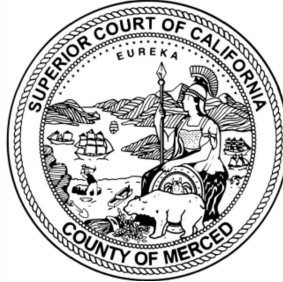


# SUPERIOR COURT OF CALIFORNIA

## COUNTY OF MERCED



### CONSERVATORSHIP PACKET

<b>FORMS INCLUDED IN THIS PACKET</b>	
General Instructions	
Request for Interpreter (Civil)	Judicial Council Form #INT-300
<b>FORMS TO REQUEST TEMPORARY CONSERVATORSHIP</b>	
Notice Of Hearing – Guardian or Conservatorship	Judicial Council Form #GC-020
Petition for Appointment of Temporary Conservator	Judicial Council Form #GC-111
Order Appointing Temporary Conservator	Judicial Council Form #GC-141
Letters of Temporary Guardianship or Conservatorship	Judicial Council Form #GC-150
<b>FORMS FOR PETITIONER TO FILE TO START CONSERVATORSHIP CASE:</b>	
Notice Of Hearing – Guardian or Conservatorship	Judicial Council Form #GC-020
Petition for Appointment of Probate Conservator	Judicial Council Form #GC-310
Confidential Supplemental Information (Probate Conservatorship)	Judicial Council Form #GC-312
Attachment Requesting Special Orders Regarding a Major Neurocognitive Disorder	Judicial Council Form #GC-313
Confidential Conservator Screening Form (Probate Conservatorship)	Judicial Council Form #GC-314
Citation for Conservatorship and Proof of Service	Judicial Council Form #GC-320
Confidential Capacity Assessment and Declaration – Probate Conservatorship	Judicial Council Form #GC-335
Everyday Activities Attachment to GC-335	Judicial Council Form #GC-335A
Duties of Conservator and Acknowledgement of Receipt of Handbook for Conservators	Judicial Council Form #GC-348
Order Appointing Probate Conservator	Judicial Council Form #GC-340
Letters of Conservatorship	Judicial Council Form #GC-350
Notice of Conservatee's Rights	Judicial Council Form #GC-341
Confidential Conservatorship Care Plan – Part 1	Judicial Council Form #GC-355
Confidential Conservatorship Care Plan – Part 2 (Medical Information)	Judicial Council Form #GC-356
Application for Appointment of Counsel	Judicial Council Form #GC-005
Order Appointing Legal Counsel	Judicial Council Form #GC-006
<b>FORMS TO REQUEST MEDICAL AUTHORITY AFTER APPOINTMENT</b>	
Petition for Exclusive Authority to Give Consent for Medical Treatment	Judicial Council Form #GC-380
Order Authorizing Conservator to Give Consent for Medical Treatment	Judicial Council Form #GC-385

Rev 7/1/2025

**PRICE: \$15.75**

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## **MERCED COUNTY SUPERIOR COURT CONSERVATORSHIP PRO PER PACKET**

This packet provides all necessary forms to file for temporary and permanent conservatorship of an incompetent adult in the Merced County Superior Court.

### **QUESTIONS**

Persons handling their own case, called “in propria persona” or “pro per”, are required to prepare and present their pleadings (court documents) in complete and proper form without help from court staff. Law prohibits the staff of the Superior Court from giving legal advice or assistance pursuant to Sections 24004 and 68082 California Government Code. Questions on legal matters regarding the appropriate completion and presentation should be referred to an attorney.

### **HELP**

Lawyer Referral Service may be able to assist you in finding an attorney. Their telephone number is (209)383-3886. There are books available on how to do a conservatorship at the public library, the county law library and in bookstores. The law library has the probate code, which contains the laws regarding conservatorship and a complete set of the local rules of court. Self-Help information may also be obtained via the internet at [www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp). You may also refer to the 2002 edition of the Handbook for Conservators prepared by the Judicial Council of California (which is also available at the self-help website listed above).

### **PREPARATION**

Whether typed or hand printed, all forms must be done in blue or black ink, be legible and be dark enough to photocopy. The petitioner’s name, address, and telephone number must be placed in the space in the upper left-hand corner of each form. Each form must have the court name and location in the heading as follows:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED  
627 W. 21<sup>st</sup> STREET  
MERCED, CA 95340

## **HEARINGS**

Temporary conservatorship can only be requested when filing a petition for permanent conservatorship. In most circumstances temporary conservatorships will only last for one month pending the hearing on permanent conservatorship.

Temporary conservatorship hearings can be set five days from the date of filing if all parties can be served properly giving them five days' notice. Please allow for service time when setting your temporary hearing.

Permanent conservatorships, if being filed with a temporary petition, may be set for thirty days from the date of the temporary hearing. If a temporary conservatorship is not being requested you may set the hearing for no less than thirty days from the date of filing.

## **SERVICE**

File marked copies of the petition, notice of hearing and all other pleadings that are not designated "CONFIDENTIAL" must be served in the following manner:

Probate Code Section 1822. Notice of hearing; mailing

- (A) At least 15 days before the hearing on the petition for appointment of a conservator, notice of the time and place of the hearing shall be given as provided in this section. The notice shall be accompanied by a copy of the petition. The court may not shorten the time for giving notice of hearing under this section.
- (B) Notice shall be mailed to the following persons:
  - a. The spouse, if any or domestic partner, if any, of the proposed conservatee at the address stated in the petition.
  - b. The relatives named in the petition at their addresses stated in the petition.
  - c. If notice is required by Section 1461 to be given to the Director of Mental Health or Director of Developmental Services, notice shall be mailed as so required.
  - d. If the petition states that the proposed conservatee is receiving or is entitled to receive benefits from the Veterans Administration, notice shall be mailed to the office of Veterans Administration referred to in section 1461.5.
  - e. If the proposed conservatee is a person with developmental disabilities, at least 30 days before the day of the hearing on the petition, the petitioner shall mail a notice of the hearing and a copy of the petition to the regional center identified in Section 1827.5.



**Probate Code Section 1824. Service of Citation and Petition upon Proposed Conservatee:**

The citation and a copy of the petition shall be served upon the proposed conservatee at least 15 days before the hearing. Service shall be made in the manner provided in Section 415.10 or 415.30 of the Code of Civil Procedure or in such manner as may be authorized by the court. If the proposed conservatee is outside this state, may also me made in the manner provided in Section 415.40 of the Code of Civil Procedure.

**INVESTIGATION**

The Clerk's Office will notify the Court Investigators that the petition has been filed.

**FEES:**

There are two fees for a conservatorship:

Filing Fee:               \$435.00

Investigation Fee:     \$450.00

The filing fee and investigation fee are due at the court at the time of filing. If you are unable to pay the filing fee and/or the investigation fee, you must complete and submit a Request to Waive Court Fees and two copies of the Order on Court Fee Waiver at the time you file your petition. These forms are included in this packet.

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Clerk stamps date here when form is filed.

Fill out this form if you or a witness in your case needs an interpreter when you are in court.

See instructions on page 2 of this form for more information.

