *(specify terms, including any combination of payors):*
- Continued in attachment 21.
22. The conservatee is disqualified from voting.
23. The conservatee lacks the capacity to give informed consent for medical treatment and the successor conservator of the person is granted the powers specified in Probate Code section 2355.
 The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).
24. The successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in attachment 24 subject to the conditions provided.
25. Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in attachment 25 are granted.
26. Orders relating to the powers and duties of the successor conservator of the person under Probate Code sections 2351–2358 as specified in attachment 26 are granted. *(Do not include orders under Probate Code section 2356.5 relating to dementia.)*
27. Orders relating to the conditions imposed under Probate Code section 2402 on the successor conservator of the estate as specified in attachment 27 are granted.
28. a. The successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
 b. The successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
29. Other orders as specified in attachment 29 are granted.
30. The probate referee appointed is *(name and address)*:

31. *(For limited conservatorship only)* Orders relating to the powers and duties of the successor limited conservator of the person under Probate Code section 2351.5 as specified in attachment 31 are granted.
32. *(For limited conservatorship only)* Orders relating to the powers and duties of the successor limited conservator of the estate under Probate Code section 1830(b) as specified in attachment 32 are granted.
33. *(For limited conservatorship only)* Orders limiting the civil and legal rights of the limited conservatee as specified in attachment 33 are granted.
34. This order is effective on the date signed date minor attains majority *(specify)*:

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

36. Number of pages attached:

Date:

 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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

TELEPHONE NO.: FAX NO.:
EMAIL ADDRESS (Optional):
ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101

FOR RECORDER'S USE ONLY

CONSERVATORSHIP OF (name):

CONSERVATEE

CASE NUMBER:

LETTERS OF CONSERVATORSHIP

Person Estate Limited Conservatorship

FOR COURT USE ONLY

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

(SEAL)

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

5. Number of pages attached:

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

Date:

Clerk, by _____, Deputy

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

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

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

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

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

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

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

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

LETTERS OF CONSERVATORSHIP
AFFIRMATION

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

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

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF APPOINTEE)
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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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): _____ <input type="checkbox"/> LIMITED CONSERVATEE	
NOTICE OF CONSERVATEE'S RIGHTS—PROBATE	CASE NUMBER: _____

When a court appoints a conservator, it grants the conservator powers to make decisions and manage the personal care, finances, or both of a person, called the *conservatee*, who cannot do those things for themselves. The conservator has legal duties to take proper care of the conservatee and the conservatee's finances and to act in the conservatee's best interest. But the conservatee does not automatically lose the right to make all decisions about their personal care or finances.

A conservatee has the right to be treated with compassion and respect, to have the conservator ask about their wishes and follow those wishes unless doing so would violate the conservator's duties, and to have the conservator inform them regularly of decisions about their affairs. All conservatees keep their basic human rights.

A conservatee has the right to ask the conservator questions about the conservator's actions and decisions. If the conservatee is not satisfied with the conservator's answers, they may contact their lawyer or, if they no longer have a lawyer, the court investigator with their concerns and complaints. The investigator's name and contact information are printed on the order of appointment that this form is attached to.

If a conservatee cannot resolve a disagreement with the conservator after working with their lawyer or the investigator, the conservatee may ask the court to review the conservator's decision or action and tell the conservator what to do. If the conservatee no longer has a lawyer and does not plan to hire one, the court will appoint one. The conservatee may also ask the court to remove the conservator or to terminate (end) the conservatorship.

Even if the conservatee never contacts the court, the court investigator will periodically visit the conservatee, check on their welfare, ask about their wishes, and remind them of their rights.

A CONSERVATEE'S RIGHTS

1. After appointment of a conservator, every conservatee has the right to:
 - Receive, from the conservator, a copy of the order of appointment and pages 1 and 2 of this form;
 - Be represented by a lawyer and have the court appoint a lawyer for them;
 - Ask a judge to change the conservator;
 - Ask a judge to end the conservatorship;
 - Make or change their will; and
 - Enter into transactions, to the extent reasonable, to provide for their basic needs and those of their spouse and minor children or for the basic living expenses of their registered domestic partner.

