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.:

Conservatorship of the Person: ___ **Estate:** ___

BEFORE YOU GO ON, PLEASE CHECK YOUR SPELLING

CLICK HERE BEFORE CONTINUING TO THE NEXT PAGE.

Attorney or Party without Attorney (Name and Address): Telephone No: **SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO** Conservatorship of the ☐ Person ☐ Estate of: Proposed Conservatee.	
VERIFICATION THAT VIDEO TAPE OF CONSERVATOR'S DUTIES HAS BEEN VIEWED	**Case No.**

I have petitioned the court to be appointed the conservator of the person and/or estate of:

_____

I viewed the court's videotape presentation on the duties and responsibilities of the conservator on _____ at the following location:

☐ My attorney's office ☐ Sacramento County Law Library or ☐ Other: _____.

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

Dated: _____

_____ _____

(Type or Print Name) (Signature of Declarant)

The Video Tape, "Becoming a Conservator", is available for review at the following locations:

1. **The Self Help Center, Room 113, 3341 Power Inn Road, Sacramento, CA.;**
2. **InfoLine Sacramento, William R. Ridgeway Family Relations Courthouse, 3341 Power Inn Road, Self Help Center, Sacramento, CA. (916) 875-2597.**

The handbook referred to in this tape: "Handbook for Conservators", is available for review at the Sacramento County Public Law Library (Main and Branch locations) and at the Judicial Council'' web site: http://www.courtinfo.ca.gov/reference/documents/handbook.pdf

THIS FORM MUST BE COMPLETED AND FILED PRIOR TO THE HEARING ON THE CONSERVATORSHIP PETITION

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

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
STREET ADDRESS: 3341 Power Inn Road, Room 214
MAILING ADDRESS: Same
CITY AND ZIP CODE: Sacramento, CA 95826
BRANCH NAME: Family Relations Courthouse

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

☐ CONSERVATEE ☐ PROPOSED CONSERVATEE

CAPACITY DECLARATION—CONSERVATORSHIP

CASE NUMBER

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

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

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

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

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

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

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

GENERAL INFORMATION

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

ABILITY TO ATTEND COURT HEARING

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

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

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

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

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):* E–MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
CONSERVATORSHIP OF *(Name):* 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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Telephone No. FAX No: ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO Street Address: 3341 Power Inn Road , Room 214 Mailing Address: 3341 Power Inn Road, Room 214 City and Zip Code: Sacramento, CA 95826 BRANCH NAME: WM RIDGEWAY FAMILY RELATIONS COURTHOUSE	
GUARDIANSHIP/CONSERVATORSHIP/OTHER OF: (NAME):	Case Number:
DECLARATION OF DILIGENT SEARCH	Hearing Date:

I have made diligent attempts to locate _____.
Name and Relationship to Proposed Ward/Conservatee

To date, my efforts have been unsuccessful.

The last known address of the person named above was _____.

The approximate date when the person named above was last known to reside there was _____.

My attempts to locate include the following:

1. I contacted the following relatives of the person named above:

   Name and Relationship to Person Named Above — Address and Telephone Number

   Name and Relationship to Person Named Above — Address and Telephone Number

   Name and Relationship to Person Named Above — Address and Telephone Number

   Results of interview and additional information received:

2. I contacted the following friends and acquaintances of the person named above:

   Name and Relationship to Person Named Above — Address and Telephone Number

   Name and Relationship to Person Named Above — Address and Telephone Number

   Name and Relationship to Person Named Above — Address and Telephone Number

   Results of interview and additional information received:

3. I contacted the following employers of the person named above:

   Name and Title — Business Name, Address and Telephone Number — Dates of Employment

   Name and Title — Business Name, Address and Telephone Number — Dates of Employment

   Results of interview and additional information received:

4. I reviewed the city telephone directories of _____ and contacted directory assistance on _____.
City & State
Date

Results/additional information received:

5. I searched the real and personal property indexes in the Recorder's and Assessor's Offices of _____ County on _____.
County Name
Date

Results/additional information received:

6. I checked voter registration records of _____ on _____.
Location
Date

Results/additional information received:

7. I conducted an Internet search on _____.
Location
Date

Results/additional information received:

8. I contacted the applicable criminal justice agency (such as California Department of Corrections Locator Service at (916) 445-6713), on _____.
Date

Results/additional information received:

9. Additional steps I took to locate the person described above include (e.g. interviewing neighbors; care facility; medical staff, etc.): (Attach additional pages as required.)