Fill in court name and street address:

**Superior Court of California, County of  
MERCED**

\_\_\_ 2260 N Street, Merced, CA 95340

\_\_\_ 627 W. 21st St., Merced, CA 95340

\_\_\_ 1159 G St., Los Banos, CA 93635

Court fills in case number when form is filed.

**Case Number:**

- 1 Your Information** (person requesting an interpreter). *If you have a lawyer, give your lawyer's information.*

Name: \_\_\_\_\_

State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

- 2 I am a party in this case** (check one item below):

☐ Plaintiff/Petitioner ☐ Defendant/Respondent ☐ Other (describe): \_\_\_\_\_

- 3 I need an interpreter in the following language when I am in court:**

☐ español (Spanish) ☐ Tiếng Việt (Vietnamese) ☐ 한국어 (Korean) ☐ 普通话 (Mandarin)  
☐ 广东话 (Cantonese) ☐ فارسی (Farsi/Persian) ☐ русский (Russian) ☐ Tagalog (Tagalog)  
☐ العربية (Arabic) ☐ ਪੰਜਾਬੀ (Punjabi) ☐ Other: \_\_\_\_\_

Include town of origin, if you speak an indigenous language: \_\_\_\_\_

- 4 I have a witness who needs an interpreter for the following court date:**

(Complete a separate form for each witness.)

a. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Department and judicial officer, if known: \_\_\_\_\_

☐ No date is set yet.

b. The witness needs an interpreter in (check one):

☐ The language marked above **OR**

☐ Other (enter the language the witness speaks): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of party or attorney

Your Name:

Case Number:

---

## INSTRUCTIONS

- Court proceedings are in English. If a party or witness does not speak or understand English well, he or she may need an interpreter. The interpreter will allow him or her to testify, speak to the judge, and understand what others are saying in court. Certified and registered court interpreters are trained to interpret in court. If you need language help, you can ask the court to provide a court interpreter by filling out the first page of this form.
- You should complete this form if you or a witness in your case needs an interpreter. A witness is someone who provides information in court, under oath. You should complete a separate form for every witness who needs language help. Complete the first page and file it with the court. Check with your local court to find out how far in advance you must file a request for an interpreter. You can also find out when the court will answer your request.
- Courts try to provide an interpreter in every language and in every civil case. The court will provide you with a response to let you know if your request was granted. Sometimes, a court cannot provide an interpreter in every case.



### Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):      <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (<i>Optional</i>):</div> </div> <div style="display: flex; justify-content: space-between;"> <div>E-MAIL ADDRESS (<i>Optional</i>):</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ATTORNEY FOR (<i>Name</i>):</div> <div></div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b> STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: PROBATE	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP   OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF ( <i>Name</i> ):   <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> MINOR   <input type="checkbox"/> (PROPOSED) CONSERVATEE       </div>	
<b>NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP</b>	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 TEMPORARY CONSERVATOR
  
2. You may refer to documents on file in this proceeding for more information. (*Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.*)
  
3. ☐ The petition includes an application for the independent exercise of powers by a guardian or conservator under  
☐ Probate Code section 2108   ☐ Probate Code section 2590.  
 Powers requested are   ☐ specified below   ☐ specified in Attachment 3.
  
4. A HEARING on the matter will be held as follows:
 

a. Date:	Time:	Dept.:	Room:

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

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





ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):      TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b> STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: PROBATE			
TEMPORARY CONSERVATORSHIP OF (Name): _____  <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER: _____		
<b>PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR</b>  <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate	HEARING DATE: _____ <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">DEPT.: _____</td> <td style="border: none; width: 40%;">TIME: _____</td> </tr> </table>	DEPT.: _____	TIME: _____
DEPT.: _____	TIME: _____		

1. **Petitioner (name each):**

**requests that**

- a. (Name): \_\_\_\_\_  
 (Address and telephone number): \_\_\_\_\_  
 be appointed temporary conservator of the PERSON of the proposed conservatee and Letters issue upon qualification.
- b. (Name): \_\_\_\_\_  
 (Address and telephone number): \_\_\_\_\_  
 be appointed temporary conservator of the ESTATE of the proposed conservatee and Letters issue upon qualification.
- c. (1) ☐ bond not be required because petition is for a temporary conservatorship of the person only.  
 (2) ☐ bond not be required for the reasons stated in attachment 1c.  
 (3) ☐ \$ \_\_\_\_\_ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.  
*(Specify reasons in attachment 1c if the amount is different from maximum required by Probate Code section 2320 and Cal. Rules of Court, rule 7.207(c).)*  
 (4) ☐ \$ \_\_\_\_\_ in deposits in a blocked account be allowed. Receipts will be filed.  
*(Specify institution and location):*
- d. ☐ a request for an exception to notice of the hearing on this petition for good cause is filed with this petition.
- e. ☐ the powers specified in Attachment 1e be granted in addition to the powers provided by law.
- f. ☐ other orders be granted *(specify in attachment 1f)*.

2. **The proposed conservatee is (name):**

Current address: \_\_\_\_\_

Current telephone no.: \_\_\_\_\_

3. **The proposed conservatee requires a temporary conservator to** ☐ **provide for temporary care, maintenance, and support**  
☐ **protect property from loss or injury because (facts are** ☐ **specified in attachment 3** ☐ **as follows):**

TEMPORARY CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

**4. Temporary conservatorship is required**

- a. ☐ pending the hearing on the petition for appointment of a general conservator.  
 b. ☐ pending the appeal under Probate Code section 1301.  
 c. ☐ during the suspension of powers of the conservator.

5. ☐ **Character and estimated value of the property of the estate** (complete if a temporary conservatorship of the estate or the person and estate is requested):

- a. Personal property: \$ \_\_\_\_\_  
 b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: \$ \_\_\_\_\_  
 c. Additional amount for cost of recovery on the bond, calculated as required under Cal. Rules of Court, rule 7.207(c): \$ \_\_\_\_\_  
 d. **Total:** \$ \_\_\_\_\_

6. ☐ **Petitioner requests authority to change the proposed conservatee's residence during the temporary conservatorship**

- a. ☐ Petitioner proposes to change the residence of the proposed conservatee to (address):

The proposed conservatee will suffer irreparable harm if his or her residence is not changed as requested and no means less restrictive of the proposed conservatee's liberty will suffice to prevent the harm because (reasons are

☐ specified in attachment 6a ☐ as follows):

- b. ☐ The proposed conservatee must be removed from the State of California to permit the performance of the following nonpsychiatric medical treatment essential to the proposed conservatee's physical survival. The proposed conservatee consents to this medical treatment. (Facts and place of treatment are ☐ specified in attachment 6b ☐ as follows):

7. ☐ **Petitioner is a professional fiduciary**

- a. Petitioner holds license no. (specify): \_\_\_\_\_ from the Professional Fiduciaries Bureau of the Department of Consumer Affairs issued or last renewed on (specify later date of initial issuance or renewal): \_\_\_\_\_  
 b. Petitioner was requested to file this petition by (name): \_\_\_\_\_  
 c. The circumstances leading to petitioner's engagement to file this petition are described in attachment 7c.  
 d. Petitioner had: (1) ☐ No relationship to the proposed conservatee, his or her family, or his or her friends before engagement to file this petition.  
 (2) ☐ A relationship to the proposed conservatee, his or her family, or his or her friends before engagement to file this petition. That relationship is described in ☐ attachment 7d. ☐ the Petition for Appointment of Probate Conservator (form GC-310) filed with this petition or an attachment to that petition (specify attachment to general petition):



