

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

**LIMITED CONSERVATORSHIP
OF THE PERSON PACKET**



FORMS INCLUDED IN THIS PACKET

Petition for Appointment of Probate Conservator (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-310
Confidential Supplemental Information (Probate Conservatorship)	Judicial Council Form #GC-312
Confidential Conservator Screening Form (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-314
Referral Information and List of Relatives (Confidential) (Probate Conservatorship)	SDSC Form #PR-020
Duties of Conservator and Acknowledgment of Receipt of Handbook (Probate Conservatorship)	Judicial Council Form #GC-348
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
Citation for Conservatorship (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-320
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—Guardianship and Conservatorships)	Judicial Council Form #GC-341
Attachment to Notice of Conservatee's Rights (Probate—Guardianship and Conservatorships)	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 limited conservatorship forms.

Who is this manual for?

This manual is not for everyone. It is for adults who do not have a lawyer and want to petition the court to appoint a limited conservator for an adult with a developmental disability.

Additional conditions include:

- The adult with the developmental disability must live in San Diego County now.
- The adult with the developmental disability must have little or no money, no estate, and no inheritance.

This manual is not for you if you also need to be a conservator of the estate of an adult with developmental disabilities.

This manual has information on:

- How to fill out the forms you need to become a limited conservator; and

- Your rights and responsibilities as a limited conservator.

The Legal Aid Society of San Diego, Inc. Pro Bono Program's Conservatorship Clinic also provides free conservatorship assistance. The Clinic provides information and options, but not legal advice or representation. Clinic aides can help you with your forms and guide you through the conservatorship process. The Clinic is open to anyone without an attorney, regardless of income level, on a first-come, first-served basis. Check the court website or call 1-877-534-2524 for current Clinic hours.

If you wish to hire an attorney, call the San Diego County Bar Association Lawyer Referral & Information Service at 619-231-8585 for an attorney referral.

Court Address

Central Courthouse
Probate Business Office, Room 350
1100 Union St.
San Diego, CA 92101

Website:

<http://www.sdcourt.ca.gov>

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Overview of Forms and Instructions to Become a Limited Conservator of the Person

Here's what you need to do:

Read the attached manual, *Self-Help Manual for Limited Conservatorship of the Person* for more detail on each of the steps below.

1) Fill out the forms listed below. They are all included in this packet.

- ☐ GC-310 – *Petition for Appointment of Probate Conservator*
- ☐ GC-312 – *Confidential Supplemental Information*
- ☐ GC-314 – *Confidential Conservator Screening Form(s)*
- ☐ SDSC PR-020 – *Referral Information and List of Relatives*
- ☐ GC-348 – *Duties of Conservator*
- ☐ GC-335 – *Capacity Declaration* (completed by the proposed conservatee's doctor or psychologist)
- ☐ GC-320 – *Citation for Conservatorship*

If the proposed conservatee qualifies for a fee waiver, fill-out these forms, which are found in the fee waiver packet:

- ☐ FW-001-GC – *Request to Waive Court Fees (Ward or Conservatee)*
- ☐ FW-003-GC – *Order on Court Fees (Superior Court) (Ward or Conservatee)*

2) Make two (2) sets of copies and file the forms at the Probate Business Office. Pay the filing fee, unless you are granted a fee waiver.

3) Arrange for notice and citation. You will need the following forms from this packet for this step:

- ☐ GC-020 – *Notice of Hearing*
- ☐ GC-320 – *Citation for Conservatorship*
- ☐ GC-310 – *Petition for Appointment of Probate Conservator*

Someone over 18 (but not you) must mail a copy of the *Notice of Hearing* (GC-020) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) to all of the proposed conservatee's relatives within the second degree and the Regional Center. Also arrange to have someone over 18 (but not you) hand deliver a copy of the *Citation for Conservatorship* (GC-320) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) to the proposed conservatee. Then copy and file the *Notice of Hearing* (GC-020) and *Citation for Conservatorship* (GC-320) with the proof of service section of each form completed by the person who served each document. (See page 7 for more information.)

5) Be prepared to schedule meetings with the court appointed attorney and the Regional Center.

6) Complete and file the proposed order and letters. (See page 9 for more information.) You will need the following forms for this step:

- ☐ SDSC PR-162 – *Submitted Order Form*
- ☐ GC-340 – *Order Appointing Conservator*
- ☐ GC-350 – *Letters of Conservatorship*

7) Check the Probate Examiner Notes on the court website a few days before the hearing. (See page 9 for more information.)

8) Attend the court hearing and bring the proposed conservatee to the court hearing unless his/her doctor states on the *Capacity Declaration* (GC-335) that the proposed conservatee does not have to attend the hearing.

9) If the judge appoints you as the conservator, you will receive the signed *Order Appointing Conservator* (GC-340) and *Letters of Conservatorship* (GC-350) in the mail a few weeks after the hearing.

10) Serve notice of rights. You will need the following forms for this step:

- ☐ GC-341 – *Notice of Conservatee’s Rights*
- ☐ GC-340 – *Order Appointing Conservator*

Complete the *Notice of Conservatee’s Rights* (GC-341) and mail it with a copy of the *Order Appointing Conservator* (GC-340) to the conservatee, the conservatee’s attorney, Regional Center, and the conservatee’s relatives within the second degree. Then copy and file the *Notice of Conservatee’s Rights* (GC-341) with the proof of service section completed.