(Conservatee's rights continued on next page)



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

2. Unless the court has limited or taken away the right, a conservatee also keeps the right to:
 - Give or withhold informed consent to medical treatment, including treatment with medication;
 - Give or withhold informed consent to medication for treatment of a major neurocognitive disorder;
 - Withhold consent to placement in a residential facility with a secured perimeter;
 - Receive visits from family and friends;
 - Receive personal mail, email, and phone calls;
 - Control whom to have social and sexual relationships with;
 - Get married or enter into a registered domestic partnership;
 - Register to vote and cast a vote in local, state, and national elections; and
 - Directly receive and control their own wages or salary.

3. A conservatee may engage in certain activities only if the court has made an order expressly allowing them. These activities may include:
 - Deciding where to live;
 - Making their own educational decisions;
 - Receiving and controlling an allowance for personal expenses; and
 - Entering into specific transactions or types of transactions as appropriate in the circumstances and subject to limits and conditions in the court order.

4. If the court has appointed a *limited conservator*, the limited conservatee keeps the right to take an action or make a decision **unless** the court has expressly given the limited conservator the power to take that action or make that decision **and** has also taken the right away from the conservatee. In particular, a limited conservatee keeps the following rights that a conservatee loses by default:
 - Making decisions about where to live;
 - Making their own educational decisions; and
 - Entering into contracts or transactions that obligate their estate.

TO THE CONSERVATEE

Within 30 days of their appointment, your *conservator* will send you a copy of the appointment order and pages 1–2 of this form. In addition, the *court* will give you information about your conservatorship on *Personalized Information for Conservatee—Probate* (form GC-342) or a similar local form. That form will describe your conservatorship; give the name and contact information of your conservator; give the role, duties, name, and contact information of the court investigator; and list the specific rights you keep in the conservatorship and the rights the court has ordered taken away from you. The form will also list any activities the court specifically ordered the conservator to allow you to engage in. The court will give you updated personalized information once a year as long as your conservatorship lasts.

(Proof of mailing on page 3 and instructions for mailing on page 4)



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

**INSTRUCTIONS FOR MAILING COPIES OF *NOTICE OF CONSERVATEE'S RIGHTS—PROBATE*
WITH THE ORDER APPOINTING A CONSERVATOR OR A LIMITED CONSERVATOR**

1. **What to mail:** The conservator, the conservator's attorney of record, or the attorney's employee must mail a copy of this *Notice of Conservatee's Rights—Probate*, **attached to a copy of the court order** appointing a conservator or a limited conservator **showing the judicial officer's signature and the filing date**, to each person described in item 2 below.
2. **Who must receive the mailing:** The following persons must receive copies of this *Notice of Conservatee's Rights—Probate* with the appointment order.
 - a. The conservatee;
 - b. The conservatee's attorney;
 - c. The conservatee's spouse or registered domestic partner and the following relatives within the second degree:
 - (1) Parents;
 - (2) Children 12 years of age or older (see item e below if there are children under the age of 12);
 - (3) Grandparents;
 - (4) Grandchildren 12 years of age or older (see item e below if there are grandchildren under the age of 12); and
 - (5) Siblings, including half-siblings.
 - d. If the conservator does not know of any spouse or registered domestic partner or second-degree relative of the conservatee, copies of this *Notice* and the appointment order must be mailed to any of the following persons known to the conservator:
 - (1) The spouse or registered domestic partner of a predeceased parent of the conservatee;
 - (2) Children of a predeceased spouse or predeceased registered domestic partner of the conservatee 12 years of age or older (see item e below if there are children under the age of 12);
 - (3) Siblings of the conservatee's parents (that is, the conservatee's aunts and uncles), if any, or, if none, to their natural and adoptive children 12 years of age or older (see item e below if there are children under the age of 12); and
 - (4) The natural and adoptive children of the conservatee's siblings 12 years of age or older (see item e below if there are children under the age of 12).
 - e. If a person described above is under the age of 12, copies of this *Notice* and the appointment order must be mailed to a parent, guardian, or other person having legal custody of the person entitled to notice with whom the person entitled to notice resides.
3. **When the mailing must be completed:** The mailing described in item 1 must be completed on or before the 30th day following the filing date of the order appointing a conservator or a limited conservator.
4. **Fill out Proof of Delivery by Mail:** The conservator or the attorney of record must fill out the Proof of Delivery by Mail on page 3, including the correct addresses of the persons to receive the mailing, described in item 2, above, *before* making the copies to be mailed. If the Proof of Delivery by Mail does not have enough space for the names and addresses of all persons who will receive the mailing, the names and addresses not shown on the Proof of Delivery by Mail must be shown on one or more additional pages attached to this form. (*Attachment to Notice of Conservatee's Rights—Probate* (form GC-341(MA)) may be used for this purpose.) *After* the mailing described in item 5 below, the conservator or the attorney must date and sign the Proof of Delivery by Mail.
5. **How to mail:** The conservator, the conservator's attorney of record, or an employee of the attorney must do the following:
 - a. Place copies of this *Notice of Conservatee's Rights—Probate* and conformed copies of the order appointing a conservator or a limited conservator in sealed envelopes addressed to each person named on the Proof of Delivery by Mail or attached additional pages at the address shown for that person with postage fully prepaid.
 - b. Deposit (mail) the sealed envelopes with the United States Postal Service on the date and from the place (city and state) shown in item 4 of the Proof of Delivery by Mail on page 3.
6. **Filing this form:** The conservator or the attorney of record must file with the court the original *Notice of Conservatee's Rights—Probate* with a signed and dated Proof of Delivery by Mail and all attached additional address pages. **Do not attach a copy of the order appointing a conservator or a limited conservator when filing the original *Notice of Conservatee's Rights—Probate*.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF _____ (name): _____ CONSERVATEE	
CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 1 <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____