TEMPORARY CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

**8. Petitioner's contact with persons named in *Petition for Appointment of Probate Conservator***

- a. ☐ Petitioner is the proposed conservatee. (If this item is selected, go to item 9.)
- b. ☐ Petitioner is not the proposed conservatee. All persons other than the proposed conservatee named in the *Petition for Appointment of Probate Conservator* filed with this petition:
- (1) ☐ Have been found and contacted. All will be given notice of the hearing on this petition.
- (2) ☐ Have not been found or have not been contacted. Efforts to find the persons who have not been found and the reasons why any person cannot be contacted are described in one or more declarations under penalty of perjury attached to this petition as attachment 8b. (Attachment 8b is not a request for a good cause exception to notice. See Prob. Code, § 2250(e) and rule 7.1062 of the Cal. Rules of Court.)
- c. ☐ Petitioner is not the proposed conservatee. Facts showing the preferences of the proposed conservatee concerning the appointment of any temporary conservator, and the appointment of the temporary conservator proposed in this petition, or why it was not feasible to ascertain those preferences, are specified in one or more declarations attached to this petition as attachment 8c.

**9. Petitioner is informed and believes that the proposed conservatee**

- a. ☐ will attend the hearing.
- b. ☐ is able but unwilling to attend the hearing, does not wish to contest the establishment of a conservatorship, does not object to the proposed conservator, and does not prefer that another person act as conservator.
- c. ☐ is unable to attend the hearing because of medical inability. An affidavit or certificate of a licensed medical practitioner or an accredited religious practitioner is affixed as attachment 9c.
- d. ☐ is not the petitioner, is out of state, and will not attend the hearing.

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

11. All attachments to this form are incorporated by this reference as though placed here in this form. There are \_\_\_\_\_ pages attached to this form.

Date:



(SIGNATURE OF ATTORNEY\*)

\* (Signature of all petitioners also required (Prob. Code, § 1020).)

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

Date:



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)

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ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):      <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (<i>Optional</i>):</div> </div> <div>E-MAIL ADDRESS (<i>Optional</i>):</div> <div>ATTORNEY FOR (<i>Name</i>):</div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b> STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: PROBATE	
TEMPORARY CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF ( <i>Name</i> ):  <div style="text-align: right;">CONSERVATEE</div>	
<b>ORDER APPOINTING TEMPORARY CONSERVATOR</b>	CASE NUMBER:
<b>WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.</b>	

1. The petition for appointment of a temporary conservator came on for hearing as follows (*check boxes c–j to indicate personal presence*):

- a. Judicial officer (*name*):
- b. Hearing date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ Dept.: \_\_\_\_\_ ☐ Room: \_\_\_\_\_
- c. ☐ Petitioner (*name*):
- d. ☐ Attorney for petitioner (*name*):
- e. ☐ Conservatee (*name*):
- f. ☐ Attorney for conservatee (*name*):
- g. ☐ Conservatee's spouse or registered domestic partner, and relatives (*names and relationships*):

h. ☐ Attorneys for persons listed in item g (*names and persons represented*):

- i. ☐ Public Guardian (*name*):
- j. ☐ Attorney for Public Guardian (*name*):

#### THE COURT FINDS

2. a. ☐ Notice of time and place of hearing has been given as required by law.  
 b. ☐ Notice of time and place of hearing has been modified or dispensed with under *Order on Ex Parte Application for Good Cause Exception to Notice on Petition for Appointment of Temporary Conservator* filed on (*date*):
3. ☐ It is necessary that a temporary conservator be appointed to ☐ provide for temporary care, maintenance, and support  
☐ protect property from loss or injury
- a. ☐ pending the hearing on the petition for appointment of a general conservator.  
 b. ☐ pending an appeal under Probate Code section 1301.  
 c. ☐ during the suspension of powers of the conservator.
4. ☐ To prevent irreparable harm, the residence of the conservatee must be changed. No means less restrictive of the conservatee's liberty will prevent irreparable harm.

TEMPORARY CONSERVATORSHIP OF (Name):  CONSERVATEE	CASE NUMBER:
------------------------------------------------------------	--------------

5. ☐ The conservatee must be removed from the State of California to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival. The conservatee consents to this medical treatment.
6. ☐ The conservatee need not attend the hearing.

**THE COURT ORDERS**

7. a. ☐ (Name):  
(Address): (Telephone):

is appointed temporary conservator of the PERSON of (name):  
and Letters shall issue upon qualification.

- b. ☐ (Name):  
(Address): (Telephone):

is appointed temporary conservator of the ESTATE of (name):  
and Letters shall issue upon qualification.

8. 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 8c.

- d. ☐ The temporary conservator is not authorized to take possession of money or any other property without a specific court order.
9. ☐ The temporary conservator is authorized to change the residence of the conservatee to (address):
10. ☐ The temporary conservator is authorized to remove the conservatee from the State of California to the following address to permit the performance of nonpsychiatric medical treatment essential to the conservatee's physical survival (address):
11. ☐ The conservatee need not attend the hearing.
12. ☐ In addition to the powers granted by law, the temporary conservator is granted other powers. These powers are specified ☐ in attachment 12 ☐ below (specify):

13. ☐ Other orders as specified in attachment 13 are granted.
14. ☐ Unless modified by further order of the court, this order expires on (date):
15. Number of boxes checked in items 7–14: \_\_\_\_\_
16. Number of pages attached: \_\_\_\_\_

Date:

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

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

TEL NO.: FAX NO. (*optional*):

E-MAIL ADDRESS (*optional*):

ATTORNEY FOR (*name*):

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED**

STREET ADDRESS: 627 W. 21st Street

MAILING ADDRESS: 627 W. 21st Street

CITY AND ZIP CODE: Merced, CA 95340

BRANCH NAME: PROBATE

FOR RECORDER'S USE ONLY

TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP

OF (*name*):

☐ MINOR ☐ CONSERVATEE

CASE NUMBER:

**LETTERS OF TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP**

☐ Person ☐ Estate

FOR COURT USE ONLY

**LETTERS**

1. (*Name*):

is appointed temporary ☐ guardian ☐ conservator of the ☐ person

☐ estate of (*name*):

2. ☐ Other powers that have been granted or restrictions imposed on the temporary

☐ guardian ☐ conservator are ☐ specified in Attachment 2.

☐ specified below:

3. These Letters shall expire

a. ☐ on (*date*): or upon earlier issuance of Letters to a general guardian or conservator.

b. ☐ on other date (*specify*):

4. ☐ The temporary ☐ guardian ☐ 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.

(SEAL)

Date:

Clerk, by \_\_\_\_\_, Deputy

TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP

OF (name):

☐ MINOR ☐ CONSERVATEE

CASE NUMBER:

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

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

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

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

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

A *financial institution* under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe deposit box held by the financial institution. A single form may be filed for all affected accounts or safe deposit boxes held by the financial institution.