11) Complete the GC-355 *Determination of Conservatee’s Appropriate Level of Care*, copy it, and file it with the court. You will need the following form for this step:

- ☐ GC-355 – *Determination of Conservatee’s Appropriate Level of Care*

12) You have completed the steps in establishing a conservatorship. However, you have many ongoing duties as a conservator. Be sure you are aware of your responsibilities by reviewing the ***Handbook for Conservators***. Seek assistance from an attorney or the Conservatorship Clinic if you need further guidance.

What is a Limited Conservatorship?

There are several types of conservatorships. One type is called a **limited conservatorship**. A limited conservatorship is established when a judge appoints a responsible person (called a **conservator**) to assist an adult with a developmental disability (called a **conservatee**) who is unable to provide for her/his personal and/or financial needs.

There are two kinds of limited conservatorships:

1. A **limited conservatorship of the person** is a court arrangement where a conservator cares for and protects a developmentally disabled conservatee and provides for the conservatee's needs associated with daily life.
2. A **limited conservatorship of the estate** is a court arrangement where a conservator handles a developmentally disabled conservatee's financial matters such as paying bills and collecting income from financial assets.

How will I know if I also need to be a limited conservator of the estate?

You do not need a conservatorship of the estate if:

- the developmentally disabled adult you care for receives public assistance such as Supplemental Security Income (SSI) or Social Security (SSA), but has no other assets; or
- If the developmentally disabled adult earns a wage.

But, you need a conservatorship of the estate if the developmentally disabled adult has other assets, such as an inheritance or a settlement from a lawsuit that is not in a special needs trust.

Note: This manual addresses conservatorship of the person only.

When is a bond required?

A bond is required in most conservatorships of the estate to guarantee proper performance of the duties of the conservator of the estate. If you are appointed

only as conservator of the person you need not file a bond, unless required by the court.

Who decides if the adult is developmentally disabled?

An adult with a developmental disability is someone who has a chronic disability that originates before age 18 and constitutes a substantial handicap for the individual.

The local **Regional Center** will evaluate the proposed conservatee to determine if she/he is developmentally disabled. If the Regional Center accepted the person as a consumer before age eighteen (18), then she/he automatically qualifies as a person with a developmental disability. If the person has never been evaluated or accepted as a Regional Center consumer, she/he must be assessed.

If the Regional Center feels that an individual does not qualify as developmentally disabled and you disagree, you can appeal to the Area Board in your region. (Area Boards were created by the State Legislature to advocate for the rights of individuals with developmental disabilities.)

When should I apply for limited conservatorship?

If you are trying to establish a limited conservatorship for someone who will soon be 18 years old, it is a good idea to start the process approximately three to four months before the developmentally disabled person's 18th birthday. However, you can establish a limited conservatorship at any time after the person with the developmental disability has reached age 18.

Who can be appointed as limited conservator?

Any adult can file for conservatorship. Conservators are usually parents or siblings, but any responsible adult can act as conservator. There can be more than one limited conservator serving together. They are called co-conservators and share authority equally.

What All Limited Conservators Need to Know!

What kind of decisions can a limited conservator make?

A limited conservator's duty is to help the limited conservatee *develop maximum self-reliance and independence*. Because developmentally disabled adults can usually do many things on their own, the judge will only give the limited conservator power to do things the conservatee cannot do without help.

After the hearing, the limited conservator's *Letters of Conservatorship* (GC-350) and *Order Appointing Probate Conservator* GC-340) will list the exact areas (powers) in which the limited conservator is authorized to act.

What powers can a limited conservator ask for?

A limited conservator may ask the court for the following seven powers:

1. Decide where the conservatee resides.
2. Access to the conservatee's confidential records or papers.
3. Consent or withhold consent to marriage or entrance into a domestic partnership on behalf of the conservatee.
4. Enter into contracts on behalf of the conservatee.
5. Give or withhold medical consent on behalf of the conservatee.
6. Control the conservatee's social and sexual contacts and relationships.
7. Make decisions regarding the education of the conservatee.

What are the responsibilities of a limited conservator?

As a limited conservator of the person, you must take care of the conservatee's:

- Food;
- Clothing;
- Shelter; and
- Well-being.

For more information refer to the *Handbook for Conservators* published by the Judicial Council of California and available at the Probate Business Office for a fee. The handbook is also available for free download in the self-help section of the California Courts website:

www.courts.ca.gov/documents/handbook.pdf

How do I Establish a Limited Conservatorship?

– A Step-by-Step Guide –

Establishing a limited conservatorship takes time, at least two to three months. You need to fill-out paperwork and file it with the Probate Business Office. Then you must arrange to give notice to certain relatives of the proposed conservatee and the Regional Center, as well as arrange to have the citation served on the proposed conservatee. Next you must attend the hearing and, if your petition is granted, file more paperwork with the Probate Business Office.

(If you have an emergency situation that requires you to obtain a conservatorship more quickly, you can file for a temporary conservatorship in addition to a limited conservatorship. This guide does not cover temporary conservatorships. For assistance in emergency cases, you should seek help from the Conservatorship Clinic or an attorney.)

