Clear These Forms

# Conservatorship Cover Sheet

**First Proposed Conservator/Petitioner:**
Name:
Street Address:
City: State: Zip Code:
Home Phone Number:

Work Phone No.:
Social Security No.:
Driver's License No.:
Date of Birth:

**Second Proposed Conservator:**
Name:
Street Address:
City: State: Zip Code:
Home Phone Number:

Work Phone No.:
Social Security No.:
Driver's License No.:
Date of Birth:

**How many people want to be Conservators?**

☐ **1**
☐ **2**

**Proposed Conservatee:**
Name:
Street Address:
City: State: Zip Code:
Home Phone No.:
Date of Birth:
Social Security No.:

**BEFORE YOU GO ON, PLEASE CHECK YOUR SPELLING**

**CLICK HERE BEFORE CONTINUING TO THE NEXT PAGE.**

What courthouse do you want to use?

____ **Bill Santucci Justice Center**
10820 Justice Center Drive,
Roseville, CA 95678

____ **Tahoe Court**
2501 North Lake Blvd.
Tahoe City, CA 96115

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

—

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):* IN PRO PER

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER

STREET ADDRESS:

MAILING ADDRESS: Same

CITY AND ZIP CODE:

BRANCH NAME:

CONSERVATORSHIP OF THE ☑ PERSON ☐ ESTATE OF *(Name)*:

☐ CONSERVATEE ☑ PROPOSED CONSERVATEE

***FOR COURT USE ONLY***

CASE NUMBER

# CAPACITY DECLARATION—CONSERVATORSHIP

**TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER**

The purpose of this form is to enable the court to determine whether the (proposed) conservatee *(check all that apply):*

A. ☐ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for *(date):* _____. *(Complete item 5, sign, and file page 1 of this form.)*

B. ☐ has the capacity to give informed consent to medical treatment. *(Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)*

C. ☐ has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. *(Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.)*

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

**COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.**

## GENERAL INFORMATION

1. *(Name):*
2. *(Office address and telephone number):*
3. I am
   a. ☐ a California licensed ☐ physician ☐ psychologist acting within the scope of my licensure ☐ with at least two years' experience in diagnosing dementia.
   b. ☐ an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. *(Religious practitioner may make the determination under item 5 ONLY.)*
4. (Proposed) conservatee *(name):*
   a. I last saw the (proposed) conservatee on *(date):*
   b. The (proposed) conservatee ☐ is ☐ is NOT a patient under my continuing treatment.

## ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. *(Complete a or b.)*
   a. ☐ The proposed conservatee is able to attend the court hearing.
   b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing *(check all items below that apply)*
      (1) ☐ on the date set *(see date in box in item A above)*.
      (2) ☐ for the foreseeable future.
      (3) ☐ until *(date):*
      (4) **Supporting facts** *(State facts in the space below or check this box* ☐ *and state the facts in Attachment 5):*

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

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)



Form Adopted for Mandatory Use
Judicial Council of California
GC-335 [Rev. January 1, 2004]



Probate Code, §§ 811, 813, 1801, 1825, 1881, 1910, 2356.5

| CONSERVATORSHIP OF THE | ✔ PERSON | ☐ ESTATE OF *(Name)*: | CASE NUMBER: |
|---|---|---|---|
| | ☐ CONSERVATEE | ✔ PROPOSED CONSERVATEE | |

## 6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

**Note to practitioner:** This form is ***not*** a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

***(Instructions for items 6A–6C):*** *Check the appropriate designation as follows:* ***a*** *= no apparent impairment;* ***b*** *= moderate impairment;* ***c*** *= major impairment;* ***d*** *= so impaired as to be incapable of being assessed;* ***e*** *= I have no opinion.)*

A. **Alertness and attention**

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)

a ☐ b ☐ c ☐ d ☐ e ☐

(2) Orientation (types of orientation impaired)

a ☐ b ☐ c ☐ d ☐ e ☐ Person

a ☐ b ☐ c ☐ d ☐ e ☐ Time (day, date, month, season, year)

a ☐ b ☐ c ☐ d ☐ e ☐ Place (address, town, state)

a ☐ b ☐ c ☐ d ☐ e ☐ Situation ("Why am I here?")

(3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)

a ☐ b ☐ c ☐ d ☐ e ☐

B. **Information processing.** Ability to:

(1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)

i. Short-term memory a ☐ b ☐ c ☐ d ☐ e ☐

ii Long-term memory a ☐ b ☐ c ☐ d ☐ e ☐

iii Immediate recall a ☐ b ☐ c ☐ d ☐ e ☐

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)

a ☐ b ☐ c ☐ d ☐ e ☐

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)

a ☐ b ☐ c ☐ d ☐ e ☐

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)

a ☐ b ☐ c ☐ d ☐ e ☐

(5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)

a ☐ b ☐ c ☐ d ☐ e ☐

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)

a ☐ b ☐ c ☐ d ☐ e ☐

(7) Reason logically.

a ☐ b ☐ c ☐ d ☐ e ☐

C. **Thought disorders**

(1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)

a ☐ b ☐ c ☐ d ☐ e ☐

(2) Hallucinations (auditory, visual, olfactory)

a ☐ b ☐ c ☐ d ☐ e ☐

(3) Delusions (demonstrably false belief maintained without or against reason or evidence)

a ☐ b ☐ c ☐ d ☐ e ☐

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).

a ☐ b ☐ c ☐ d ☐ e ☐

(Continued on next page)

6. *(continued)*

D. **Ability to modulate mood and affect.** The (proposed) conservatee ☐ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. *(If so, complete remainder of item 6D.)* ☐ I have no opinion.

***(Instructions for item 6D:*** *Check the degree of impairment of each inappropriate mood state (if any) as follows:* ***a*** *= mildly inappropriate;* ***b*** *= moderately inappropriate;* ***c*** *= severely inappropriate.)*

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Anger | a ☐ | b ☐ | c ☐ | Euphoria | a ☐ | b ☐ | c ☐ | Helplessness | a ☐ | b ☐ | c ☐ |
| Anxiety | a ☐ | b ☐ | c ☐ | Depression | a ☐ | b ☐ | c ☐ | Apathy | a ☐ | b ☐ | c ☐ |
| Fear | a ☐ | b ☐ | c ☐ | Hopelessness | a ☐ | b ☐ | c ☐ | Indifference | a ☐ | b ☐ | c ☐ |
| Panic | a ☐ | b ☐ | c ☐ | Despair | a ☐ | b ☐ | c ☐ | | | | |

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

(1) ☐ do NOT vary substantially in frequency, severity, or duration.