**LETTERS OF TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP**  
**AFFIRMATION**

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

Executed on (date): \_\_\_\_\_, at (place): \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF APPOINTEE)

**CERTIFICATION**

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

(SEAL)

Date:

Clerk, by \_\_\_\_\_, Deputy

**FOR COURT USE ONLY**

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED

STREET ADDRESS: 627 W. 21st Street

MAILING ADDRESS: 627 W. 21st Street

CITY AND ZIP CODE: Merced, CA 95340

BRANCH NAME: **PROBATE**

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

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



**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.

**PROOF OF SERVICE BY MAIL**

- 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.)





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

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

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

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

\* See item 5b on page 4.

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

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

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

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

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

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

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

(2) ☐ Estimated value of personal property: \$ \_\_\_\_\_

(3) Annual gross income from

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

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

(5) Real property: \$ \_\_\_\_\_

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

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

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

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

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

4. **(Proposed) conservatee**

- a. ☐ is ☐ is not a patient in or on leave of absence from a state institution under the jurisdiction of the California Department of State Hospitals or the California Department of Developmental Services *(specify state institution):*
- b. ☐ is receiving or entitled to receive ☐ is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs *(estimate amount of monthly benefit payable):*
- c. ☐ is ☐ is not, so far as is known to petitioner, a member of a federally recognized Indian tribe.  
*(If you answered "is," complete items (1)–(4)):*

(1) Name of tribe:

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

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

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

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

- (1) ☐ is an adult.
- (2) ☐ will be an adult on the effective date of the order *(date):*
- (3) ☐ is a married minor.
- (4) ☐ is a minor whose marriage has been dissolved.

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

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

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

CONSERVATORSHIP OF  
(name):

(PROPOSED) CONSERVATEE

CASE NUMBER:

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

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

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

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

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

CONSERVATORSHIP OF

(name):

CASE NUMBER:

(PROPOSED) CONSERVATEE

10. ☐ **Temporary conservatorship**Filed with this petition is a *Petition for Appointment of Temporary Conservator* (form GC-111).11. **(Proposed) conservatee's relatives**

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

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

Name and relationship to conservateeResidence address

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

☐ Continued on Attachment 11.

CONSERVATORSHIP OF <i>(name):</i> <div style="text-align: right;">(PROPOSED) CONSERVATEE</div>	CASE NUMBER:
------------------------------------------------------------------------------------------------------	--------------

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)



## GC-312

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

CONSERVATORSHIP OF (name):	CASE NUMBER:
PROPOSED CONSERVATEE	

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

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

☐ Continued in Attachment 4a.

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

☐ Continued in Attachment 4b.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Continued in Attachment 5f.

CONSERVATORSHIP OF (name):	CASE NUMBER:
PROPOSED CONSERVATEE	

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

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

☐ Continued in Attachment 6a.

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

☐ Continued in Attachment 6b.

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

☐ Continued in Attachment 6c.

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

☐ Continued in Attachment 6d.

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

☐ Continued in Attachment 6e.

f. Other alternatives considered or attempted

☐ Continued in Attachment 6f.

CONSERVATORSHIP OF (name):	CASE NUMBER:
PROPOSED CONSERVATEE	

**7. HEALTH OR SOCIAL SERVICES PROVIDED** *(complete all that apply):*

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

☐ Continued in Attachment 7a.

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

☐ Continued in Attachment 7b.

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

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

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

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

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

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

☐ Continued on Attachment 10.

11. Number of pages attached: \_\_\_\_\_

**DECLARATION**

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

Date:

(TYPE OR PRINT NAME)	 (SIGNATURE)
----------------------	-----------------

CONSERVATORSHIP OF (Name):  <div style="text-align: right; padding-right: 20px;">CONSERVATEE</div>	CASE NUMBER:
<b>ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING A MAJOR NEUROCOGNITIVE DISORDER</b> <input type="checkbox"/> <b>Petition for Appointment of Probate Conservator (form GC-310)</b> <input type="checkbox"/> <b>Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380)</b>	

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

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# 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):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED			
STREET ADDRESS: 627 W. 21st Street			
MAILING ADDRESS: 627 W. 21st Street			
CITY AND ZIP CODE: Merced, CA 95340			
BRANCH NAME: PROBATE			
CONSERVATORSHIP OF (Name):		CASE NUMBER:	
PROPOSED CONSERVATEE			
<b>CONFIDENTIAL CONSERVATOR SCREENING FORM</b>		HEARING DATE AND TIME:	
Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship		DEPT.:	

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

## How This Form Will Be Used

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

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

# CONFIDENTIAL

GC-314


CONSERVATORSHIP OF (Name):   PROPOSED CONSERVATEE	CASE NUMBER:   
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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 have ☐ I have 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.)

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PROPOSED CONSERVATOR)

  
\_\_\_\_\_  
(SIGNATURE OF PROPOSED CONSERVATOR)\*

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



ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO.: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b> STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: PROBATE	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): _____ PROPOSED CONSERVATEE	
<b>CITATION FOR CONSERVATORSHIP</b> <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____

THE PEOPLE OF THE STATE OF CALIFORNIA,

To (name):

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

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

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

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

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

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

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

(SEAL)

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



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

1. At the time of service I was at least 18 years of age and not a party to this proceeding. I **served copies** of the *Citation for Conservatorship* and the *Petition for Appointment of Probate Conservator* (form GC-310) as follows:
  
2. a. Person cited (name):
- b. Person served: (1) ☐ person in item 2a  
                                   (2) ☐ other (specify name and title or relationship to the person named in item 2a):
  
- c. Address (specify):
  
3. I served the person named in item 2
  - a. ☐ **by personally delivering** the copies (1) on (date): (2) at (time):
  - b. ☐ **by mailing** the copies to the person served, addressed as shown in item 2c, by first-class mail, postage prepaid,  
       (1) on (date): (2) from (city):  
       (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt—Civil* and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt—Civil (form POS-015).)  
       (4) ☐ to an address outside California with return receipt requested. (Attach completed return receipt.)
  - c. ☐ **other** (specify other manner of service, and the authorizing code section and order of the court):
  
4. a. Person serving (name, address, and telephone number):
  
- b. ☐ Fee for service: \$
- c. ☐ Not a registered California process server.
- d. ☐ Exempt from registration under Business and Professions Code section 22350(b).
- e. ☐ Registered California process server.
  - (1) ☐ Employee or independent contractor.
  - (2) Registration no. (specify):
  - (3) County (specify):
  - (4) Expiration (date):
  
5. ☐ I **declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
6. ☐ I **am a California sheriff or marshal** and I certify that the foregoing is true and correct.

Date:



(SIGNATURE OF PERSON SERVING)

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ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b> <b>FILE IN CONFIDENTIAL FOLDER</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
<b>CONFIDENTIAL CAPACITY ASSESSMENT AND DECLARATION—PROBATE CONSERVATORSHIP</b>	HEARING DATE: TIME: DEPT. or ROOM:
This form is intended to record the results of a capacity assessment of the person named in item 2, to describe the assessing clinician's conclusions about the person's mental functioning and capacity, and to submit the results and conclusions under oath to the court. The petitioner completes items 1 and 2 to give instructions to the clinician. The clinician completes the remainder of the form.	