What to do:

Step 1: Make sure you have these court forms.

As part of this packet you should have the forms listed below.

The name of the form and the form number are always in the same place. The **form number** is located in the upper right hand corner and also in the lower left hand corner. The **form name** is located in the center at the bottom of the page and also in the “caption” box on top of the first page.

- *Petition for Appointment of Probate Conservator* (GC-310)
- *Confidential Supplemental Information* (GC-312)
- *Confidential Conservator Screening Form* (GC-314)
- *Referral Information and List of Relatives* (SDSC PR-020)
- *Duties of Conservator* (GC-348)
- *Capacity Declaration-Conservatorship* (GC-335)

- *Citation for Conservatorship* (GC-320)
- *Notice of Hearing* (GC-020)
- *Attachment to Notice of Hearing* (GC-020 (MA))
- *Order Appointing Conservator* (GC-340)
- *Letters of Conservatorship* (GC-350)
- *Notice of Conservatee’s Rights* (GC-341)
- *Attachment to Notice of Conservatee’s Rights* (GC-341(MA))
- *Determination of Conservatee’s Appropriate Level of Care* (GC-355)

You will need to create **attachments** (as described in the forms). You can obtain them from the Conservatorship Clinic or create them using the following form:

- *Attachment to Judicial Council Form* (MC-025)

If you are applying for a fee waiver, you will also need the fee waiver forms, which are not included in this packet. Fees are based on the income of the proposed conservatee. The fee waiver packet can be obtained from the Probate Business Office or on the court website. You will need the following forms from that packet:

- *Request to Waive Court Fees (Ward or Conservatee)* (FW-001-GC)
- *Order on Court Fees (Superior Court) (Ward or Conservatee)* (FW-003-GC)

Finally, when you get to **Step 9** you will need the following form that must be printed on blue paper. You can obtain this form at the Probate Business Office or at the Conservatorship Clinic.

- *Submitted Order Form* (SDSC PR-162) – on blue paper only!

Step 2: Fill out the initial forms.

The person who requests the conservatorship (and usually fills out the forms when representing him/herself) is called the **petitioner**. The petitioner

can be the proposed conservator or another person. A petitioner without an attorney is called a **petitioner in pro per** or self-represented litigant. This manual is written for the petitioner in pro per. Below are the forms you must initially file. Fill-out the following forms completely:

- *Petition for Appointment of Probate Conservator* (GC-310)
- *Confidential Supplemental Information* (GC-312)
- *Confidential Conservator Screening Form* (GC-314) for each co-conservator if you have more than one.
- *Referral Information and List of Relatives* (SDSC PR-020)
- *Duties of Conservator* (GC-348)
- *Citation for Conservatorship* (GC-320)

Note: At the Conservatorship Clinic, you can obtain sample forms, which show you how to fill-out your blank set of forms.

A few tips:

- Sometimes the questions on the forms ask you for more information, like explanations, and you need to attach a separate sheet of paper with more detail. These sheets are called **attachments**. If you need to add an attachment to a form use a blank sheet of paper or the *Attachment to the Judicial Council Form* (MC-025) at the end of the forms in this packet. Be sure to include the following information at the top of the attachment and fasten it to the form:

- ☐ Conservatorship of _____ (insert name of proposed conservatee)
- ☐ Case number _____ (insert a space for the case number even if you do not have one yet)
- ☐ Name of the form which requires the attachment, e.g., "Petition for Appointment of Probate Conservator")
- ☐ Attachment # _____ (insert the item number that requires the attachment)

- On the *Petition for Appointment of Probate Conservator* (GC-310), you will need to list the name, relationship to the proposed conservatee, and address of all of the proposed conservatee's relatives to the second degree. They are the proposed conservatee's:

- ✓ Parents;
- ✓ Brothers and sisters;
- ✓ Spouse/domestic partner;
- ✓ Children;
- ✓ Grandparents; and
- ✓ Grandchildren.

List these relatives even if they are deceased, but put the word "deceased" in the address space instead of an address. Also include the age of anyone under 18. You will later need to arrange for notice to be mailed to the living relatives. If you do not know the address of one or more of these people, try to find it by:

- ✓ Asking all family members and friends;
- ✓ Looking in phone books and the internet;
- ✓ Calling telephone information; and
- ✓ Contacting the last known address, phone number, and employer of the missing relative(s).

If you still cannot find the relative(s), list all the efforts you took to obtain the address(es) in Attachment 3f(1) and request that notice to the relative(s) be waived in Attachment 11 to the *Petition for Appointment of Probate Conservator* (GC-310).

Step 3: Obtain the Capacity Declaration.

You need to get the *Capacity Declaration* (GC-335) filled out and signed by the proposed conservatee's doctor or psychologist. Make sure the doctor fills out the form completely, signs and dates on each page required, and also initials where indicated.

(If there is delay in obtaining the *Capacity Declaration* (GC-335), you may file the other forms without it. However, be sure to file the completed

Capacity Declaration (GC-335) as soon as possible and well before the hearing.)

Step 4: Make copies and organize the forms.