(2) ☐ do vary substantially in frequency, severity, or duration *(explain; continue on Attachment 6E if necessary):*

F. ☐ *(Optional)* Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☐ stated below ☐ stated in Attachment 6F.

## ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee

a. ☐ has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.

b. ☐ lacks the capacity to give informed consent to any form of medical treatment because he or she is ***either*** (1) unable to respond knowingly and intelligently regarding medical treatment ***or*** (2) unable to participate in a treatment decision by means of a rational thought process, ***or both***. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

***(Declarant must initial here if item 7b applies: _____.)***

8. Number of pages attached: _____

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF DECLARANT)

| CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name)*: ☐ CONSERVATEE ☑ PROPOSED CONSERVATEE | CASE NUMBER: |
|---|---|

## ATTACHMENT TO FORM GC-335, *CAPACITY DECLARATION—CONSERVATORSHIP*, ONLY FOR (PROPOSED) CONSERVATEE WITH DEMENTIA

9. It is my opinion that the (proposed) conservatee ☐ HAS ☐ does NOT have dementia as defined in the current edition of *Diagnostic and Statistical Manual of Mental Disorders*.

a. ☐ **Placement of (proposed) conservatee.** *(If the (proposed) conservatee requires placement in a secured-perimeter residential care facility for the elderly, please complete items 9a(1)–9a(5).)*

(1) The (proposed) conservatee needs or would benefit from placement in a restricted and secure facility because *(state reasons; continue on Attachment 9a(1) if necessary):*

(2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include *(describe; continue on Attachment 9a(2) if necessary):*

(3) ☐ The (proposed) conservatee HAS capacity to give informed consent to this placement.

(4) ☐ The (proposed) conservatee does NOT have capacity to give informed consent to this placement. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9a(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of his or her actions with regard to giving informed consent to placement in a restricted and secure environment.

(5) A locked or secured-perimeter facility ☐ is ☐ is NOT the least restrictive environment appropriate to the needs of the (proposed) conservatee.

b. ☐ **Administration of dementia medications**. *(If the (proposed) conservatee requires administration of psychotropic medications appropriate to the care of dementia, please complete items 9b(1)–9b(5).)*

(1) The (proposed) conservatee needs or would benefit from the following psychotropic medications appropriate to the care of dementia, for the reasons stated in item 9b(5) *(list medications; continue on Attachment 9b(1) if necessary):*

(2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include *(describe; continue on Attachment 9b(2) if necessary):*

(3) ☐ The (proposed) conservatee HAS capacity to give informed consent to the administration of psychotropic medications appropriate to the care of dementia.

(4) ☐ The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of psychotropic medications appropriate to the care of dementia. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9b(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate his or her actions with regard to giving informed consent to the administration of psychotropic medications for the treatment of dementia.

(5) The (proposed) conservatee needs or would benefit from the administration of the psychotropic medications listed in item 9b(1) because *(state reasons; continue on Attachment 9b(5) if necessary):*

10. Number of pages attached: _____

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

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF DECLARANT)



Form Adopted for Mandatory Use
Judicial Council of California
GC–335A [New January 1, 2004]



Probate Code, § 2356.5

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E–MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| CONSERVATORSHIP OF *(Name):*<br>CONSERVATEE | |
| **DUTIES OF CONSERVATOR and Acknowledgment of Receipt of Handbook** | 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. An attorney is best qualified to advise you about these matters. You should clearly understand the information on this form. You will find additional information in the **Judicial Council *Handbook for Conservators***, which you are required by law to possess.

## I. THE CONSERVATEE'S RIGHTS

A conservatee does not lose all rights or all voice in important decisions affecting his or her way of life. 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 you. A conservatee generally keeps the right to (1) control his or her own salary, (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 the conservatee is not capable of exercising this right, (9) control personal spending money, if a judge has authorized an allowance, and (10) make his or her own medical decisions, unless a judge has taken away that right and given it to you. Ask your attorney what rights the conservatee does not have and consult your attorney when you are in doubt.

## II. CONSERVATOR OF THE PERSON

If the court appoints you as conservator of the person, you will arrange for the conservatee's care and protection, decide where the conservatee will live, and make arrangements for the conservatee's health care, meals, clothing, personal care, housekeeping, transportation, and recreation.

### 1. ASSESS THE CONSERVATEE'S NEEDS

You must assess the conservatee's needs and decide how to meet them.

### 2. DECIDE WHERE THE CONSERVATEE WILL LIVE

You may decide where the conservatee will live, but you must choose the "least restrictive," appropriate living situation that is safe and comfortable and allows the conservatee as much independence as possible. You must not move the conservatee from the state or place the conservatee involuntarily in a mental health treatment facility without permission of the court. You must notify the court of each change of the conservatee's address and your address. If you are authorized to place the conservatee in a secure facility because of dementia, you must be sure that the placement is appropriate, meets all special needs, and is the least restrictive.

### 3. PROVIDE MEDICAL CARE TO THE CONSERVATEE

You are responsible for ensuring that the conservatee's health needs are met. You may not, however, give or withhold consent for medical treatment over the conservatee's objection **unless** the court has given you exclusive authority to consent because the conservatee has lost the ability to make sound medical choices. If you have the authority to approve the use of psychotropic medications to treat dementia and the behaviors associated with it, you should be sure that other, less intrusive treatment options are explored first.

## II. CONSERVATOR OF THE PERSON *(continued)*

### 4. WORK WITH THE CONSERVATOR OF THE ESTATE

If someone else is handling the conservatee's assets, the two of you must work together to be sure the conservatee can afford the care you arrange. Purchases you make for the conservatee must be approved by the conservator of the estate or you may not be reimbursed.

### 5. CONSULT YOUR ATTORNEY AND OTHER RESOURCES

Your attorney will advise you on your duties, the limits of your authority, the rights of the conservatee, and your dealings with the court. If you have legal questions, check with your attorney, not the court staff. Other questions may be answered better and less expensively 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 ESTATE

If the court appoints you as conservator of the estate, you will manage the conservatee's finances, protect the conservatee's income and assets, make an inventory of the conservatorship estate's assets, develop a working plan to ensure that the conservatee's needs are met, make sure the conservatee's bills are paid, invest the conservatee's money, see that the conservatee is receiving all the income and benefits he or she is entitled to, ensure that tax returns are filed on time, keep accurate financial records, and regularly report your financial accounts to the court. (Note: The assets and finances of the conservatee are known as "the estate.")