To the Conservator of the Person

Use this form and *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to prepare a care plan for the conservatee. Complete each item on this form and items 1–4 on form GC-356 unless one of the following two exceptions applies:

- If you are a limited conservator who is the conservatee's parent or child, you are required to complete this form once, within 120 days of your appointment, and only items 1–4. The other items are optional unless the court ordered you to complete one or more.
- If you are the Director of Developmental Services or the director's designee and the conservatee has developmental disabilities and is a regional center consumer, you must complete items 1, 3a–3f, and 5–12 on this form and items 1–4 on form GC-356.

Note: If you are a limited conservator who is **not** the conservatee's parent or child and is **not** the state Director of Developmental Services or the director's designee, you must complete each item on this form and items 1–4 on form GC-356.

Do not discuss confidential medical information on this form. Discuss confidential medical information only on *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356); deliver form GC-356 with this form only to the conservatee, the conservatee's attorney, the conservator of the estate, if any, and that conservator's attorney as instructed on page 6.

When you have completed Part 1 and Part 2 of the care plan:

- *Sign* page 4 of this form and page 2 of *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356);
- *Deliver* the care plan to the persons and in the manner described in the instructions on page 6; and
- *File* both parts of the care plan and a completed Proof of Delivery by Mail (page 5 of this form) or other proof with the court:
 - o **no later than 120 days after** the date of the court order appointing you conservator (initial plan);
 - o **no later than 10 days before** a hearing to consider whether to continue or terminate the conservatorship (updated plan); or
 - o **as directed** by the court.

For more information about developing, completing, and filing a care plan, see chapters 4 and 6 of the [Handbook for Conservators](#).

WARNING: If you do not file a completed care plan by the applicable deadline, the court can remove you as conservator, order you to pay a penalty of up to \$500, and, if you are a professional fiduciary, refer you to the Professional Fiduciaries Bureau for investigation.

1. I, (name): _____
 am the conservator of the person of the conservatee named above. I was appointed on (date of order): _____.

2. a. These conservatorship proceedings began on (date of filing of first petition for appointment of conservator): _____.
- b. The conservatee's care on that date was was not sufficient to meet the conservatee's needs for the reasons given below on Attachment 2b.

3. a. The conservatee is currently living at the following address (street, city, state, and zip code; if it is a care facility, give the name): _____

- Telephone number: _____ Email address: _____
- b. The conservatee has been living at this location since (date): _____