After you have completely filled-out the forms and obtained a completed *Capacity Declaration* (GC-335), you are ready to make your initial filing.

Make two (2) copies of each document with its respective attachments.

Staple together the pages of those forms that consist of more than one page (e.g., *Petition for Appointment of Probate Conservator* (GC-310) consists of pages 1 through 7 and also several attachments).

Organize the forms into an original set (original signature) and two copy sets (one of each form per set). Put the original set on top.

Step 5: File the forms

File your forms at the Probate Business Office.

Central Courthouse
Probate Business Office, Room 350
1100 Union St.
San Diego, CA 92101

The clerk will ask you to pay the filing fees if you are not granted a fee waiver. If you pay the fees, keep your receipt. You may need it later. To find out the current fee, visit the court's website at:

www.sdcourt.ca.gov

Step 6: Get a conformed copy.

The clerk will keep the original forms and one set of copies. The clerk will return a set of **conformed copies** to you. A conformed copy is a copy that has been stamped exactly as the original. Your conformed copies will be your proof that you filed each form. Keep your conformed copies in a safe place and bring them to court with you. You will need some of the copies for the next step.

The clerk will stamp your hearing date and time on the *Citation for Conservatorship* (GC-320). This is the date the judge will hear your case.

Step 7: Give notice and serve citation.

A) Giving Notice

The law says you must arrange to give notice to certain relatives of the proposed conservatee and to some agencies. This means someone over the age of 18 – not you – who lives or works in the County of San Diego must mail a copy of the *Notice of Hearing* (GC-020) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) to those individuals and agencies before the hearing date. This person is called a **server**. Notice informs relevant people and agencies that you are asking to be the conservator of the adult with the developmental disability, as well as where and when the court proceedings will take place.

You must arrange for notice, even if you think the relatives or agencies don't care or may disagree with you. You do not have to notice deceased relatives and you may not have to notice certain minors. Consult with an attorney or the Conservatorship Clinic if you have questions about notice.

Complete the *Notice of Hearing* (GC-020), but not the "Proof of Service" section.

Then make enough copies of the *Notice of Hearing* (GC-020) and *Petition for Appointment of Probate Conservator* (GC-310) for each of the following living relatives of the proposed conservatee and agencies to receive a set. Have your server mail a set to each of the following relatives of the proposed conservatee/agencies:

- Parents;
- Brothers
- Sisters;
- Spouse;
- Children;
- Grandparents;
- Grandchildren;
- Regional Center;

- Veteran’s Administration (if applicable);
- Director of Mental Health (if the conservatee is in or on a leave of absence from a mental health facility).

The relatives and other agencies (if applicable) must be sent notice at least 15 days prior to the hearing. The Regional Center must be sent notice at least 30 days prior to the hearing. The petitioner does not have to notice him/herself.

What if I don’t know where some or all of the relatives are?

As noted earlier, you should have listed the addresses of the relatives in the *Petition for Appointment of Probate Conservator* (GC-310). If you could not obtain an address for a relative, you should have listed your efforts to find that person in Attachment 3f(1) and requested that notice to the person be waived in Attachment 1l to the *Petition for Appointment of Probate Conservator* (GC-310). If you did not do so, seek assistance from the Conservatorship Clinic or an attorney to supplement your petition.

What if a relative is out-of-state or in another country?

You must still arrange for a server – not you – to mail a copy of the *Notice of Hearing* (GC-020) and *Petition for Appointment of Probate Conservator* (GC-310) at least 15 days before the court hearing. If the individual lives out of the country, you must arrange for the notice to be sent “air mail” and indicate “air mail” next to the individual’s address on the *Notice of Hearing* (GC-020).

Can the server hand-deliver instead of mail the notice?

It is possible to hand-deliver the notice to each person who needs to be served. This method of service requires a different proof of service form in **Step 7c**. Seek the assistance of an attorney or the Conservatorship Clinic if you prefer to have the server hand-deliver notice.

(B) Serving the Citation

The law says you must arrange to have someone over the age of 18 who lives or works in the County of San Diego – not you – “serve a citation” on the proposed conservatee. “Serving a citation” means someone must personally give a copy of the *Citation for Conservatorship* (GC-320) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) to the developmentally disabled adult.

Make a copy of the *Citation for Conservatorship* (GC-320) and *Petition for Appointment of Probate Conservator* (GC-310). Arrange for your server to hand-deliver a copy of the documents to the proposed conservatee. This step must be completed regardless of whether the proposed conservatee understands the documents.

Who can mail the notice and serve the citation?

Ask a friend, neighbor, or family member (not on the list of relatives to serve) who is 18 years old or over, who lives or works in the County of San Diego to mail/deliver the notices for you. The same person can give notice and mail citation, but it can also be done by two different people. Alternatively, you can hire a professional process server. A process server is someone you pay to deliver court papers. Search the internet for “process serving” if you want to find a professional server.

(C) Filling out the Proof of Service

Both the *Notice of Hearing* (GC-020), and the *Citation for Conservatorship* (GC-320) have a “Proof of Service” on the back, which needs to be filled out by the server.