### 1. MANAGING THE ESTATE'S ASSETS

**a. Prudent investments**

You must manage the estate assets with the care of a prudent person dealing with someone else's property. This means you must be cautious and you may not make any speculative investments.

**b. Keep estate assets separate from anyone else's**

You must keep the money and property in this estate separate from anyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is a *conservatorship* account and not your personal account. Never deposit estate funds in your personal account or otherwise mix them with your or anyone else's property, even for brief periods. Securities in the estate must be held in a name that shows they are estate property and not your personal property.

**c. Interest-bearing accounts and other investments**

Except for checking accounts intended for ordinary administration expenses, estate accounts must earn interest. You may deposit estate funds in insured accounts in financial institutions, but you should not put more than $100,000 in one institution. Consult with an attorney before making other kinds of investments.

**d. Other restrictions**

There are many other restrictions on your authority to deal with estate assets. Without prior order of the court, you may not pay fees to yourself or to your attorney, make a gift of estate assets, or borrow from the estate. If you do not obtain the court's permission when it is required, you may be removed as conservator or you may be required to reimburse the estate from your own personal funds, or both. You should consult with an attorney concerning the legal requirements affecting sales, leases, mortgages, and investments of estate property.

### 2. INVENTORY OF ESTATE PROPERTY

**a. Locate the estate's property**

You must locate, take possession of, and protect all the conservatee's income and assets that will be administered in the estate. You should change the ownership of most assets of the conservatorship into the conservatorship estate's name. For real estate, you must record a copy of your *Letters of Conservatorship* with the county recorder in each county where the conservatee owns real property.

**b. Determine the value of the property**

You must arrange to have a court-appointed referee determine the value of the property unless the appointment is waived by the court. You, rather than the referee, must determine the value of certain "cash items." An attorney can advise you about how to do this.

**c. File an inventory and appraisal**

Within 90 days after your appointment as conservator, you must file with the court an inventory and appraisal of all the assets in the estate.

## III. CONSERVATOR OF THE ESTATE *(continued)*

**3. INSURANCE**

You should determine that there is appropriate and adequate insurance covering the assets and risks of the estate. Maintain the insurance in force during the entire period of the administration (except for assets after they are sold).

**4. RECORD KEEPING**

**a. Keep an accounting**

You must keep complete and accurate records of each financial transaction affecting the estate. The checkbook for the conservatorship checking account is your indispensable tool for keeping records of income and expenditures. You will have to prepare an accounting of all money and property you have received, what you have spent, the date of each transaction, and its purpose. You must describe in detail what you have left after you pay the estate's expenses.

**b. Court review of your records**

You must file a petition requesting that the court review and approve your accounting one year after your appointment and at least every two years after that. Save your receipts because the court may ask to review them also. 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 comply.

**5. CONSULTING AN ATTORNEY**

Your attorney will advise you and help prepare your inventories, accountings, and petitions to the court. If you have questions, check with your attorney, not the court staff. You should cooperate with your attorney at all times. **When in doubt, contact your attorney.**

## IV. DUTY TO DISCLOSE

If you are the spouse of the conservatee, you must disclose to the court the filing of any action or proceeding against the conservatee for (1) legal separation, (2) dissolution of marriage, (3) annulment, or (4) adjudication of nullity of marriage. The disclosure must be made within 10 days of the initial filing of the action or proceeding by filing a notice with the court and serving notice according the Probate Code.

## V. LIMITED CONSERVATOR (for the developmentally disabled only)

**1. AUTHORITY SPECIFIED IN YOUR LETTERS**

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.

**2. DUTY TO HELP 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.

## VI. 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 limited time. 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 or sell or give away the conservatee's home or any other assets without court approval.

**Sign the *Acknowledgment of Receipt* on page four.**

| CONSERVATORSHIP OF *(Name):* CONSERVATEE | CASE NUMBER: |
|---|---|

# ACKNOWLEDGMENT OF RECEIPT

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

1. I have petitioned the court to be appointed as conservator.

2. I acknowledge that I have received this statement of the duties and liabilities of the office of conservator *(Duties of Conservator* form) 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 PETITIONER)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

**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 *Handbook for Conservators.* When in doubt, consult your attorney.**

# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-314

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* In Pro Per | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| CONSERVATORSHIP OF<br>*(Name):*<br>PROPOSED CONSERVATEE | CASE NUMBER: |
| **CONFIDENTIAL CONSERVATOR SCREENING FORM**<br>**Conservatorship of** ☑ **Person** ☐ **Estate** ☐ **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: CA
   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.)*



Form Adopted for Mandatory Use
Judicial Council of California GC-314
[Rev. January 1, 2006]



Probate Code, §§ 1810, 1811, 2104, 2340–2343, 2850–2855; Cal. Rules of Court, rule 7.1050
*www.courtinfo.ca.gov*

American LegalNet, Inc.
www.USCourtForms.com

| CONSERVATORSHIP OF *(Name):* PROPOSED CONSERVATEE | CASE NUMBER: |
|---|---|

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 conservator, as defined in Probate Code section 2341.
☐ I have ☐ I have not filed with the court the information statement required by Probate Code section 2342. *(If you checked "I am" and "I have not," explain in Attachment 17.)*

18. ☐ I am ☐ I am not currently registered with the Statewide Registry of Conservators/Guardians/Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855.
My current registration will expire on *(date):*
*(If you checked "I am not," explain why you are not registered in Attachment 18.)*

19. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation):*

,

a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)*

20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)*

**DECLARATION**

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

Date:

(TYPE OR PRINT NAME OF PROPOSED CONSERVATOR) (SIGNATURE OF PROPOSED CONSERVATOR)*

*Each proposed conservator must fill out and file a separate screening form.