**PETITIONER'S INSTRUCTIONS TO CLINICIAN**

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

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

2. **Person to be assessed**

- a. Name:
- b. Address:  
Telephone number: Email address:
- c. Date of birth:
- d. Highest level of education completed (*grade or degree*):
- e. Marital or partnership status: ☐ single ☐ married/partnered ☐ dissolved ☐ widowed
- f. Preferred language: ☐ speaks ☐ reads ☐ writes

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

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

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**Information about the assessment**

5. a. The person named in item 2 ☐ is ☐ is **not** a patient under my continuing care and treatment.  
 b. I have known this person for (specify length of time in months or years):
  
6. a. Date of the examination on which this assessment is based or, if based on multiple examinations, the date I most recently examined the person:  
 b. Time spent in most recent examination:
  
7. My responses to the questions and prompts on this form are based on (check all that apply):
  - a. ☐ My examination of this person for the purpose of assessing the person's abilities and capacities.
  - b. ☐ Multiple examinations of this person for purposes of general health care and medical treatment.
  - c. ☐ Administration of standardized examinations or tools that measure the person's mental functioning. All tests administered and dates of administration are listed ☐ below ☐ in Attachment 7c.
  
  - d. ☐ My review of the person's medical records.
  - e. ☐ Discussions with other practitioners responsible for providing health care to the person. These discussions are described ☐ below ☐ in Attachment 7e.
  
  - f. ☐ Discussions with team members or other professionals who participated in the person's assessment. These discussions are described ☐ below ☐ in Attachment 7f.
  
  - g. ☐ Discussions with the person's family or friends; names and relationships are given ☐ below ☐ in Attachment 7g.
  
  - h. ☐ Other sources of information, which are described ☐ below ☐ in Attachment 7h.

**REPORT OF ASSESSMENT**

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

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

**8. Physical health**

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

**9. Mental health**

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

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**PART II. MENTAL FUNCTIONING** This part documents the existence and extent of any deficits found by my assessment of the mental functioning of the person described in item 2. Deficits are indicated in items 10–14 as follows:

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

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

- a. Level of arousal or consciousness (deficit may be shown by lethargy, lack of response without constant stimulation, or stupor)
- ☐ a      ☐ b      ☐ c      ☐ d      ☐ e
- b. Orientation to:
- (1) Time (When? Year, month, day, hour)      ☐ a      ☐ b      ☐ c      ☐ d      ☐ e
- (2) Place (Where? State, city, address)      ☐ a      ☐ b      ☐ c      ☐ d      ☐ e
- (3) Person (Who? Name, relationship)      ☐ a      ☐ b      ☐ c      ☐ d      ☐ e
- (4) Situation (What? How? Why?)      ☐ a      ☐ b      ☐ c      ☐ d      ☐ e
- c. Ability to attend to and concentrate on tasks (ability to attend to a stimulus; concentrate on a stimulus over brief time periods)
- ☐ a      ☐ b      ☐ c      ☐ d      ☐ e

Notes:

**11. Information processing**

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

Notes:

**12. Thought processes**

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

Notes:

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

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

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

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

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

**Possible Temporary or Reversible Causes of Mental Function Deficits**

**16. Medications**

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

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

- b. An explanation of the nature and severity of the impairment that each listed medication can cause is given  
☐ below ☐ in Attachment 16b ☐ No medications listed.

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

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

**Effect on Ability to Perform Everyday Activities**

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

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



CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**PART III. CAPACITY TO GIVE OR WITHHOLD INFORMED CONSENT** This part documents my professional conclusions about each issue checked in item 1. The conclusions are based on my assessment of the level of the person's mental functions described in Part II.

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

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

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

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

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

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

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

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

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

☐ These conclusions are further explained ☐ below ☐ in Attachment 21b.

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

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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22. ☐ **Capacity to give or withhold informed consent to placement in a secured-perimeter residential facility for persons with major neurocognitive disorders** (Probate Code, § 2356.5.)
- a. ☐ The person has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*. See Part I of this form for more information.
- b. ☐ The person needs or would benefit from placement in a restricted and secure environment for the reasons (for example, wandering, violence, or rejecting care) explained ☐ below ☐ in Attachment 22b.
- c. Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:
- (1) ☐ The person **has** the capacity to give or withhold informed consent to this placement.
- (2) ☐ The person **lacks** the capacity to give or withhold informed consent to this placement. The mental function deficit or deficits described in Part II significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to placement in a restricted, secured-perimeter residential facility.  
☐ These conclusions are further explained ☐ below ☐ in Attachment 22c.
- d. The proposed placement in a locked or secured-perimeter facility ☐ is ☐ is **not** the least restrictive environment appropriate to the person's needs.
- e. ☐ I do not have enough information to form an opinion on this issue.
23. ☐ **Capacity to give or withhold informed consent to administration of medication for treatment of major neurocognitive disorders** (Probate Code, § 2356.5.)
- a. ☐ The person has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*. See Part I of this form for more information.
- b. ☐ The person needs or would benefit from appropriate medications for the care and treatment of major neurocognitive disorders (including dementia). Any medications and the need or potential benefit of each are described ☐ below ☐ in Attachment 23b.
- c. Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:
- (1) ☐ The person **has** the capacity to give or withhold informed consent to the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia).
- (2) ☐ The person **lacks** the capacity to give or withhold informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The mental function deficit or deficits described in Part III significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to the administration of medications for the care and treatment of major neurocognitive disorders (including dementia).  
☐ These conclusions are further explained ☐ below ☐ in Attachment 23c.
- d. ☐ I do not have enough information to form an opinion on this issue.
24. ☐ Other information regarding my assessment of the person's mental functions, any deficits in those functions, and any resulting significant impairments to the person's ability to understand and appreciate the consequences of acts or decisions is given in Attachment 24.
25. Number of pages attached: \_\_\_\_\_

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

Date:

_____ (TYPE OR PRINT NAME)	<div style="display: flex; align-items: center; justify-content: center;">          _____          (SIGNATURE OF DECLARANT)       </div>
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CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <span style="float:right;"><input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE</span>	CASE NUMBER:
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**EVERYDAY ACTIVITIES ATTACHMENT TO CONFIDENTIAL CAPACITY ASSESSMENT  
AND DECLARATION—PROBATE CONSERVATORSHIP (FORM GC-335)**

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

**The person whose abilities are described on this form**

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

**The person who is completing this form**

2. a. Name:
- b. Office address:  
 Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_
3. a. ☐ I am a California-licensed ☐ physician ☐ psychologist ☐ nurse practitioner ☐ physician assistant  
☐ registered nurse ☐ clinical social worker ☐ occupational therapist  
☐ other licensed professional (*specify profession*): \_\_\_\_\_
- b. My license number is: \_\_\_\_\_
4. Check the box or boxes that apply to you.
  - a. ☐ I am the clinician who conducted the assessment of the person named in item 1 documented on the *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335) to which this form is attached, and I completed that form. The conclusions and opinions given in this form are based on the same assessment.
  - b. ☐ I work or consult with the clinician who completed the *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335) to which this form is attached, and I participated in that clinician's assessment of the person named in item 1. The conclusions and opinions in this form are based on my participation in that assessment.
  - c. ☐ The conclusions and opinions given in this form are based on the application of my knowledge, experience, and training to my personal observations of the person named in item 1, as described below.