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

Dated: _____ _____
Signature

Print Name: _____

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):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* In Pro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
CONSERVATORSHIP OF *(Name):* PROPOSED CONSERVATEE	CASE NUMBER:
CONFIDENTIAL CONSERVATOR SCREENING FORM **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: CA 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. July 1, 2009]

CONFIDENTIAL CONSERVATOR SCREENING FORM
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 1810, 1811, 2104, 2346;
Cal. Rules of Court, rule 7.1050
www.courtinfo.ca.gov

American LegalNet, Inc.
www.Forms*Workflow*.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 fiduciary, as defined in Business and Professions Code section 6501(f). *(If you checked "I am," respond to item 18. If you checked "I am not," go to item 19.)*
18. ☐ I am ☐ I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as conservator in this matter. *(Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 3c(7) of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
19. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation):*

    a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)*
20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
    ☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)*

DECLARATION

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

Date:

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

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

CONFIDENTIAL CONSERVATOR SCREENING FORM Additional Page	CASE NUMBER: _____ HEARING DATE: _____

1. **Proposed Conservator's Name:** _____
2. **Name of Employer:** _____
3. **Address of Employment:** _____

   _____
4. **Proposed Conservator's Name:** _____
5. **Name of Employer:** _____
6. **Address of Employment:** _____

   _____
7. **Marital / Partnership History: Married / Domestic Partnership?** **Yes** _____ **No** _____
8. **Spouse / Partner/ Children / Other person in the household**

	Date of Birth	Relationship

9. **Spouse / Partner/ Minor children outside the household**

	Date of Birth	Relationship

Name:
Address:

Telephone Number:
In Pro Per

THE SUPERIOR COURT OF CALIFORNIA

IN AND FOR THE COUNTY OF SACRAMENTO

Conservatorship of the: person of _____ a proposed conservatee		CASE NO. Waiver of Notice of Hearing. (Probate Code § 1204)

I _____, am the conservatee's _____ and I hereby
Your name Relationship to conservatee
waive notice of the time and place of the hearing of the petition for _____
Proposed conservatee
filed herein by _____.
Petitioner's name

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

Dated:_____

_____
Print your name

_____
Sign your name

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. (*Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
CONSERVATORSHIP OF *(Name):* (PROPOSED) CONSERVATEE	
PETITION FOR APPOINTMENT OF ☐ **SUCCESSOR** **PROBATE CONSERVATOR OF THE** ☑ **PERSON** ☐ **ESTATE** ☐ **Limited Conservatorship**	CASE NUMBER: HEARING DATE AND TIME: DEPT.:

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

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

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

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

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

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

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

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

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

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

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

   g. ☐ the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed ☐ successor conservator of the person be granted the powers specified in Probate Code section 2355. *(Complete item 9 on page 6.)*

Do NOT use this form for a temporary conservatorship.