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. (*Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| CONSERVATORSHIP OF<br>*(Name):*<br>(PROPOSED) CONSERVATEE | |
| **PETITION FOR APPOINTMENT OF** ☐ **SUCCESSOR**<br>**PROBATE CONSERVATOR OF THE** ☑ **PERSON** ☐ **ESTATE**<br>☐ **Limited Conservatorship** | CASE NUMBER:<br>HEARING DATE AND TIME: DEPT.: |

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

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

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

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

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

   c. (1) ☑ bond not be required ☐ because the proposed ☐ successor conservator is a corporate fiduciary or an exempt government agency. ☐ for the reasons stated in Attachment 1c.

   (2) ☐ bond be fixed at: $ to be furnished by an authorized surety company or as otherwise provided by law. *(Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)*

   (3) ☐ $ in deposits in a blocked account be allowed. Receipts will be filed. *(Specify institution and location):*

   d. ☐ orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed ☐ successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatorship estate. *(Specify orders, powers, and reasons in Attachment 1d.)*

   e. ☐ orders relating to the capacity of the (proposed) conservatee under Probate Code section 1873 or 1901 be granted. *(Specify orders, facts, and reasons in Attachment 1e.)*

   f. ☐ orders relating to the powers and duties of the proposed ☐ successor conservator of the person under Probate Code sections 2351–2358 be granted. *(Specify orders, facts, and reasons in Attachment 1f.)*

   g. ☐ the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed ☐ successor conservator of the person be granted the powers specified in Probate Code section 2355. *(Complete item 9 on page 5.)*

Do NOT use this form for a temporary conservatorship.

| CONSERVATORSHIP OF *(Name):* CONSERVATEE | CASE NUMBER: |
|---|---|

1. h. ☐ *(for limited conservatorship only)* orders relating to the powers and duties of the proposed ☐ successor * limited conservator of the person under Probate Code section 2351.5 be granted. *(Specify orders, powers, and duties in Attachment 1h and complete item 1j.)*

   i. ☐ *(for limited conservatorship only)* orders relating to the powers and duties of the proposed ☐ successor * limited conservator of the estate under Probate Code section 1830(b) be granted. *(Specify orders, powers, and duties in Attachment 1i and complete item 1j.)*

   j. ☐ *(for limited conservatorship only)* orders limiting the civil and legal rights of the (proposed) limited conservatee be granted. *(Specify limitations in Attachment 1j.)*

   k. ☐ orders related to dementia placement or treatment as specified in the *Attachment Requesting Special Orders Regarding Dementia* (form GC-313) under Probate Code section 2356.5 be granted. A *Capacity Declaration—Conservatorship* (form GC-335) and *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure with at least two years experience diagnosing dementia, ☐ are filed herewith. ☐ will be filed before the hearing.

   ☐ *(appointment of successor conservator only)* will not be filed because an order relating to dementia placement or treatment was filed on *(date):* . That order has neither expired by its terms nor been revoked.

   *l.* ☐ other orders be granted. *(Specify in Attachment 1l.)*

2. **(Proposed) conservatee** is *(name):*
   *(Present address):*

   *(Telephone):*

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. *(Specify reasons 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. *(Specify reasons in Attachment 3a.)*

   b. **Petitioner**
   - (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.

   c. **Proposed** ☐ **successor conservator** is *(check all that apply):*
   - (1) ☐ a nominee. (Affix *nomination as Attachment 3c.)*
   - (2) ☐ the spouse of the (proposed) conservatee.
   - (3) ☐ the domestic partner or former domestic partner of the (proposed) conservatee.
   - (4) ☐ a relative of the (proposed) conservatee as *(specify relationship):*
   - (5) ☐ a bank ☐ other entity authorized to conduct the business of a trust company.
   - (6) ☐ a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
   - (7) ☐ a private professional conservator, as defined in Probate Code section 2341, who has filed with the court the information statement required by Probate Code section 2342.
   - (8) (a) ☐ registered with the Statewide Registry of Private Conservators, Guardians, and Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855. The current registration declaration on file will expire on *(date):*
     - (b) ☐ exempt from statewide registration under Probate Code section *(specify):* *(Explain basis for exemption in Attachment 3c.)*
   - (9) ☐ other *(specify):*

* See Item 5b on page 3.

| CONSERVATORSHIP OF *(Name):* CONSERVATEE | CASE NUMBER: |
|---|---|

3. d. **Petitioner** is
   (1) ☐ the (proposed) conservatee.
   (2) ☐ the spouse of the (proposed) conservatee.
   (3) ☐ the domestic partner or former domestic partner of the (proposed) conservatee.
   (4) ☐ a relative of the (proposed) conservatee as *(specify relationship):*
   (5) ☐ a bank ☐ other entity authorized to conduct the business of a trust company.
   (6) ☐ a state or local public entity, officer, or employee.
   (7) ☐ an interested person or friend of the (proposed) conservatee.
   (8) ☐ the proposed ☐ successor conservator.
   (9) ☐ the guardian of the proposed conservatee.

   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.

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 Mental Health 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 able to complete an affidavit of voter registration.

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.

| CONSERVATORSHIP OF *(Name):* CONSERVATEE | CASE NUMBER: |
|---|---|

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):* CONSERVATEE | CASE NUMBER: |
|---|---|

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** ☐ is ☐ is not developmentally disabled 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):* CONSERVATEE | CASE NUMBER: |
|---|---|

10. ☐ **Temporary conservatorship**
Filed with this petition is a *Petition for Appointment of Temporary Guardian or Conservator* (form GC-110).

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

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

a. ☐ listed below.
b. ☐ not known, or none are now living, so the (proposed) conservatee's deemed relatives under Probate Code section 1821(b)(1)–(4) are listed below.

| | Name and relationship to conservatee | Residence address |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

☐ Continued on Attachment 11.

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

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

14. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER) ▶ (SIGNATURE OF ATTORNEY FOR PETITIONER)

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

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

Date:

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

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

| CONSERVATORSHIP OF *(Name)*: _ CONSERVATEE | CASE NUMBER: |
|---|---|

## ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING DEMENTIA
## (Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380))
## (Petition for Appointment of Probate Conservator (form GC-310))

1. Petitioner **requests** that the conservator of the person be authorized
   a. ☐ to place the conservatee in a secured perimeter residential care facility for the elderly operated under Health and Safety Code section 1569.698 and which has a care plan that meets the requirements of California Code of Regulations, title 22, section 87724.
   b. ☐ to authorize the administration of medications appropriate for the care and treatment of dementia.