The person who performs the mailing of notice must fill-out the “**Proof of Service by Mail**” section of the *Notice of Hearing* (GC-020) after he/she has mailed out a copy of the *Notice of Hearing* (GC-020) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) to the relatives, any applicable agencies, and the Regional Center. The names and addresses of all the people/agencies to whom notice was mailed must be listed on the “Proof of Service By Mail.” If more

space is needed, create an attachment or use the *Attachment to Notice of Hearing* (GC-020 (MA)).

The server must complete the “Proof of Service By Mail” section and date, print his/her name, and sign under penalty of perjury “that the foregoing is true and correct.”

The person who serves the citation must fill-out the “**Proof of Service**” section of the *Citation for Conservatorship* (GC-320) after he/she has served the copy of the *Citation for Conservatorship* (GC-320) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) on the proposed conservatee.

The server must complete the “Proof of Service” section and date, print his/her name, and sign under penalty of perjury “that the foregoing is true and correct.”

Then you must make a copy of these completed forms (all pages) and file them with the Probate Business Office. The clerk will conform your copy (stamp it) and return it to you for your records. Try to get these forms filed at least three weeks before your hearing.

Step 8: Expect visits and reports from the court-appointed attorney and Regional Center.

The court will appoint an attorney for the proposed conservatee. The attorney will meet with the proposed conservatee and may contact other relatives/friends to find out if a conservatorship is appropriate. He/she will also file a report with the court. The attorney represents the conservatee (not you) and will advocate for his/her wishes and/or best interests. You should receive a copy of the court-appointed attorney’s report before the hearing.

Regional Center is also triggered to prepare a report on the proposed conservatee and submit it to the court based on the notice you served on the agency. They may visit the proposed conservatee and other relatives as part of their investigation. You should receive a copy of the Regional Center’s report before the hearing.

Step 9: Submit the proposed order and letters.

You should submit your proposed orders and letters about three weeks before the hearing, so that the judge has them to sign and process on the day of the hearing.

Fill-out the following forms based on what you requested in your *Petition for Appointment of Probate Conservator* (GC-310).

- *Submitted Order Form* (SDSC PR-162)
- *Order Appointing Conservator* (GC-340)
- *Letters of Conservatorship* (GC-350)

Note: The Submitted Order Form (SDSC PR-162) must be printed on blue paper. It can be obtained at the Probate Business Office or at the Conservatorship Clinic.

Make two (2) copies of the completed *Order Appointing Probate Conservator* (GC-340) and *Letters of Conservatorship* (GC-350). Place the documents in the following order:

- *Submitted Order Form* (SDSC PR-162)
- Self-addressed stamped envelope
- Original *Order Appointing Probate Conservator* (GC-340)
- Original *Letters of Conservatorship* (GC-350)
- One (1) copy of the order
- One (1) copy of the letters

Staple or clip all these forms and the envelope together. File drop the packet in the tray at the end of the service windows in the Probate Business Office.

The extra set of copies is for your records because the clerk will not conform (stamp) the *Order Appointing Probate Conservator* (GC-340) and *Letters of Conservatorship* (GC-340) when you file drop them. You should keep the extra set of copies and bring it to the hearing.

The clerk will use the self-addressed stamped envelope you provided to return the signed *Order Appointing Probate Conservator* (GC-340) and

Letters of Conservatorship (GC-340) to you after your hearing.

Step 10: Check the Probate Examiner Notes.

Check the Probate Examiner Notes starting two weeks before the hearing date. Check each day until the notes are posted at the following website:

<http://www.sdcourt.ca.gov>

You will need your case number to find out if there are any **defects** (problems) with your case.

If defects are noted, the judge may not be able to decide on your case and your petition may be delayed. To correct any defects you should consult the Conservatorship Clinic, an attorney, or contact the probate examiner as described on the court website.

Step 11: Attend the hearing.

As the petitioner, you must attend the hearing. Any co-conservator should attend as well. You should bring all your forms, including all conformed copies to the hearing. The proposed conservatee must attend the hearing, unless his/her doctor states in writing (in the *Capacity Declaration* (GC-335)) that he/she is unable to attend. Everyone who received a *Notice of the Hearing* (GC-020) may, but is not required to attend the hearing.

At the hearing, the judge may (1) grant the petition for conservatorship, (2) continue the hearing if there are defects that have not been corrected (see ***Step 10***), or (3) deny the petition.

If the proposed conservatee or any attendees object to the petition, the judge may continue the hearing to allow the objector to file objections. If there are objections, the case may go to trial so that everyone's position regarding the conservatorship can be heard.

Step 12: Serve the Notice of Conservatee's Rights.

If you are granted the conservatorship, the signed *Order Appointing Probate Conservator* (GC-340) and *Letters of Conservatorship* (GC-340) will be returned to you via the self-addressed stamped envelope you provided. When you receive them in the mail, you are ready for the next step.

Within 30 days of the date the *Order Appointing Probate Conservator* (GC-340) was signed by the judge, the conservator(s) (not a server) must serve the *Notice of Conservatee's Rights* (GC-341) and a copy of the signed *Order Appointing Probate Conservator* (GC-340) to the required parties.

The conservator(s) must complete the *Notice of Conservatee's Rights* (GC-341) and make enough copies to serve it and the *Order Appointing Probate Conservator* (GC-340) to each of the following people by mail:

- The conservatee;
- The conservatee's attorney; and
- the conservatee's relatives to the second degree who were noticed previously.