Form Adopted for Mandatory Use
Judicial Council of California
GC-310 [Rev. July 1, 2009]

PETITION FOR APPOINTMENT OF PROBATE CONSERVATOR
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 1820, 1821, 2680–2682
www.courtinfo.ca.gov

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

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):* *(Telephone):*
   (Present address):

3. a. ☐ **Jurisdictional facts** *(initial appointment only):* The proposed conservatee has no conservator in California and is a
   (1) ☐ resident of California and
      (a) ☐ a resident of this county.
      (b) ☐ not a resident of this county, but commencement of the conservatorship in this county is in the best interests of the proposed conservatee for the reasons specified in Attachment 3a.
   (2) ☐ nonresident of California but
      (a) ☐ is temporarily living in this county, or
      (b) ☐ has property in this county, or
      (c) ☐ commencement of the conservatorship in this county is in the best interest of the proposed conservatee for the reasons specified in Attachment 3a.

   b. **Petitioner** *(answer items (1) and (2) and check all other items that apply:)*
   (1) ☐ is ☐ is not a **creditor** or an agent of a creditor of the (proposed) conservatee.
   (2) ☐ is ☐ is not a **debtor** or an agent of a debtor of the (proposed) conservatee.
   (3) ☐ is the proposed ☐ successor conservator.
   (4) ☐ is the (proposed) conservatee. *(If this item is **not** checked, you must also complete item 3f.)*
   (5) ☐ is the spouse of the (proposed) conservatee. *(You must also complete item 6.)*
   (6) ☐ is the domestic partner or former domestic partner of the (proposed) conservatee. *(You must also complete item 7.)*
   (7) ☐ is a relative of the (proposed) conservatee as *(specify relationship):*
   (8) ☑ is an interested person or friend of the (proposed) conservatee.
   (9) ☐ is a state or local public entity, officer, or employee.
   (10) ☐ is the guardian of the proposed conservatee.
   (11) ☐ is a bank ☐ other entity authorized to conduct the business of a trust company.
   (12) ☐ is a professional fiduciary within the meaning of Business and Professions Code section 6501(f) who is licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. Petitioner's license number is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. *(Use form GC-210(A-PF)/GC-310(A-PF) for this attachment. You must also complete item 2 on page 2 of that form and item 3d below.)*

***** See Item 5b on page 4.

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

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

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

   e. **Character and estimated value of the property of the estate** *(complete items (1) or (2) and (3), (4), and (5)):*
      (1) ☐ *(For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):* Personal property: $, per Inventory and Appraisal filed in this proceeding on *(specify dates of filing of all inventories and appraisals):*

      (2) ☐ Estimated value of personal property: $
      (3) Annual gross income from
         (a) real property: $
         (b) personal property: $
         (c) pensions: $
         (d) wages: $
         (e) public assistance benefits: $
         (f) other: $ _____
      (4) **Total** of (1) or (2) and (3): $ _____
      (5) Real property: $
         (a) ☐ per Inventory and Appraisal identified in item (1).
         (b) ☐ estimated value.

   f. ☐ **Due diligence** *(complete this item if the (proposed) conservatee is not a petitioner):*
      (1) Efforts to find the (proposed) conservatee's relatives or reasons why it is not feasible to contact any of them are described on Attachment 3f(1).
      (2) Statements of the (proposed) conservatee's preferences concerning the appointment of any (successor) conservator and the appointment of the proposed (successor) conservator or reasons why it is not feasible to ascertain those preferences are contained on Attachment 3f(2).

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

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.

   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:

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

5. c. **(Proposed) conservatee** requires a conservator and is
   (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:

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.)

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

8. **(Proposed) conservatee** *(check all that apply):*
   a. ☐ will attend the hearing AND ☐ is the petitioner ☐ is not the petitioner AND ☐ has ☐ has not nominated the proposed ☐ successor conservator.
   b. ☐ *(initial appointment of conservator only):* is able but unwilling to attend the hearing AND ☐ does ☐ does not wish to contest the establishment of a conservatorship, ☐ does ☐ does not object to the proposed conservator, AND ☐ does ☐ does not prefer that another person act as conservator.
   c. ☐ *(initial appointment of conservator only):* is unable to attend the hearing because of medical inability. A *Capacity Declaration—Conservatorship* (form GC–335), executed by a licensed medical practitioner or an accredited religious practitioner ☐ is filed with this petition. ☐ will be filed before the hearing.
   d. ☐ *(initial appointment of conservator only):* is not the petitioner, is out of state, and will not attend the hearing.
   e. ☐ *(appointment of successor conservator only):* will not attend the hearing.