2. The conservatee or proposed conservatee has dementia as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders.*

3. A medical declaration executed by a licensed physician, or a licensed psychologist acting within the scope of his or her licensure with at least two years experience in diagnosing dementia,
   a. ☐ has been filed.
   b. ☐ will be filed before the hearing.

4. ☐ *Restricted placement.* The conservatee needs or would benefit from placement as requested in item 1a. The conservatee lacks capacity to give informed consent to this placement. The placement requested is the least restrictive placement appropriate to the needs of the conservatee.

5. ☐ *Dementia medications.* The conservatee needs or would benefit from medications appropriate to the care and treatment of dementia. The conservatee lacks capacity to give informed consent to the administration of those medications.

| Conservatorship Of | CASE NUMBER: |
| --- | --- |

*(Required for verified pleading)* The items on this page stated on information and belief are *(specify item numbers, **not** line numbers)*:

This page may be used with any Judicial Council form or any other paper filed with the court.

# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

| | |
|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:<br><br>TELEPHONE NO.: FAX NO. *(Optional)*:<br>E–MAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: IN PRO PER | ***FOR COURT USE ONLY*** |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| CONSERVATORSHIP OF *(Name)*:<br>PROPOSED CONSERVATEE | |
| **CONFIDENTIAL SUPPLEMENTAL INFORMATION**<br>**(Probate Conservatorship)**<br>**Conservatorship of** ☑ **Person** ☐ **Estate** ☐ **Limited Conservatorship** | CASE NUMBER: |
| | HEARING DATE: |
| | DEPT.: TIME: |

1. a. **Proposed conservatee *(name)*:**
   b. Date of birth:
   c. Social security No.:

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

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

(Continued on reverse)

| CONSERVATORSHIP OF *(Name)*: PROPOSED CONSERVATEE | CASE NUMBER: |
|---|---|

3. ☐ UNABLE TO MANAGE FINANCIAL RESOURCES* The following facts support petitioner's allegation that the proposed conservatee is substantially unable to manage his or her financial resources or to resist fraud or undue influence *(specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns)*: ☐ Specified in Attachment 3.

4. RESIDENCE *("Residence" means the place usually described as "home"; for example, owned real property or long-term rental.)*
   a. The proposed conservatee is **located** at *(street address, city, state)*:

   b. The proposed conservatee's **residence** is* ☐ the address in item 4a ☐ other *(street address, city, state)*:

   c. **Ability to live in residence*** The proposed conservatee is
      (1) ☐ **living** in his or her residence and
         (a) ☐ will continue to live there unless circumstances change.
         (b) ☐ will need to be moved after a conservator is appointed *(specify supporting facts below in item 4c(3)).*
         (c) ☐ other *(specify and give supporting facts below in item 4c(3)).*

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

(Continued on page three)

| CONSERVATORSHIP OF *(Name)*: PROPOSED CONSERVATEE | CASE NUMBER: |
|---|---|

4. c. *(continued)*
   (2) ☐ **not living** in his or her residence and
   (a) ☐ will return by *(date)*: *(specify supporting facts below in item 4c(3)).*
   (b) ☐ will not return to live there *(specify supporting facts below in item 4c(3)).*
   (c) ☐ other *(specify and give supporting facts below in item 4c(3)).*
   (3) ☐ Supporting facts *(specify if required)*: ☐ Specified in Attachment 4c.

5. ALTERNATIVES TO CONSERVATORSHIP* Petitioner has considered the following alternatives to conservatorship and found them to be unsuitable or unavailable to the proposed conservatee *(specify the alternatives considered and the reason or reasons each is unsuitable or unavailable)*: ☐ Reasons specified in Attachment 5.
   a. Voluntary acceptance of informal or formal assistance *(give reason this is unsuitable or unavailable)*:

   b. Special or limited power of attorney *(give reason this is unsuitable or unavailable)*:

   c. General power of attorney *(give reason this is unsuitable or unavailable)*:

   d. Durable power of attorney for ☐ health care ☐ estate management *(give reason this is unsuitable or unavailable)*:

   e. Trust *(give reason this is unsuitable or unavailable)*:

   f. Other alternatives considered *(specify and give reason each is unsuitable or unavailable)*:

6. SERVICES PROVIDED* *(complete a or b, or both a and b)*
   a. ☐ During the year before this petition was filed,
   (1) **health services** ☐ were provided ☐ were not provided to the proposed conservatee *(explain)*:
   ☐ Explained in Attachment 6a(1).

   (2) **social services** ☐ were provided ☐ were not provided to the proposed conservatee *(explain)*:
   ☐ Explained in Attachment 6a(2).

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

(Continued on page four)

| CONSERVATORSHIP OF *(Name)*: PROPOSED CONSERVATEE | CASE NUMBER: |
|---|---|

6. a. *(continued)*

(3) **estate management assistance** ☐ was provided ☐ was not provided to the proposed conservatee *(explain)*:

☐ Explained in Attachment 6a(3).

b. ☐ Petitioner has **no knowledge** of what ☐ social services ☐ health services ☐ estate management assistance was provided to the proposed conservatee during the year before this petition was filed. Petitioner has no reasonable means of determining what services were provided.

7. SUPPORTING FACTS (AFFIDAVITS) The information provided above is stated

a. Item 1: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 1a.
b. Item 2: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 2a.
c. Item 3: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 3a.
d. Item 4: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 4a.
e. Item 5: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 5a.
f. Item 6: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 6a.

8. ITEMS NOT APPLICABLE The following items on this form were not applicable to the proposed conservatee:

☐ 2 ☐ 3 ☐ 4b ☐ 4c ☐ 5 ☐ 6 *(specify reasons each item is not applicable)*:

☐ Reasons specified in Attachment 8.