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

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

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

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

**6. Prepare meals and eat for adequate nutrition**

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

Comments ☐ below ☐ in Attachment 6.

**7. Identify abuse or neglect and protect self from harm**

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

Comments ☐ below ☐ in Attachment 7.

**Instrumental Activities of Daily Living**

**8. Financial** (if appropriate, note dollar limits)

a. Protect and spend small amounts of cash

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

Comments ☐ below ☐ in Attachment 8a.

b. Manage and use checks; pay monthly bills

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

Comments ☐ below ☐ in Attachment 8b.

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

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

Comments ☐ below ☐ in Attachment 8c.

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

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

Comments ☐ below ☐ in Attachment 9.

**10. Medical**

a. Choose and direct caregivers

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

Comments ☐ below ☐ in Attachment 10a.

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**10. b. Admit self to health-care facility**

- ☐ Able; fully independent    
 ☐ Able with advice and passive support    
 ☐ Able only with active assistance    
 ☐ Unable, even with assistance    
 ☐ I don't know
- Comments ☐ below ☐ in Attachment 10b.

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

- ☐ Able; fully independent    
 ☐ Able with advice and passive support    
 ☐ Able only with active assistance    
 ☐ Unable, even with assistance    
 ☐ I don't know
- Comments ☐ below ☐ in Attachment 10c.

**d. Contact help if ill or in an emergency**

- ☐ Able; fully independent    
 ☐ Able with advice and passive support    
 ☐ Able only with active assistance    
 ☐ Unable, even with assistance    
 ☐ I don't know
- Comments ☐ below ☐ in Attachment 10d.

**11. Home and community life**

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

- ☐ Able; fully independent    
 ☐ Able with advice and passive support    
 ☐ Able only with active assistance    
 ☐ Unable, even with assistance    
 ☐ I don't know
- Comments ☐ below ☐ in Attachment 11a.

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

- ☐ Able; fully independent    
 ☐ Able with advice and passive support    
 ☐ Able only with active assistance    
 ☐ Unable, even with assistance    
 ☐ I don't know
- Comments ☐ below ☐ in Attachment 11b.

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

- ☐ Able; fully independent    
 ☐ Able with advice and passive support    
 ☐ Able only with active assistance    
 ☐ Unable, even with assistance    
 ☐ I don't know
- Comments ☐ below ☐ in Attachment 11c.

**d. Initiate and follow a schedule of daily activities**

- ☐ Able; fully independent    
 ☐ Able with advice and passive support    
 ☐ Able only with active assistance    
 ☐ Unable, even with assistance    
 ☐ I don't know
- Comments ☐ below ☐ in Attachment 11d.

# CONFIDENTIAL

GC-335A

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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12. ☐ Other information regarding my assessment of the person's ability to perform activities of daily living or instrumental activities of daily living, including any significant impairments to that ability, is given ☐ below ☐ in Attachment 12.

13. Number of pages attached: \_\_\_\_\_

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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

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

Your attorney will advise you on your duties, the limits of your authority, the conservatee's rights, your dealings with the court, all other topics discussed in this form, and many other matters. He or she will tell you when you must ask for prior court approval to take an action, when you may do so (and why it might be a good idea), and when prior court approval is not required. All legal questions should be discussed with your attorney, not the court staff, which is not permitted to give legal advice. Your attorney will also help prepare your inventories, accountings, petitions, and all other documents to be filed with the court; and will see that the persons entitled to be notified of your actions are given proper notice. He or she will also advise you about legal limits on estate investments, leases and sales of estate assets, loans, lawsuits against others involving the conservatee or his or her property, and many other matters, and can prepare or review documents needed in these matters. You should communicate frequently and cooperate fully with your attorney at all times. **When in doubt, contact your attorney.** Other questions may be answered by calling on local community resources. (To find these resources, see the *Handbook for Conservators* and the local supplement distributed by the court.)

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

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

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

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

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

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

**B. DECIDE WHERE THE CONSERVATEE WILL LIVE**

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

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

### III. C. PROVIDE MEDICAL CARE FOR THE CONSERVATEE

You are responsible for making sure that the conservatee's health care needs are met. But there are special rules you must follow to meet these needs. Two of the most important rules are as follows:

1. Unless the court has given you exclusive authority to consent to the conservatee's medical treatment because the court has determined that the conservatee has lost the capacity to make sound medical decisions, your consent or refusal to consent to such treatment is not sufficient if the conservatee disagrees (except in certain emergency situations). If you do have exclusive medical consent authority, you should be sure that all medical treatment and medications are appropriate.
2. If the conservatee has dementia and has lost the capacity to give an informed consent to the administration of medications for its treatment and care, you must be given specific authority by the court to consent to the administration of these medications. If you do have this authority, you should be sure that the medications are appropriate.

### D. WORK WITH THE PERSON(S) RESPONSIBLE FOR MANAGING THE CONSERVATEE'S PROPERTY

If other persons are handling the conservatee's property, such as his or her estate conservator, the conservatee's spouse or registered domestic partner in possession of the couple's marital or partnership property, or the trustee of a trust created for the management of the conservatee's property and for his or her support, you must work together to be sure that the conservatee can afford the care you arrange. Purchases you make for the conservatee must be approved by the person(s) responsible for managing the conservatee's assets or you may not be reimbursed or your reimbursement may be delayed.

## IV. CONSERVATOR OF THE ESTATE

The conservatee's property or assets and income are known as the conservatee's "estate." If the court appoints you as conservator of the estate, you will manage the conservatee's finances, protect the conservatee's income and property or assets, make an inventory of the conservatee's property or assets, make sure the conservatee's bills are paid, invest the conservatee's money, see that the conservatee receives all the income and benefits to which he or she is entitled, ensure that the conservatee's tax returns are filed on time and all taxes paid, keep accurate financial records, and regularly report the conservatee's financial condition to the court. *(Note: Property or assets and income in a trust for the conservatee's support and maintenance are usually not considered as part of the conservatee's estate, particularly if the trust was created and funded before the appointment of a conservator. Unless the conservatee's spouse or registered domestic partner consents to its inclusion in the conservatee's estate, the community property of the conservatee and his or her spouse or registered domestic partner under the management and control of the spouse or partner is also not part of the conservatee's estate.)*

### A. MANAGING THE ESTATE

#### 1. Prudent management for the benefit of the conservatee; prudent investments

You must manage the estate's property or assets and income for the benefit of the conservatee and with the care of a prudent person dealing with someone else's property. You must not make unreasonably risky investments of money or property of the estate.

#### 2. Prior court approval required for fees, borrowing, loans, and gifts

You must ask and receive the court's permission, after full disclosure of all relevant facts, before you may pay from the conservatee's estate fees to yourself for your services as conservator and to your attorney for his or her services to you; borrow money for or loan money from the conservatee's estate (to yourself or anyone else); or make gifts of estate assets or property.