9. ☐ **Medical treatment of (proposed) conservatee**
   a. There is no form of medical treatment for which the (proposed) conservatee has the capacity to give an informed consent.
   b. A *Capacity Declaration—Conservatorship* (form GC-335) executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure, stating that the (proposed) conservatee lacks the capacity to give informed consent for any form of medical treatment and giving reasons and the factual basis for this conclusion, ☐ is filed with this petition. ☐ will be filed before the hearing. ☐ will not be filed for the reason stated in c.
   c. ☐ *(appointment of successor conservator only)* The conservatee's incapacity to consent to any form of medical treatment was determined by order filed in this matter on *(date):* .
   That order has neither expired by its terms nor been revoked.
   d. (Proposed) conservatee ☐ is ☐ is not an adherent of a religion that relies on prayer alone for healing, as defined in Probate Code section 2355(b).

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

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

   The names, residence addresses, and relationships of the spouse or registered domestic partner and the second-degree relatives of the (proposed) conservatee (his or her parents, grandparents, children, grandchildren, and brothers and sisters), so far as known to petitioner, are
   a. ☐ listed below.
   b. ☐ not known, or none are now living, so the (proposed) conservatee's deemed relatives under Probate Code section 1821(b)(1)–(4) are listed below.

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

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

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

Name and relationship to conservatee	Residence address
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

☐ 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)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
PLAINTIFF/PETITIONER: Conservatorship Of DEFENDANT/RESPONDENT:	
DECLARATION	CASE NUMBER:

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other *(Specify):*

American LegalNet, Inc.
www.USCourtForms.com

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)*: TELEPHONE NO.: FAX NO. *(Optional)*: E–MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*: IN PRO PER	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
CONSERVATORSHIP OF *(Name)*: PROPOSED CONSERVATEE	
CONFIDENTIAL SUPPLEMENTAL INFORMATION **(Probate Conservatorship)** **Conservatorship of** ☐ **Person** ☐ **Estate** ☐ **Limited Conservatorship**	CASE NUMBER:
	HEARING DATE:
	DEPT.: 129 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)

CONFIDENTIAL

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.

For Conservatorship of the Person ONLY

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)

NAME AND ADDRESS OF ATTORNEY TELEPHONE/FAX NO:	FOR COURT USE ONLY
ATTORNEY FOR: IN PRO PER **SUPERIOR COURT OF CALIFORNIA** **COUNTY OF SACRAMENTO** ☐ Guardianship ☑ Conservatorship of the ☐ Person ☐ Estate of: Name:	
NOTIFICATION TO COURT OF ADDRESS ON CONSERVATORSHIP OR GUARDIANSHIP	CASE NUMBER

CONSERVATEE/WARD

Address _____ City _____ State _____ Zip Code _____

Phone Number ( ) _____ Marital Status _____

Physician _____ Phone Number ( ) _____ Fax Number ( ) _____

Attends Program Yes ☐ No ☐ Program Name/School _____

Program/School Address _____ City _____ State _____ Zip Code _____

Fax Number ( ) _____ Phone Number ( ) _____

Program/School Schedule _____

ATTORNEY FOR CONSERVATEE/WARD

Name _____

Address _____ City _____ State _____ Zip Code _____

Fax Number ( ) _____ Phone Number ( ) _____

CONSERVATOR/GUARDIAN

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number ( ) _____ Work Number ( ) _____ Other Contact Numbers ( ) _____

ATTORNEY FOR CONSERVATOR/GUARDIAN

Name _____

Address _____ City _____ State _____ Zip Code _____

Fax Number ( ) _____ Phone Number ( ) _____

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* PROPOSED CONSERVATEE	
CITATION FOR CONSERVATORSHIP ☐ **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.: 129 ☑ Room: 214