9. Number of pages attached: _____

## DECLARATION

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF PETITIONER)

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| CONSERVATORSHIP OF THE ☑ PERSON ☐ ESTATE OF<br>*(Name):*<br>PROPOSED CONSERVATEE | |
| **CITATION FOR CONSERVATORSHIP**<br>☐ **Limited Conservatorship** | CASE NUMBER: |

THE PEOPLE OF THE STATE OF CALIFORNIA,

**To** *(name):*

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

a. Date: Time: ☐ Dept.: ☐ Room:

b. Address of court: ☐ same as noted above ☐ other *(specify):*

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

2. A conservatorship of the person may be created for a person who is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter. A conservatorship of the property (estate) may be created for a person who is unable to resist fraud or undue influence, or who is substantially unable to manage his or her own financial resources. "Substantial inability" may not be proved solely by isolated incidents of negligence or improvidence.
3. At the hearing a conservator may be appointed for your ☐ person ☐ estate. The appointment may affect or transfer to the conservator your right to contract, to manage and control your property, to give informed consent for medical treatment, to fix your place of residence, and to marry. You also may be disqualified from voting if you are found to be incapable of completing an affidavit of voter registration. The judge or the court investigator will explain to you the nature, purpose, and effect of the proceedings and answer questions concerning the explanation.
4. You have the right to appear at the hearing and oppose the petition. You have the right to hire an attorney of your choice to represent you. The court will appoint an attorney to represent you if you are unable to retain one. You must pay the cost of that attorney if you are able. You have the right to a jury trial if you wish.
5. *(For limited conservatorship only)* In addition to the rights stated in item 4 above, you have the right to oppose the petition in part by objecting to any or all of the requested duties or powers of the limited conservator.

Date:

Clerk, by _____, Deputy

(SEAL)

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



American LegalNet, Inc.
www.USCourtForms.com

| CONSERVATORSHIP OF *(Name):*<br><br>PROPOSED CONSERVATEE | CASE NUMBER: |
|---|---|

## PROOF OF SERVICE

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

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

   c. Address *(specify):*

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

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

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

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

Date:

▶ _____
(SIGNATURE OF PERSON SERVING)

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| ☐ GUARDIANSHIP ☑ CONSERVATORSHIP OF THE ☑ PERSON ☐ ESTATE<br>OF *(Name):*<br>☐ 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):*

   Petition for Appointment of Conservator

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.)

| | |
|---|---|
| ☐ GUARDIANSHIP ☑ CONSERVATORSHIP OF THE ☑ PERSON ☐ ESTATE<br>OF *(Name):*<br>☐ MINOR ☑ (PROPOSED) CONSERVATEE | CASE NUMBER: |

**NOTE: ***

A copy of this *Notice of Hearing—Guardianship or Conservatorship* ("Notice") must be "served" on—delivered to—each person who has the right under the law to be notified of the date, time, place, and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court.. You may use form GC-020(P) to show personal service of this Notice.

***** *(This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C),* Clerk's Certificate of Posting Notice of Hearing—Guardianship or Conservatorship. *(See Prob. Code, § 2543(c).)*

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is *(specify):*

3. I served the foregoing *Notice of Hearing—Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
   a. ☐ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
   b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date mailed: b. Place mailed *(city, state):*

5. ☐ I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date:

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

| | Name of person served | Address *(number, street, city, state, and zip code)* |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

☐ Continued on an attachment. *(You may use form DE-120(MA)/GC-020(MA) to show additional persons served.)*

| ☐ ESTATE ☐ GUARDIANSHIP ☑ CONSERVATORSHIP ☑ MATTER OF *(Name):* | CASE NUMBER: |
|---|---|

## 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. | Name of person served | Address *(number, street, city, state, and zip code)* |
|---|---|---|
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|---|---|
| ☐ GUARDIANSHIP ☑ CONSERVATORSHIP OF THE ☑ PERSON ☐ ESTATE<br>OF *(Name):*<br>☐ MINOR ☑ (PROPOSED) CONSERVATEE | CASE NUMBER: |

**PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP**

*(Attach a separate completed and signed copy of this form or other proof of personal service to* Notice of Hearing—Guardianship or Conservatorship *for each person who personally served a copy of the Notice.)*

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents *(specify):*

   ☐ Continued on Attachment 4.
5. I am *(check all that apply):*
   a. ☐ not a registered California process server.
   b. ☐ a California sheriff or marshal.
   c. ☐ a registered California process server.
   d. ☐ an employee or independent contractor of a registered California process server.
   e. ☐ exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are *(specify):*

**NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE**

| | Name | Address where served *(number, street, city, and state)* | Date and time service made |
|---|---|---|---|
| 1. | | | Date: _____<br>Time: _____ |
| 2. | | | Date: _____<br>Time: _____ |
| 3. | | | Date: _____<br>Time: _____ |
| 4. | | | Date: _____<br>Time: _____ |

☐ List of names and addresses of persons personally served by the undersigned continued on an attachment.
*(You may use* Attachment to Notice of Hearing Proof of Personal Service, *form DE-120(PA)/GC-020(PA), for this purpose.)*

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

Date:

▶ _____
(SIGNATURE)

***(For California sheriff or marshal use only)***
**I certify** that the foregoing is true and correct

Date:

▶ _____
(SIGNATURE)



Form Approved for Optional Use
Judicial Council of California
GC-020(P) [New July 1, 2005]



Probate Code, §§ 1216, 1264, 1460–1469, 1511, 1822
*www.courtinfo.ca.gov*

| ☐ ESTATE ☐ GUARDIANSHIP ☑ CONSERVATORSHIP ☑ MATTER OF *(Name):* | CASE NUMBER: |
|---|---|

## ATTACHMENT TO NOTICE OF HEARING PROOF OF PERSONAL SERVICE

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

**NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE**

| No. | Name | Address where served *(number, street, city, and state)* | Date and time service made |
|---|---|---|---|
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |
| | | | Date: _____ Time: _____ |

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| CONSERVATORSHIP OF<br>*(Name):*<br>CONSERVATEE | |
| **ORDER APPOINTING** ☐ **SUCCESSOR PROBATE CONSERVATOR OF THE**<br>☑ **PERSON** ☐ **ESTATE** ☐ **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. *(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.
4. 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.
5. ☐ 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).
6. ☐ 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.
7. ☐ The conservatee is not capable of completing an affidavit of voter registration.
8. ☐ 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 27.

Do NOT use this form for a temporary conservatorship.

| CONSERVATORSHIP OF *(Name)*: CONSERVATEE | CASE NUMBER: |
|---|---|

9. ☐ 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):* $
10. ☐ The conservatee need not attend the hearing.
11. ☐ The appointed court investigator is *(name):*
*(Address and telephone):*
12. ☐ *(For limited conservatorship only)* The limited conservatee is developmentally disabled as defined in Probate Code section 1420.
13. ☐ The ☐ successor conservator is a private professional conservator as defined by Probate Code section 2341 who has filed with the court the confidential statement required by Probate Code section 2342.
14. The ☐ successor conservator *(check a or b):*
   a. ☐ is currently registered with the Statewide Registry of Private Conservators, Guardians, and Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855.
   b. ☐ is exempt from statewide registration under Probate Code sections 2850–2855.
15. *(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 interests of the conservatee to appoint the spouse as ☐ successor conservator.
16. *(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**

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

**is appointed** ☐ successor ☑ conservator ☐ limited conservator of the PERSON of *(name):*
and *Letters of Conservatorship* shall issue upon qualification.