CONSERVATORSHIP OF <i>(name):</i> CONSERVATEE	CASE NUMBER:
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3. c. The location in item 3a is *(check all that apply)*:
- (1) The conservatee's single family home, condominium, or apartment.
 - (2) A relative's or friend's single family home, condominium, or apartment.
 - (3) An acute care (a) hospital (b) psychiatric hospital.
 - (4) A skilled nursing facility.
 - (5) A licensed unlicensed care facility that provides *(if you know)*:
 - (a) intermediate care for adults with developmental disabilities.
 - (b) residential care for older adults.
 - (c) assisted-living services (with 7 or more beds).
 - (d) board and care (with 6 or fewer beds).
 - (6) Another type of residence described below. on Attachment 3c.
- d. The location in item 3a uses a secured (locked) perimeter delayed egress system to regulate the departure of residents.
- e. The location in item 3a is is **not** the least restrictive residence appropriate for the conservatee for the reasons given below. on Attachment 3e.
- f. I plan do **not** plan to move the conservatee or change the conservatee's residence within the next 12 months for the reasons given below. on Attachment 3f.
- g. The location in item 3a
- (1) **is** the conservatee's **personal residence** because the conservatee understands or believes, or appears to understand or believe, that it was their permanent residence on the date in item 2; **or** the conservatee cannot form or communicate an understanding or belief about their permanent residence, and it is the residence they last understood or believed, or appeared to understand or believe, to be their permanent residence.
 - (2) **is not** the conservatee's **personal residence** because the conservatee understands or believes, or last understood or believed, that a **different** home or care facility was their permanent residence on the date in item 2.
The conservatee's personal residence is located at *(street, city, state, and zip code, and, if a care facility, name)*:
 - (3) **is not** the conservatee's **personal residence** because the conservatee does not understand or believe, and has never understood or believed, that they had a permanent residence on the date in item 2.
4. a. The conservatee is living in their personal residence. The measures necessary to allow the conservatee to stay in that residence are described *(check all that apply)*: below on Attachment 4a in item 5 in item 6 in *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356).
- b. (1) The conservatee is not living in their personal residence but **will** be able to return to live in that residence in the foreseeable future. My plan to help the conservatee return to live in their personal residence is described *(check all that apply)*: below in Attachment 4b(1) in item 5 in item 6 in *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356).
- (2) The conservatee is not living in their personal residence and **will not** be able to return to live in that residence in the foreseeable future for the reasons described below. on Attachment 4b(2).

CONSERVATORSHIP OF (name): CONSERVATEE	CASE NUMBER:
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5. The conservatee is currently receiving the following care or assistance. (Check all that apply; you may provide additional information about any item in the space after "other care or assistance" or on Attachment 5j. **Note: Do not discuss confidential medical information on this form. Discuss that information only in Part 2 (form GC-356).**)

- a. No care or assistance.
- b. Light housekeeping help.
- c. Personal caregivers for _____ hours per day. 24-hour care.
- d. Assistance with daily living skills.
- e. Nursing care.
- f. Meal preparation assistance.
- g. Assistance with medication: Administering. Setup only.
- h. Assistance with mobility: Hands-on. Standby only.
- i. In-home hospice services.
- j. Other care or assistance, as described below. on Attachment 5j.

6. a. The conservatee's current care and treatment are sufficient to meet the conservatee's needs. I plan to continue the care and treatment described in item 5 and *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356).
- b. The conservatee's current care and treatment are **not** sufficient to meet the conservatee's needs. I have arranged or plan to arrange the care described (check all that apply): below on Attachment 6b in item 3b of *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to meet those needs. **(Note: Do not discuss confidential medical information on this form. Discuss that information only in form GC-356.)**

7. The conservatee's care needs have been evaluated by a professional. A copy of the evaluation, including a description of the professional's qualifications, is included as Attachment 7.

IMPORTANT: You must complete and file Part 2 of the care plan (form GC-356) even if you attach a professional evaluation. If the professional evaluation includes confidential medical information, make sure to redact (block out so no one can read) that information from all copies except the copy filed with the court and the copies delivered to the conservatee, the conservatee's attorney, the conservator of the estate, and the conservator of the estate's attorney.

A professional evaluation of the conservatee's care needs is not required, but is recommended if the circumstances and the conservatee's condition warrant it and the conservatee can afford it.

Note: Include any written evaluation by a professional fiduciary appointed as conservator or proposed for appointment.