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):* 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):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
☐ GUARDIANSHIP ☑ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* ☐ MINOR ☑ (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER:

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

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

   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.: 129 ☑ Room: 214

   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 OF *(Name):* ☐ 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)*

Form Approved for Optional Use
Judicial Council of California
DE-120(MA)/GC-020(MA)
[New July 1, 2005]

☐ GUARDIANSHIP ☑ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* ☐ 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: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ 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):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
CONSERVATORSHIP OF *(Name):* CONSERVATEE	
ORDER APPOINTING ☐ **SUCCESSOR PROBATE CONSERVATOR OF THE** ☐ **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.: 129 ☑ Room: 214
   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

GC-350

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 SACRAMENTO
STREET ADDRESS: 3341 Power Inn Road, Room 214
MAILING ADDRESS: Same
CITY AND ZIP CODE: Sacramento, CA 95826
BRANCH NAME: Family Relations Courthouse

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)*: SACRAMENTO

(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)

FW-001 Request to Waive Court Fees

CONFIDENTIAL

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of
SACRAMENTO
3341 Power Inn Road, Room 214
Sacramento, CA 95826
Family Relations Courthouse

Fill in case number and name:

Case Number:

Case Name: Guardianship of:

(1) **Your Information** *(person asking the court to waive the fees):*

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

(2) **Your Job,** if you have one *(job title):* _____

Name of employer: _____

Employer's address: _____

(3) **Your lawyer,** if you have one *(name, firm or affiliation, address, phone number, and State Bar number):*
IN PRO PER

a. The lawyer has agreed to advance all or a portion of your fees or costs *(check one):* Yes ☐ No ☐

b. *(If yes, your lawyer must sign here)* Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

(4) **What court's fees or costs are you asking to be waived?**

☑ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)

☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

(5) **Why are you asking the court to waive your court fees?**

a. ☐ I receive *(check all that apply):* ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. *(If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)*

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income
1	$1,128.13	3	$1,907.30	5	$2,686.46
2	$1,517.71	4	$2,296.88	6	$3,076.05

If more than 6 people at home, add $389.59 for each extra person.

c. ☐ I do not have enough income to pay for my household's basic needs *and* the court fees. I ask the court to *(check one):* ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (*Explain*): _____ *(If you check 5c, you must fill out page 2.)*

(6) ☐ Check here if you asked the court to waive your court fees for this case in the last six months.
(*If your previous request is reasonably available, please attach it to this form and check here:* ☐)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: _____

_____ ▶ _____
Print your name here *Sign here*

Case Number:

Your name: _____

*If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.*

7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

a. Gross monthly income *(before deductions):* $ _____
List each payroll deduction and amount below:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

b. Total deductions *(add 8a (1)-(4) above):* $ _____

c. Total monthly take-home pay *(8a minus 8b):* $ _____

d. List the source and amount of *any* other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

e. **Your total monthly income is** *(8c plus 8d):* $ _____

9 Household Income

a. List all other persons living in your home and their income; include only your spouse and all individuals 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)				$

b. **Total monthly income of persons above:** $ _____

Total monthly income *and* household income *(8e plus 9b):* $ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

***Important!* If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.**

10 Your Money and Property

a. Cash - $ _____

b. All financial accounts *(List bank name and amount):*

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

c. Cars, boats, and other vehicles

	Make / Year	Fair Market Value	How Much You Still Owe
(1)		$	$
(2)		$	$
(3)		$	$

d. Real estate

	Address	Fair Market Value	How Much You Still Owe
(1)		$	$
(2)		$	$
(3)		$	$

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

	Describe	Fair Market Value	How Much You Still Owe
(1)		$	$
(2)		$	$
(3)		$	$

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

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 expenses $ _____
g. Insurance (life, health, accident, etc.) $ _____
h. School, child care $ _____
i. Child, spousal support (another marriage) $ _____
j. Transportation, gas, auto repair and insurance $ _____
k. Installment payments (list each below):
Paid to:
(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
l. Wages/earnings withheld by court order $ _____
m. Any other monthly expenses *(list each below)*:
Paid to: How Much?
(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____