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

**is appointed** ☐ successor ☐ conservator ☐ limited conservator of the ESTATE of *(name):*
and *Letters of Conservatorship* shall issue upon qualification.

18. ☐ The conservatee need not attend the hearing.
19. 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 19c.
   d. ☐ The ☑ successor conservator is not authorized to take possession of money or any other property without a specific court order.

| CONSERVATORSHIP OF *(Name)*: CONSERVATEE | CASE NUMBER: |
|---|---|

20. ☐ For legal services rendered, ☐ conservatee ☐ conservatee's estate ☐ parents of the minor ☐ minor's estate shall pay to *(name):* the sum of: $
☐ forthwith ☐ as follows *(specify terms, including any combination of payors):*

☐ Continued in Attachment 20.

21. ☐ The conservatee is disqualified from voting.
22. ☐ 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).
23. ☐ The ☐ successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 23 ☐ subject to the conditions provided.
24. ☐ Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in Attachment 24 are granted.
25. ☐ Orders relating to the powers and duties of the ☐ successor conservator of the person under Probate Code sections 2351–2358 as specified in Attachment 25 are granted. (*Do not include orders under Probate Code section 2356.5 relating to dementia.)*
26. ☐ Orders relating to the conditions imposed under Probate Code section 2402 on the ☐ successor conservator of the estate as specified in Attachment 26 are granted.
27. ☐ 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).
28. ☐ Other orders as specified in Attachment 28 are granted.
29. ☐ The probate referee appointed is *(name and address):*

30. ☐ *(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 30 are granted.
31. ☐ *(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 31 are granted.
32. ☐ *(For limited conservatorship only)* Orders limiting the civil and legal rights of the limited conservatee as specified in Attachment 32 are granted.
33. ☐ This order is effective on the ☐ date signed ☐ date minor attains majority *(specify):*
34. Number of boxes checked in items 17–33: _____
35. Number of pages attached: _____

Date:

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*

☐ After recording return to:

TELEPHONE NO.:
FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):* IN PRO PER

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER

STREET ADDRESS:
MAILING ADDRESS: Same
CITY AND ZIP CODE:
BRANCH NAME:

CONSERVATORSHIP OF *(Name)*:

CONSERVATEE

***FOR RECORDER'S USE ONLY***

CASE NUMBER:

# LETTERS OF CONSERVATORSHIP

☑ **Person** ☐ **Estate** ☐ **Limited Conservatorship**

***FOR COURT USE ONLY***

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

(SEAL)

4. ☐ The conservator is **not** authorized to take possession of money or any other property without a specific court order.
5. Number of pages attached: _____

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

Date:

Clerk, by _____, Deputy



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

| CONSERVATORSHIP OF *(Name)*: CONSERVATEE | CASE NUMBER: |
|---|---|

## 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)*:

(SIGNATURE OF APPOINTEE)

## CERTIFICATION

I certify that this document and 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.

Date: Clerk, by _____ , Deputy

(SEAL)

# INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS

**FW-001-INFO**

**(California Rules of Court, rules 3.50–3.63)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:
   - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
   - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
   - The Food Stamp Program
   - County Relief, General Relief (G.R.), or General Assistance (G.A.)

   If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

| PROGRAM | VERIFICATION |
|---|---|
| SSI/SSP | Medi-Cal Card or<br>Notice of Planned Action or<br>SSI Computer-Generated Printout or<br>Bank Statement Showing SSI Deposit or<br>"Passport to Services" |
| CalWORKs/TANF<br>(formerly known as AFDC) | Medi-Cal Card or<br>Notice of Action or<br>Income and Eligibility Verification Form or<br>Monthly Reporting Form or<br>Electronic Benefit Transfer Card or<br>"Passport to Services" |
| Food Stamp Program | Notice of Action or<br>Food Stamp ID Card or<br>"Passport to Services" |
| General Relief/General Assistance | Notice of Action or<br>Copy of Check Stub or<br>County Voucher |

***–OR –***

2. Your total gross **monthly household income** is equal to or less than the following amounts:

| NUMBER IN FAMILY | FAMILY INCOME |
|---|---|
| 1 | $ 1,128.13 |
| 2 | 1,517.71 |
| 3 | 1,907.30 |
| 4 | 2,296.88 |
| 5 | 2,686.46 |

| NUMBER IN FAMILY | FAMILY INCOME |
|---|---|
| 6 | $ 3,076.05 |
| 7 | 3,465.63 |
| 8 | 3,855.21 |
| Each additional person | 389.59 |

***–OR–***

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

***To apply, fill out the* Application for Waiver of Court Fees and Costs *(form FW-001) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.***

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

**— THIS FORM MUST BE KEPT CONFIDENTIAL —** **FW-001**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional)*:<br>E-MAIL ADDRESS *(Optional)*:<br>ATTORNEY FOR *(Name)*: IN PRO PER | |
| NAME OF COURT: Superior Court of California, County of SACRAMENTO<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| PLAINTIFF/ PETITIONER: Conservatorship Of<br>DEFENDANT/ RESPONDENT: | |
| **APPLICATION FOR WAIVER OF COURT FEES AND COSTS** | CASE NUMBER: |

**I request a court order so that I do not have to pay court fees and costs.**

1. a. ☐ I am ***not*** able to pay any of the court fees and costs.
   b. ☐ I am able to pay ***only*** the following court fees and costs *(specify)*:

2. My current street or mailing address is *(if applicable, include city or town, apartment no., if any, and zip code)*:

3. a. My occupation, employer, and employer's address are *(specify)*:

   b. My spouse's occupation, employer, and employer's address are *(specify)*:

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ **Food Stamps:** The Food Stamp Program
   d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you must check and complete* ***one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.***
   a. ☐ *(Optional)* My Medi-Cal number is *(specify)*:
   b. ☐ *(Optional)* My social security number is *(specify)*:
   ☐☐☐ - ☐☐ - ☐☐☐☐ and my date of birth is *(specify)*:
   **[*Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.*]**
   c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
   **[*See Form FW-001-INFO,* Information Sheet on Waiver of Court Fees and Costs, *available from the clerk's office, for a list of acceptable documents.*]**