#### 3. Keep estate money and property separate from your or anyone else's money or property

You must keep the money and property of the conservatee's estate separate from your money or property or from the money or property of any other person. Never deposit estate funds in your personal bank account or otherwise mix them with your or anyone else's funds, even for brief periods. Title to individual stocks, bonds, or other securities; securities broker accounts; mutual funds; and accounts with banks and other financial institutions must show that these assets are property of the conservatorship estate and not your or anyone else's property.

#### 4. Interest-bearing accounts and other investments

Except for a checking account intended for payment of ordinary expenses, estate bank accounts must earn interest. You may deposit estate funds in one or more insured accounts in financial institutions, but you should not put more than the FDIC insurance limit, currently \$250,000, in any single institution. You have authority to make some investments without court approval. Other investments may be made only after court approval has been obtained. Consult with an attorney before making any investments, even those you have authority to make without court approval.

CONSERVATORSHIP OF (Name):  <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER:  
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#### **IV. A. 5. Claims against others on behalf of the conservatee**

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

#### **6. Defend against claims against the conservatee's estate**

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

#### **7. Public and insurance benefits**

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

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

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

#### **9. Locate the conservatee's estate planning documents**

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

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

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

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

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

#### **12. Conservatee's tangible personal property**

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

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

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

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

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

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

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

#### 15. Communicate with conservator of the person and trustee

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

#### 16. Other limitations or restrictions

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

### B. INVENTORY OF ESTATE PROPERTY

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

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

#### 2. Determine the value of the estate's property

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

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

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

### C. RECORD KEEPING AND ACCOUNTING

#### 1. Keep records and prepare accountings

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

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

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

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

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

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

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

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

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

##### B. DUTY TO HELP LIMITED CONSERVATEE DEVELOP SELF-RELIANCE

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

##### C. DETERMINATION OF LEVEL OF CARE FOR CERTAIN LIMITED CONSERVATEES

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

#### VII. TEMPORARY CONSERVATOR

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

**Sign the *Acknowledgment of Receipt* on page 7.**

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

## VIII. JUDICIAL COUNCIL FORMS

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

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

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

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

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

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF (PROPOSED) CONSERVATOR)

### NOTICE

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

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

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

Page 1 of 3

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

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

**THE COURT ORDERS**

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

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

☐ Additional orders in attachment 20c.

CONSERVATORSHIP OF  
(name):

CONSERVATEE

CASE NUMBER:

20. (cont.)

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

21. ☐ For legal services rendered, ☐ conservatee ☐ conservatee's estate shall pay the sum of: \$  
to (name):

☐ forthwith ☐ as follows (specify terms, including any combination of payors):

☐ Continued in attachment 21.

22. ☐ The conservatee is disqualified from voting.

23. ☐ The conservatee lacks the capacity to give informed consent for medical treatment and the ☐ successor conservator of the person is granted the powers specified in Probate Code section 2355.

☐ The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).

24. ☐ The ☐ successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in attachment 24 ☐ subject to the conditions provided.

25. ☐ Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in attachment 25 are granted.

26. ☐ Orders relating to the powers and duties of the ☐ successor conservator of the person under Probate Code sections 2351–2358 as specified in attachment 26 are granted. (Do not include orders under Probate Code section 2356.5 relating to dementia.)

27. ☐ Orders relating to the conditions imposed under Probate Code section 2402 on the ☐ successor conservator of the estate as specified in attachment 27 are granted.

28. ☐ a. ☐ The ☐ successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).

b. ☐ The ☐ successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).

29. ☐ Other orders as specified in attachment 29 are granted.

30. ☐ The probate referee appointed is (name and address):

31. ☐ (For limited conservatorship only) Orders relating to the powers and duties of the ☐ successor limited conservator of the person under Probate Code section 2351.5 as specified in attachment 31 are granted.

32. ☐ (For limited conservatorship only) Orders relating to the powers and duties of the ☐ successor limited conservator of the estate under Probate Code section 1830(b) as specified in attachment 32 are granted.

33. ☐ (For limited conservatorship only) Orders limiting the civil and legal rights of the limited conservatee as specified in attachment 33 are granted.

34. ☐ This order is effective on the ☐ date signed ☐ date minor attains majority (specify):

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

36. Number of pages attached:

Date:

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

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

After recording return to:

TEL NO.:

FAX NO. (optional):

E-MAIL ADDRESS (optional):

ATTORNEY FOR (name):

## SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED

STREET ADDRESS: 627 W. 21st Street

MAILING ADDRESS: 627 W. 21st Street

CITY AND ZIP CODE: Merced, CA 95340

BRANCH NAME: PROBATE

FOR RECORDER'S USE ONLY

CONSERVATORSHIP OF (name):

CASE NUMBER:

CONSERVATEE

## LETTERS OF CONSERVATORSHIP

☐ Person ☐ Estate ☐ Limited Conservatorship

FOR COURT USE ONLY

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

(SEAL)

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

5. Number of pages attached:

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

Date:

Clerk, by \_\_\_\_\_, Deputy

Page 1 of 2

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

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

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

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

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

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

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

**LETTERS OF CONSERVATORSHIP**

**AFFIRMATION**

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

Executed on (date): \_\_\_\_\_, at (place): \_\_\_\_\_



(TYPE OR PRINT NAME)

(SIGNATURE OF APPOINTEE)

**CERTIFICATION**

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

(SEAL)

Date:

Clerk, by \_\_\_\_\_, Deputy

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

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

Probate Code, § 1830  
[www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER:
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### THE CONSERVATEE'S RIGHTS (continued)

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

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

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



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

### PROOF OF MAILING

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

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

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

	<u>Name and relationship to conservatee</u>	<u>Address (number, street, city, state, and zip code)</u>
1.		
	Conservatee	
2.		
	Attorney for conservatee	
3.		
	Spouse or registered domestic partner	
4.		
	Relationship: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>	
5.		
	Relationship: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>	

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE <input type="checkbox"/> OF (name):	CONSERVATEE
<b>CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 1</b> <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Limited Conservatorship	CASE NUMBER:

**To the Conservator of the Person**

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

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

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

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

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

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

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

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

1. I, (name):  
am the conservator of the person of the conservatee named above. I was appointed on (date of order): .
2. a. These conservatorship proceedings began on (date of filing of first petition for appointment of conservator): .  
 b. The conservatee's care on that date ☐ was ☐ was not sufficient to meet the conservatee's needs for the reasons given ☐ below ☐ on Attachment 2b.
3. a. The conservatee is currently living at the following address (street, city, state, and zip code; if it is a care facility, give the name):  
  
 Telephone number: Email address:  
 b. The conservatee has been living at this location since (date):

CONSERVATORSHIP OF (name):  CONSERVATEE	CASE NUMBER:
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3. c. The location in item 3a is (check all that apply):

- (1) ☐ The conservatee's single family home, condominium, or apartment.  
 (2) ☐ A relative's or friend's single family home, condominium, or apartment.  
 (3) ☐ An acute care (a) ☐ hospital (b) ☐ psychiatric hospital.  
 (4) ☐ A skilled nursing facility.  
 (5) ☐ A ☐ licensed ☐ unlicensed care facility that provides (if you know):  
 (a) ☐ intermediate care for adults with developmental disabilities.  
 (b) ☐ residential care for older adults.  
 (c) ☐ assisted-living services (with 7 or more beds).  
 (d) ☐ board and care (with 6 or fewer beds).  
 (6) ☐ Another type of residence described ☐ below. ☐ on Attachment 3c.