Total monthly expenses *(add 11a –11m above):* $ _____

FW-003

Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one *(name, address, phone number, e-mail, and State Bar number):* IN PRO PER

_____

_____

_____

Fill in court name and street address:

Superior Court of California, County of
SACRAMENTO
3341 Power Inn Road, Room 214
Sacramento, CA 95826
Family Relations Courthouse

3 A request to waive court fees was filed on *(date):* _____

☐ The court made a previous fee waiver order in this case on *(date):* _____

Fill in case number and case name:

Case Number:

Case Name: Guardianship of:

Read this form carefully. All checked boxes ☑ are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your *(check one):* ☐ *Request to Waive Court Fees* ☐ *Request to Waive Additional Court Fees* **the court makes the following orders:**

a. ☐ The court **grants** your request, as follows:

(1) ☐ **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. *(Cal. Rules of Court, rule 3.55.)* You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Reporter's daily fee *(for up to 60 days following the fee waiver order at the court-approved daily rate)*
- Preparing and certifying the clerk's transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(2) ☐ **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. *(Cal. Rules of Court, rule 3.56.)* You do not have to pay for the checked items.

☐ Jury fees and expenses
☐ Fees for court-appointed experts
☐ Fees for a peace officer to testify in court
☐ Court-appointed interpreter fees for a witness
☐ Reporter's daily fees *(beyond the 60-day period following the fee waiver order)*
☐ Other *(specify):* _____

(3) ☐ **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. *(Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.)* You do not have to pay for the checked items.

☐ Preparing and certifying clerk's transcript for appeal
☐ Other *(specify):* _____

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

Case Number:

Your name: _____

b. ☐ The court **denies** your request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1) ☐ The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below *(specify incomplete items):*

_____

(2) ☐ The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested *(specify reasons):* _____

_____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. *(Use form FW-006 to request hearing.)*

c. ☐ The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about *(specify questions regarding eligibility):* _____

_____

_____

☐ Bring the following proof to support your request if reasonably available: _____

_____

Hearing Date →

Date: _____ Time: _____ Name and address of court if different from page 1: _____

Dept.: _____ Rm.: _____ _____

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

_____

Signature of (check one): ☐ *Judicial Officer* ☐ *Clerk, Deputy*

Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation,* Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and *(check one):* ☐ A certificate of mailing is attached.

☐ I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from *(city)*: _____, California on the date below.

Date: _____ Clerk, by _____, Deputy

INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs *and* your court fees, you may ask the court to waive all or part of your court fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
   - Filing papers in superior court (other than for an appeal in a case with a value of over $25,000)
   - Making and certifying copies
   - Sheriff's fee to give notice
   - Court fees for telephone hearings
   - Giving notice and certificates
   - Sending papers to another court department
   - Having a court-appointed interpreter in small claims court
   - Reporter's daily fee *(for up to 60 days after the grant of the fee waiver, at the court-approved daily rate)*
   - Preparing, certifying, copying, and sending the clerk's transcript on appeal.

2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
   - Jury fees and expenses
   - Fees for court-appointed experts
   - Reporter's daily fees (*beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate)*
   - Fees for a peace officer to testify in court
   - Court-appointed interpreter fees for a witness
   - Other necessary court fees

3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

- **You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.**
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).)
- **If you settle your civil case for $10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- **The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a $25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.

Print This Form

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Clear This Form

Attorney or Party without Attorney (Name and Address): Telephone No: **SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO** Conservatorship of the ☐ Person ☐ Estate of: Proposed Conservatee.	
VERIFICATION THAT VIDEO TAPE OF CONSERVATOR'S DUTIES HAS BEEN VIEWED	**Case No.**

I have petitioned the court to be appointed the conservator of the person and/or estate of:

_____

I viewed the court's videotape presentation on the duties and responsibilities of the conservator on _____ at the following location:

☐ My attorney's office ☐ Sacramento County Law Library or ☐ Other: _____.