**[*If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.*]**

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

**[*if you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.*]**

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. **[*If you check this box, you must complete the back of this form.*]**

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

*(Financial information on reverse)*



Form Adopted for Mandatory Use
Judicial Council of California
FW-001 [Rev. July 1, 2007]

**APPLICATION FOR WAIVER OF COURT FEES AND COSTS**
**(Fee Waiver)**

Government Code, § 68511.3
*www.courtinfo.ca.gov*

American LegalNet, Inc.
www.Forms*Workflow*.com

| PLAINTIFF/PETITIONER: Conservatorship Of<br>DEFENDANT/RESPONDENT: | CASE NUMBER: |
|---|---|

## FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]**

9. **MY MONTHLY INCOME**
   a. My gross monthly pay is: . . . . . $ _____
   b. **My payroll deductions are *(specify purpose and amount)*:**
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      My TOTAL payroll deduction amount is: $ _____
   c. My monthly take-home pay is
      *(a. minus b.)*: . . . . . $ _____
   d. Other money I get each month is *(specify **source** and **amount;** include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      The TOTAL amount of other money is: $ _____
      *(If more space is needed, attach page labeled Attachment 9d.)*
   e. **MY TOTAL MONTHLY INCOME IS**
      (c. plus d.): . . . . . $ _____
   f. Number of persons living in my home: _____
      Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

| | Name | Age | Relationship | Gross Monthly Income |
|---|---|---|---|---|
| (1) | | | | $ |
| (2) | | | | $ |
| (3) | | | | $ |
| (4) | | | | $ |
| (5) | | | | $ |

      The TOTAL amount of other money is: $ _____
      *(If more space is needed, attach page labeled Attachment 9f.)*
   g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
      *(a. plus d. plus f)*: . . . . . $ _____

10. **I own or have an interest in the following property:**
   a. Cash . . . . . $ _____
   b. Checking, savings, and credit union accounts (list *banks)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
   c. Cars, other vehicles, and boats *(list make, year, fair market value (FMV), and loan balance of each)*:

| | Property | FMV | Loan Balance |
|---|---|---|---|
| (1) | | $ | $ |
| (2) | | $ | $ |
| (3) | | $ | $ |

   d. Real estate *(list address, estimated fair market value (FMV), and loan balance of each property)*:

| | Property | FMV | Loan Balance |
|---|---|---|---|
| (1) | | $ | $ |
| (2) | | $ | $ |
| (3) | | $ | $ |

   e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. *(list separately)*:
      $ _____

11. **My monthly expenses not already listed in item 9b above are the following:**
   a. Rent or house payment & maintenance $ _____
   b. Food and household supplies . . . . . $ _____
   c. Utilities and telephone . . . . . $ _____
   d. Clothing . . . . . $ _____
   e. Laundry and cleaning . . . . . $ _____
   f. Medical and dental payments . . . . . $ _____
   g. Insurance (life, health, accident, etc.) $ _____
   h. School, child care . . . . . $ _____
   i. Child, spousal support (prior marriage) $ _____
   j. Transportation and auto expenses (insurance, gas, repair) . . . . . $ _____
   k. Installment payments *(specify **purpose** and **amount**)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      The TOTAL amount of monthly installment payments is: . . . . . $ _____
   l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____
   m. Other expenses *(specify)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      (5) _____ $ _____
      The TOTAL amount of other monthly expenses is: . . . . . $ _____
   n. **MY TOTAL MONTHLY EXPENSES ARE**
      *(add a. through m.)*: . . . . . $ _____

12. Other facts that support this application are *(describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12)*:

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* IN PRO PER | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** PLACER<br>STREET ADDRESS:<br>MAILING ADDRESS: Same<br>CITY AND ZIP CODE:<br>BRANCH NAME: | |
| PLAINTIFF/ PETITIONER: Conservatorship Of<br>DEFENDANT/ RESPONDENT: | CASE NUMBER: |

## ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on *(date):* ☐ A previous order was issued on *(date):*
2. The application was filed by *(name):*
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part *(complete item 4 below).*
   a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.61, **is waived.**
   b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:
      (1) ☐ Filing papers.
      (2) ☐ Certification and copying.
      (3) ☐ Issuing process and certification.
      (4) ☐ Transmittal of papers.
      (5) ☐ Court-appointed interpreter.
      (6) ☐ Sheriff and marshal fees.
      (7) ☐ Reporter's fees* *(valid for 60 days).*
      (8) ☐ Telephone appearance (Gov. Code, § 68070.1 (c))
      (9) ☐ Other *(specify code section):*
      Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
   c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
      (1) ☐ Pay *(specify):* percent. (2) ☐ Pay: $ per month or more until the balance is paid.
   d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

| Date: | Time: | Dept.: | Div.: | Room: |
|---|---|---|---|---|

   e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
   f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons *(see Cal. Rules of Court, rules 3.50–3.63):*
   a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
   b. ☐ Other *(Complete line 4b on page 2).*
   c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
   d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
   a. The substantial evidentiary conflict to be resolved by the hearing is *(specify):*
   b. The applicant should appear in this court at the following hearing to help resolve the conflict:

| Date: | Time: | Dept.: | Div.: | Room: |
|---|---|---|---|---|

   c. The address of the court is *(specify):*
      ☐ Same as above
   d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

**NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.**

**WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.**

Date:

☐ _____ ☐ Clerk, by _____, Deputy

JUDICIAL OFFICER

*(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rule of Court, rules 3.56.)*



Form Adopted for Mandatory Use
Judicial Council of California
FW-003 [Rev. January 1, 2007]



Government Code, § 68511.3;
Cal. Rules of Court, rules 3.50–3.63
*www.courtinfo.ca.gov*

| PLAINTIFF/PETITIONER *(Name)*: Conservatorship Of<br>DEFENDANT/RESPONDENT *(Name)*: | CASE NUMBER: |
|---|---|

4b ☐ Application is denied in whole or in part *(specify reasons)*:

## CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at *(place)*: , California, on *(date)*:

Clerk, by _____ , Deputy

(SEAL)

## CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____ , Deputy



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