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

8. a. (1) I live with the conservatee.
 (2) I plan to visit the conservatee on the schedule described below. on Attachment 8a.
- b. The steps that I plan to take to ensure that the conservatee is able to visit and communicate with family and friends, consistent with the conservatee's preferences, are described below. on Attachment 8b.
9. a. The conservatee engages in the social or recreational activities described, including location, below. on Attachment 9a.
- b. The conservatee is not able to engage in social or recreational activities for the reasons explained below. on Attachment 9b.
10. a. Any problems brought to my attention by the court, the investigator, or an interested person and my plans to address each of those problems are described below. on Attachment 10a.
- b. No specific problems have been brought to my attention.
11. a. The conservatee's estimated monthly expenses, to the extent I have access to the information needed to estimate them, in each category listed in Probate Code section 2351.2(b)(7), are stated below. on Attachment 11a.
- b. Except for the expenses stated in item 11a, I do not have access to the information needed to estimate the conservatee's monthly expenses.

12. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF CONSERVATOR OF THE PERSON)



(SIGNATURE OF CONSERVATOR OF THE PERSON)

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

PROOF OF DELIVERY BY MAIL

1. I am over the age of 18. I am the appointed conservator of the conservatee named above, the conservator's attorney, or an employee of the conservator's attorney. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is *(specify)*:

3. I delivered a copy of this form (GC-355) and a copy of *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to each person in items 1 to 4 below the signature line. I delivered a copy of this form without form GC-356 to the persons in items 5 to 9 below and on any attachment. I enclosed each copy in an envelope addressed as shown below **and**
 - a. **deposited** the sealed envelope on the date and at the place shown in item 4 with the United States Postal Service with the postage fully prepaid.
 - b. placed the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: _____ b. Place mailed *(city, state)*: _____

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

Date:



(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM A COPY OF THE PLAN WAS MAILED

Name and relationship
to conservatee

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

1. _____
The conservatee

2. _____
The conservatee's attorney

3. _____
The conservator of the estate (if not you)

4. _____
The attorney for the conservator of the estate

ALERT: Do *not* deliver a copy of the care plan to any person if the court found that delivery to that person would pose a risk of harm to the conservatee. Do not, under *any* circumstances, deliver a copy of form GC-356 to anyone except the persons in 1–4.

5. _____
The conservatee's spouse
or registered domestic partner

6. _____
Relationship: _____

7. _____
Relationship: _____

8. _____
Relationship: _____

9. _____
Relationship: _____

Continued on an attachment. *(List the name, mailing address, and relationship to the conservatee of each additional person.)*

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

INSTRUCTIONS FOR DELIVERING COPIES OF CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 1 AND CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 2 (MEDICAL INFORMATION) BY MAIL

You (the conservator, your attorney, or an employee of your attorney) must deliver a copy of *Confidential Conservatorship Care Plan—Part 1* (this form) and *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to each person in item 1, below. You must also deliver a copy of this form **without** form GC-356 to each living person in item 2, below, as applicable.

You may send each copy of the care plan by mail; these instructions describe how to do that. Alternatively, you may deliver a copy to someone in person or send a copy electronically to someone who has consented to receive electronic service and provided an electronic service address on *Consent to Electronic Service and Notice of Electronic Service Address* (form EFS-005-CV).

1. **Who must receive the mailing:** You must mail a copy of this form (GC-355) and *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to each of the following persons:
 - a. The conservatee;
 - b. The conservatee's attorney;
 - c. The conservator of the estate (if the court appointed one); and
 - d. The attorney for the conservator of the estate.

2. You must **also** mail a copy of this form *without* form GC-356 to each of the persons in the following categories. **But** if the court found that delivery of the care plan to one or more of those persons would result in harm to the conservatee, do not mail a copy of either Part 1 (form GC-355) or Part 2 (form GC-356) to that person or those persons.
 - a. The conservatee's spouse or domestic partner;
 - b. All the conservatee's relatives in the first degree (parents and children 12 years of age and older);
 - c. If the conservatee has no spouse or registered domestic partner *and* no relatives in the first degree, then all the relatives in the second degree (siblings, grandchildren 12 years of age and older, grandparents);
 - d. If the conservatee has a child, sibling, or grandchild under 12 years of age, then a parent, guardian, or other person having legal custody of the child, sibling, or grandchild with whom the child, sibling, or grandchild resides.

3. **When the mailing must be completed:** If the care plan is an initial plan, you must complete the mailing described above no later than the end of the 120th day after the filing date of the *Order Appointing Probate Conservator* (form GC-340) issued in your case. If the care plan is an update, you must complete the mailing no later than the end of the 10th day before the hearing to consider terminating the conservatorship or no later than the date the court orders.