You should also notice any agencies you previously noticed including the Regional Center.

Then the conservator(s) must fill-out the "**Proof of Mailing**" section of the *Notice of Conservatee's Rights* (GC-341) after he/she has mailed out the documents. The conservator(s) must complete the "proof of mailing" section and date, print their name(s), and sign under penalty of perjury that "the foregoing is true and correct." Also, the conservator(s) have to list the names and addresses of everybody to whom the notice was mailed.

Make a copy of the completed *Notice of Conservatee's Rights* (GC-341) (all pages) and file both the original and the copy with the Probate Business Office. The clerk will conform (stamp) the copy and return it to you for your records.

Step 13: File the care plan.

Within 60 days of the date the *Order Appointing Probate Conservator* (GC-340) was signed by the judge, file the *Determination of Conservatee's Appropriate Level of Care* (GC-355).

Fill-out the *Determination of Conservatee's Appropriate Level of Care* (GC-355). Make one copy of the form and file both the original and the copy in the Probate Business Office. The clerk will conform (stamp) the copy and return it to you for your records.

Step 14: Review Hearing.

If you do not file your *Notice of Conservatee's Rights* (GC-341) and *Determination of Conservatee's Appropriate Level of Care* (GC-355) on time, the court will send you a "Failure to Perform Duties" notice reminding you to file the documents. If you still fail to file the required documents, the court will set a review hearing. You will have to appear at the review hearing and explain to the court why you should not be removed as conservator. The judge could remove, sanction, or fine you.

Congratulations! You have navigated the conservatorship appointment process. Be sure all conservators are aware of the responsibilities of conservatorship.

What do I Need to Know as a Limited Conservator?

What are my responsibilities as a limited conservator?

You have duties as a limited conservator for which you can be held liable. Review your copy of the *Handbook for Conservators* published by the Judicial Council of California to learn more about your responsibilities as conservator. The handbook is available in the Probate Business Office for a fee or via free download from the Self-help section of the California Courts website:

<http://www.courts.ca.gov/documents/handbook.pdf>

Will the court check-in on the conservatee?

A court investigator will visit the conservatee periodically to report on the conservatorship. Investigators can visit unannounced. If the investigator has any concerns, he/she will report them to the judge and the court may schedule a review hearing.

How long will I be a conservator?

A limited conservatorship lasts for the lifetime of the conservatee or the lifetime of the conservator(s) (whichever is shorter), unless the court says otherwise. Also, if the court investigator's report or other information suggests that one or more conservators are not acting in the best interests of the conservatee, the judge will issue an **order to show cause**, an order to appear and explain your actions. If this happens, there will be a court hearing to decide if the conservator(s) should be removed and replaced. This is not a criminal hearing, but if a conservator is suspected of taking physical or financial advantage of a conservatee, the state can file criminal charges.

If one of multiple co-conservators dies or is removed, the Letters of Conservatorship will need to be amended. See an attorney or the Conservatorship Clinic for assistance. Additional conservators can also be added by petitioning the court.

What if the conservatee moves?

You must notify the court on the *Post-Move Notice of Change of Residence* (GC-080) and notice everyone entitled to notice within 30 days of the conservatee's move. (This form is not included in this packet, but can be obtained on the court website, in the Probate Business Office, or at the Conservatorship Clinic.) You must also declare that the move meets the "least restrictive standard." This means the placement allows the conservatee to live as independently as possible.

If a conservator's address changes, she/he should also notify the court in writing.

If the move involves removing the conservatee from his/her personal residence (e.g., the conservatee's own home to a group home) within California, you must give 15 days' advance notice to the court and the parties entitled to notice on *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward* (GC-079). (This form is not included in this packet, but can be obtained on the court website, in the Probate Business Office, or at the Conservatorship Clinic.)

If you want to move the conservatee outside of California, you must petition the court. See an attorney or the Conservatorship Clinic for assistance.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> 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: <div style="display: flex; justify-content: space-between;"> HEARING DATE AND TIME: DEPT.: </div>

1. Petitioner (name):
requests that

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

(Telephone):

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

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

(Telephone):

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

- c. (1) ☐ bond not be required ☐ because the proposed ☐ successor conservator is a corporate fiduciary or an exempt government agency. ☐ for the reasons stated in Attachment 1c.
- (2) ☐ bond be fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law. *(Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)*
- (3) ☐ \$ _____ in deposits in a blocked account be allowed. Receipts will be filed.
(Specify institution and location):
- d. ☐ orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed ☐ successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatorship estate. *(Specify orders, powers, and reasons in Attachment 1d.)*
- e. ☐ orders relating to the capacity of the (proposed) conservatee under Probate Code section 1873 or 1901 be granted. *(Specify orders, facts, and reasons in Attachment 1e.)*
- f. ☐ orders relating to the powers and duties of the proposed ☐ successor conservator of the person under Probate Code sections 2351–2358 be granted. *(Specify orders, facts, and reasons in Attachment 1f.)*
- g. ☐ the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed ☐ successor conservator of the person be granted the powers specified in Probate Code section 2355. *(Complete item 9 on page 6.)*

Do NOT use this form for a temporary conservatorship.