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

Dated: _____

_____ _____

(Type or Print Name) (Signature of Declarant)

The Video Tape, "Becoming a Conservator", is available for review at the following locations:

1. **The Self Help Center, Room 113, 3341 Power Inn Road, Sacramento, CA.;**
2. **InfoLine Sacramento, William R. Ridgeway Family Relations Courthouse, 3341 Power Inn Road, Self Help Center, Sacramento, CA. (916) 875-2597.**

The handbook referred to in this tape: "Handbook for Conservators", is available for review at the Sacramento County Public Law Library (Main and Branch locations) and at the Judicial Council'' web site: http://www.courtinfo.ca.gov/reference/documents/handbook.pdf

THIS FORM MUST BE COMPLETED AND FILED PRIOR TO THE HEARING ON THE CONSERVATORSHIP PETITION

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):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* In Pro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Family Relations Courthouse	
CONSERVATORSHIP OF *(Name):* PROPOSED CONSERVATEE	CASE NUMBER:
CONFIDENTIAL CONSERVATOR SCREENING FORM **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: CA 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. July 1, 2009]

CONFIDENTIAL CONSERVATOR SCREENING FORM
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 1810, 1811, 2104, 2346;
Cal. Rules of Court, rule 7.1050
www.courtinfo.ca.gov

American LegalNet, Inc.
www.Forms*Workflow*.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 fiduciary, as defined in Business and Professions Code section 6501(f). *(If you checked "I am," respond to item 18. If you checked "I am not," go to item 19.)*
18. ☐ I am ☐ I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as conservator in this matter. *(Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 3c(7) of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
19. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation):*

    a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)*
20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
    ☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)*

DECLARATION

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

Date:

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

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

CONFIDENTIAL CONSERVATOR SCREENING FORM Additional Page	CASE NUMBER: _____ HEARING DATE: _____

1. **Proposed Conservator's Name:** _____
2. **Name of Employer:** _____
3. **Address of Employment:** _____

   _____
4. **Proposed Conservator's Name:** _____
5. **Name of Employer:** _____
6. **Address of Employment:** _____

   _____
7. **Marital / Partnership History: Married / Domestic Partnership?** **Yes** _____ **No** _____
8. **Spouse / Partner/ Children / Other person in the household**

	Date of Birth	Relationship

9. **Spouse / Partner/ Minor children outside the household**

	Date of Birth	Relationship

NAME AND ADDRESS OF ATTORNEY TELEPHONE/FAX NO:	FOR COURT USE ONLY
ATTORNEY FOR: IN PRO PER **SUPERIOR COURT OF CALIFORNIA** **COUNTY OF SACRAMENTO** ☐ Guardianship ☑ Conservatorship of the ☐ Person ☐ Estate of: Name:	
NOTIFICATION TO COURT OF ADDRESS ON CONSERVATORSHIP OR GUARDIANSHIP	CASE NUMBER

CONSERVATEE/WARD

Address _____ City _____ State _____ Zip Code _____

Phone Number ( ) _____ Marital Status _____

Physician _____ Phone Number ( ) _____ Fax Number ( ) _____

Attends Program Yes ☐ No ☐ Program Name/School _____

Program/School Address _____ City _____ State _____ Zip Code _____

Fax Number ( ) _____ Phone Number ( ) _____

Program/School Schedule _____

ATTORNEY FOR CONSERVATEE/WARD

Name _____

Address _____ City _____ State _____ Zip Code _____

Fax Number ( ) _____ Phone Number ( ) _____

CONSERVATOR/GUARDIAN

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number ( ) _____ Work Number ( ) _____ Other Contact Numbers ( ) _____

ATTORNEY FOR CONSERVATOR/GUARDIAN

Name _____

Address _____ City _____ State _____ Zip Code _____

Fax Number ( ) _____ Phone Number ( ) _____