4. **Before you mail:** Make enough copies of pages 1–4 of this form to be able to send one to each person in the categories in items 1 and 2, above. Make enough copies of form GC-356 to be able to send one to each person in item 1, above.

IMPORTANT: Do **not** send *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to anyone except the persons in item 1.

5. **Fill out Proof of Delivery by Mail:** You (the conservator) or your attorney must fill out the Proof of Delivery by Mail on page 5 of this form, including the names, relationships to the conservatee, and mailing addresses of the persons in the categories in items 1 and 2, above, who are entitled to receive a copy of the plan. If the Proof of Delivery by Mail does not have enough space for the names, relationships, and addresses of all the persons who will receive a copy of the plan, you must show the additional names, relationships, and addresses on one or more additional pages and attach those pages to the Proof of Delivery.

After completing the mailing as described in item 6 below, you or your attorney must date and sign the Proof of Delivery by Mail on page 5 of this form.

6. **How to mail:** You (the conservator), your attorney, or an employee of the attorney, must do the following:
 - a. Place copies of this form and—only to the persons listed in item 1 above—form GC-356 in sealed envelopes with postage fully prepaid addressed to each person at the address shown for that person on the Proof of Delivery by Mail on page 5 of this form or on attached additional pages.
 - b. Deposit (mail) the sealed envelope(s) with the United States Postal Service on the date and from the place (city and state) shown in item 4 at the top of the Proof of Delivery by Mail on page 5 of this form.

7. **File the care plan:** You (the conservator or your attorney) must file with the court the original *Confidential Conservatorship Care Plan—Part 1* (this form) **and** *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) and a signed and dated Proof of Delivery by Mail (page 5 of this form) with any additional address pages attached.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF <i>(name):</i> _____	CONSERVATEE
CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 2 (MEDICAL INFORMATION)	CASE NUMBER: _____

To the conservator of the person: Complete items 1–4; if you want to discuss additional medical information, complete item 5; and sign the form on page 2. Deliver this form as instructed on page 6 of form GC-355, then file this form, *Confidential Conservatorship Care Plan—Part 1* (form GC-355), and proof of delivery with the court. A care plan is not complete without this form and form GC-355.

To the clerk: File this form separately from *Confidential Conservatorship Care Plan—Part 1* (form GC-355) to ensure that the confidential medical information contained in this form is not improperly disclosed.

1. The conservatee has been diagnosed with the following physical or mental health conditions (*check all that apply*):

- a. No known health conditions.
- b. Physical health conditions described
 below. on Attachment 1b.
- c. Mental health conditions described
 below. on Attachment 1c.

2. The conservatee is receiving or using the following medical treatment, medications, supports, or devices for one or more of the conditions described in item 1 (*complete all that apply*):

- a. No medical treatment, medications, supports, or devices.
- b. All medical treatments and the conditions treated by each are described below. on Attachment 2b.
- c. All medications taken and the conditions treated by each are described below. on Attachment 2c.
- d. All services and supports received, including the reason for each, are described below. on Attachment 2d.
- e. All devices used and the purpose of each are described below. on Attachment 2e.

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

3. a. The medical treatment, medications, supports, and devices described in item 2 are sufficient to meet the conservatee's current and foreseeable medical needs.
- b. The additional medical treatment, medications, supports, or devices described below on Attachment 3b are necessary to meet the conservatee's current and foreseeable medical needs.

4. The following health care providers are currently providing treatment or care to the conservatee *(give name, professional license type [e.g., physician, cardiologist or other specialist, dentist, psychotherapist] and license number, and contact information for each; if you know, describe the treatment and care provided):*

a. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____

Telephone number: _____ Email address: _____
 Treatment or care provided *(if known)*: _____

b. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____

Telephone number: _____ Email address: _____
 Treatment or care provided *(if known)*: _____

c. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____

Telephone number: _____ Email address: _____
 Treatment or care provided *(if known)*: _____

Additional providers listed on Attachment 4.

5. Additional confidential medical information is discussed below. on Attachment 5.

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE)

SHORT TITLE: <hr/>	CASE NUMBER:
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ATTACHMENT (Number): _____

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____
(Add pages as required)