CONSERVATORSHIP OF (name):	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
(name):

CASE NUMBER:

(PROPOSED) CONSERVATEE

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):	CASE NUMBER:
(PROPOSED) CONSERVATEE	

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

CONSERVATORSHIP OF
(name):

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.

Name and relationship to conservatee

Residence address

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

☐ Continued on Attachment 11.

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

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
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):		
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.

Page 1 of 4

CONSERVATORSHIP OF (name):	CASE NUMBER:
PROPOSED CONSERVATEE	

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 (name):	CASE NUMBER:
PROPOSED CONSERVATEE	

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 (name):	CASE NUMBER:
PROPOSED CONSERVATEE	

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)
----------------------	-----------------

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-314

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): _____ PROPOSED CONSERVATEE	CASE NUMBER: _____
CONFIDENTIAL CONSERVATOR SCREENING FORM Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship	HEARING DATE AND TIME: _____ DEPT.: _____

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

This form must remain confidential.

How This Form Will Be Used

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

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

Page 1 of 2

CONSERVATORSHIP OF (Name): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	CASE NUMBER: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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.

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"/>
<input type="checkbox"/> <i>Additional medications listed on attachment A.</i>		

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):

FOR COURT USE ONLY

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 THE PERSON 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. 5. Claims against others on behalf of the conservatee

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

6. Defend against claims against the conservatee's estate

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

7. Public and insurance benefits

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

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

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

9. Locate the conservatee's estate planning documents

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

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

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

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

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

12. Conservatee's tangible personal property

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

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

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

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

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

IV. A. 14. Property, casualty, and liability insurance

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

15. Communicate with conservator of the person and trustee

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

16. Other limitations or restrictions

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

B. INVENTORY OF ESTATE PROPERTY

1. Locate and take possession of the estate's property and prepare an inventory

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

2. Determine the value of the estate's property

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

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

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

C. RECORD KEEPING AND ACCOUNTING

1. Keep records and prepare accountings

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

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

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

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

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

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

VI. LIMITED CONSERVATOR (for the developmentally disabled only)

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

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

B. DUTY TO HELP LIMITED CONSERVATEE DEVELOP SELF-RELIANCE

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

C. DETERMINATION OF LEVEL OF CARE FOR CERTAIN LIMITED CONSERVATEES

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

VII. TEMPORARY CONSERVATOR

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

Sign the *Acknowledgment of Receipt* on page 7.

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

VIII. JUDICIAL COUNCIL FORMS

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

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

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

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

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

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF (PROPOSED) CONSERVATOR)

NOTICE

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, 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 (name): _____ <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)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- b. Orientation to:
- (1) Time (When? Year, month, day, hour) ☐ a ☐ b ☐ c ☐ d ☐ e
- (2) Place (Where? State, city, address) ☐ a ☐ b ☐ c ☐ d ☐ e
- (3) Person (Who? Name, relationship) ☐ a ☐ b ☐ c ☐ d ☐ e
- (4) Situation (What? How? Why?) ☐ a ☐ b ☐ c ☐ d ☐ e
- c. Ability to attend to and concentrate on tasks (ability to attend to a stimulus; concentrate on a stimulus over brief time periods)
- ☐ a ☐ b ☐ c ☐ d ☐ e

Notes:

11. Information processing

- a. Memory
- (1) Immediate recall ☐ a ☐ b ☐ c ☐ d ☐ e
- (2) Short-term memory and learning (the ability to encode, store, and retrieve information)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- (3) Long-term memory (ability to remember information from the past)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- b. Understanding (the ability to receive and accurately process information given in written, spoken, visual, or other media)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- c. Communication (the ability to express oneself and indicate preferences in speech, writing, signs, pictures, etc.)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- d. Visual-spatial reasoning (recognition of familiar objects; spatial perception, problem solving, and design)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- e. Quantitative reasoning (the ability to understand basic quantities and make simple calculations)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- f. Verbal reasoning (the ability to compare options, to reason using abstract concepts, and to reason logically about outcomes)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- g. Executive functioning (the ability to plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest)
- ☐ a ☐ b ☐ c ☐ d ☐ e

Notes:

12. Thought processes

- a. Organization of thinking (deficit may be demonstrated by severely disorganized, nonsensical, or incoherent thinking)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- b. Correspondence of thoughts to reality (deficit may be demonstrated by hallucinations or delusions)
- ☐ a ☐ b ☐ c ☐ d ☐ e
- c. Control of thoughts (deficit may be demonstrated by uncontrollable, repetitive, or intrusive thoughts)
- ☐ a ☐ b ☐ c ☐ d ☐ 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)

GC-335A

**EVERYDAY ACTIVITIES ATTACHMENT TO CONFIDENTIAL CAPACITY ASSESSMENT
AND DECLARATION—PROBATE CONSERVATORSHIP (FORM GC-335)**

Probate Code, §§ 1800.3, 1801,
1872–1873, 2351, 2351.5, 2450
www.courts.ca.gov

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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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 (name): _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CONFIDENTIAL DECLARATION ON MEDICAL ABILITY TO ATTEND HEARING—PROBATE CONSERVATORSHIP	CASE NUMBER: _____

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)

To (*name*):

a. Date:	Time:	<input style="width: 40px;" type="text"/> Dept.:	<input style="width: 40px;" type="text"/> Room:
b. Address of court: <input style="width: 40px;" type="text"/> same as noted above <input style="width: 40px;" type="text"/> other (<i>specify</i>):			

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.

Page 1 of 3

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): _____ <div style="text-align: right;">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)

FOR COURT USE ONLY

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

☐ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE
OF (Name):

☐ MINOR ☐ (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 ☐ same as noted above ☐ is (specify):

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



<input type="checkbox"/> ESTATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> MATTER OF (Name): _____	CASE NUMBER: _____
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ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

No.	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
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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.

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

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

THE COURT ORDERS

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

and receipts shall be filed. No withdrawals shall be made without a court order.

☐ Additional orders in attachment 20c.

CONSERVATORSHIP OF
(name):

CONSERVATEE

CASE NUMBER:

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):

CASE NUMBER:

CONSERVATEE

LETTERS OF CONSERVATORSHIP☐ **Person** ☐ **Estate** ☐ **Limited Conservatorship**

FOR COURT USE ONLY

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

(SEAL)

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

5. Number of pages attached:

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

Date:

Clerk, by _____, Deputy

Page 1 of 2

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

CONSERVATORSHIP OF (name): CONSERVATEE	CASE NUMBER:
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NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

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

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

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

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

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

LETTERS OF CONSERVATORSHIP

AFFIRMATION

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

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



(TYPE OR PRINT NAME)

(SIGNATURE OF APPOINTEE)

CERTIFICATION

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

(SEAL)

Date:

Clerk, by _____, Deputy

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

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

Probate Code, § 1830
www.courtinfo.ca.gov

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	CASE NUMBER: <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>
CONSERVATEE	

THE CONSERVATEE'S RIGHTS (continued)

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

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

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

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right; padding-top: 10px;">CONSERVATEE</div>	CASE NUMBER: _____
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PROOF OF MAILING

1. I am over the age of 18. I am the appointed conservator of the above-named conservatee, 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 mailed the foregoing *Notice of Conservatee's Rights* to each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. ☐ **depositing** the sealed envelope on the date and at the place shown in item 4 with the United States Postal Service with the postage fully prepaid.
 - b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: _____ b. Place mailed (*city, state*): _____
5. Each copy of the *Notice of Conservatee's Rights* was mailed with an attached conformed copy, showing the date of its filing and the judicial officer's signature, of the *Order Appointing Probate Conservator* filed in this matter on (*date*): _____.

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

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name and relationship
to conservatee

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

1.		
	Conservatee	
2.		
	Attorney for conservatee	
3.		
	Spouse or registered domestic partner	
4.		
	Relationship: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
5.		
	Relationship: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	

☐ Continued on an attachment. (*You may use form GC-341(MA) to show additional addressees.*)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER:
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INSTRUCTIONS FOR MAILING COPIES OF *NOTICE OF CONSERVATEE'S RIGHTS* AND *ORDER APPOINTING PROBATE CONSERVATOR*

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

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

(This attachment is for use with Form GC-341.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

<u>Name and relationship to conservatee</u>	<u>Address (number, street, city, state, and zip code)</u>
<div>Relationship: <input type="text"/></div>	
<div>Relationship: <input type="text"/></div>	
<div>Relationship: <input type="text"/></div>	
<div>Relationship: <input type="text"/></div>	
<div>Relationship: <input type="text"/></div>	
<div>Relationship: <input type="text"/></div>	
<div>Relationship: <input type="text"/></div>	
<div>Relationship: <input type="text"/></div>	
<div>Relationship: <input type="text"/></div>	

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 <input type="checkbox"/> OF (name): _____ CONSERVATEE	
CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 1 <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____
<p style="text-align: center;">To the Conservator of the Person</p> <p>Use this form and <i>Confidential Conservatorship Care Plan—Part 2 (Medical Information)</i> (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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Do not discuss confidential medical information on this form. Discuss confidential medical information only on <i>Confidential Conservatorship Care Plan—Part 2 (Medical Information)</i> (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.</p> <p>When you have completed Part 1 and Part 2 of the care plan:</p> <ul style="list-style-type: none"> • <i>Sign</i> page 4 of this form and page 2 of <i>Confidential Conservatorship Care Plan—Part 2 (Medical Information)</i> (form GC-356); • <i>Deliver</i> the care plan to the persons and in the manner described in the instructions on page 6; and • <i>File</i> 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: <ul style="list-style-type: none"> ○ no later than 120 days after the date of the court order appointing you conservator (initial plan); ○ no later than 10 days before a hearing to consider whether to continue or terminate the conservatorship (updated plan); or ○ as directed by the court. <p>For more information about developing, completing, and filing a care plan, see chapters 4 and 6 of the Handbook for Conservators.</p> <p>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.</p>	

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 (name): 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
(name):

CONSERVATEE

CASE NUMBER:

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)
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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 <i>CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 1</i> AND <i>CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 2 (MEDICAL INFORMATION)</i> 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 _____ (name): _____ 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 (name): CONSERVATEE	CASE NUMBER:
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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:

CASE NUMBER:

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)