d. ☐ The location in item 3a uses a ☐ secured (locked) perimeter ☐ delayed egress system to regulate the departure of residents.

e. The location in item 3a ☐ is ☐ is **not** the least restrictive residence appropriate for the conservatee for the reasons given ☐ below. ☐ on Attachment 3e.

f. I ☐ plan ☐ do **not** plan to move the conservatee or change the conservatee's residence within the next 12 months for the reasons given ☐ below. ☐ on Attachment 3f.

g. The location in item 3a

- (1) ☐ **is** the conservatee's **personal residence** because the conservatee understands or believes, or appears to understand or believe, that it was their permanent residence on the date in item 2; **or** the conservatee cannot form or communicate an understanding or belief about their permanent residence, and it is the residence they last understood or believed, or appeared to understand or believe, to be their permanent residence.  
 (2) ☐ **is not** the conservatee's **personal residence** because the conservatee understands or believes, or last understood or believed, that a *different* home or care facility was their permanent residence on the date in item 2.  
 The conservatee's personal residence is located at (street, city, state, and zip code, and, if a care facility, name):

- (3) ☐ **is not** the conservatee's **personal residence** because the conservatee does not understand or believe, and has never understood or believed, that they had a permanent residence on the date in item 2.

4. a. ☐ The conservatee is living in their personal residence. The measures necessary to allow the conservatee to stay in that residence are described (check all that apply): ☐ below ☐ on Attachment 4a ☐ in item 5 ☐ in item 6 ☐ in Confidential Conservatorship Care Plan—Part 2 (Medical Information) (form GC-356).

b. (1) ☐ The conservatee is not living in their personal residence but **will** be able to return to live in that residence in the foreseeable future. My plan to help the conservatee return to live in their personal residence is described (check all that apply): ☐ below ☐ in Attachment 4b(1) ☐ in item 5 ☐ in item 6 ☐ in Confidential Conservatorship Care Plan—Part 2 (Medical Information) (form GC-356).

- (2) ☐ The conservatee is not living in their personal residence and will **not** be able to return to live in that residence in the foreseeable future for the reasons described ☐ below. ☐ on Attachment 4b(2).

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

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

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

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

**IMPORTANT:** You **must** complete and file Part 2 of the care plan (form GC-356) even if you attach a professional evaluation. If the professional evaluation includes confidential medical information, make sure to redact (block out so no one can read) that information from all copies except the copy filed with the court and the copies delivered to the conservatee, the conservatee's attorney, the conservator of the estate, and the conservator of the estate's attorney. A professional evaluation of the conservatee's care needs is not required, but is recommended if the circumstances and the conservatee's condition warrant it and the conservatee can afford it.

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

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

Date:

 \_\_\_\_\_  
 (TYPE OR PRINT NAME OF CONSERVATOR OF THE PERSON)


 \_\_\_\_\_  
 (SIGNATURE OF CONSERVATOR OF THE PERSON )

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

### PROOF OF DELIVERY BY MAIL

1. I am over the age of 18. I am the appointed conservator of the conservatee named above, the conservator's attorney, or an employee of the conservator's attorney. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is *(specify)*:
  
3. I delivered a copy of this form (GC-355) and a copy of *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to each person in items 1 to 4 below the signature line. I delivered a copy of this form without form GC-356 to the persons in items 5 to 9 below and on any attachment. I enclosed each copy in an envelope addressed as shown below **and**
  - a. ☐ **deposited** the sealed envelope on the date and at the place shown in item 4 with the United States Postal Service with the postage fully prepaid.
  - b. ☐ placed the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: \_\_\_\_\_ b. Place mailed *(city, state)*: \_\_\_\_\_

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

Date: \_\_\_\_\_



\_\_\_\_\_  
 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

\_\_\_\_\_  
 (SIGNATURE OF PERSON COMPLETING THIS FORM)

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

Name and relationship  
to conservatee

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

1.   
     The conservatee
2.   
     The conservatee's attorney
3.   
     The conservator of the estate (if not you)
4.   
     The attorney for the conservator of the estate


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

5.   
     The conservatee's spouse  
     or registered domestic partner
6.   
     Relationship:
7.   
     Relationship:
8.   
     Relationship:
9.   
     Relationship:


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

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	
<b>INSTRUCTIONS FOR DELIVERING COPIES OF CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 1 AND CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 2 (MEDICAL INFORMATION) BY MAIL</b>	

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

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

1. **Who must receive the mailing:** You must mail a copy of this form (GC-355) and *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to each of the following persons:
  - a. The conservatee;
  - b. The conservatee's attorney;
  - c. The conservator of the estate (if the court appointed one); and
  - d. The attorney for the conservator of the estate.
2. You must **also** mail a copy of this form *without* form GC-356 to each of the persons in the following categories. **But** if the court found that delivery of the care plan to one or more of those persons would result in harm to the conservatee, do not mail a copy of either Part 1 (form GC-355) or Part 2 (form GC-356) to that person or those persons.
  - a. The conservatee's spouse or domestic partner;
  - b. All the conservatee's relatives in the first degree (parents and children 12 years of age and older);
  - c. If the conservatee has no spouse or registered domestic partner *and* no relatives in the first degree, then all the relatives in the second degree (siblings, grandchildren 12 years of age and older, grandparents);
  - d. If the conservatee has a child, sibling, or grandchild under 12 years of age, then a parent, guardian, or other person having legal custody of the child, sibling, or grandchild with whom the child, sibling, or grandchild resides.
3. **When the mailing must be completed:** If the care plan is an initial plan, you must complete the mailing described above no later than the end of the 120th day after the filing date of the *Order Appointing Probate Conservator* (form GC-340) issued in your case. If the care plan is an update, you must complete the mailing no later than the end of the 10th day before the hearing to consider terminating the conservatorship or no later than the date the court orders.
4. **Before you mail:** Make enough copies of pages 1–4 of this form to be able to send one to each person in the categories in items 1 and 2, above. Make enough copies of form GC-356 to be able to send one to each person in item 1, above.  
**IMPORTANT:** Do **not** send *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to anyone except the persons in item 1.
5. **Fill out Proof of Delivery by Mail:** You (the conservator) or your attorney must fill out the Proof of Delivery by Mail on page 5 of this form, including the names, relationships to the conservatee, and mailing addresses of the persons in the categories in items 1 and 2, above, who are entitled to receive a copy of the plan. If the Proof of Delivery by Mail does not have enough space for the names, relationships, and addresses of all the persons who will receive a copy of the plan, you must show the additional names, relationships, and addresses on one or more additional pages and attach those pages to the Proof of Delivery.  
 After completing the mailing as described in item 6 below, you or your attorney must date and sign the Proof of Delivery by Mail on page 5 of this form.
6. **How to mail:** You (the conservator), your attorney, or an employee of the attorney, must do the following:
  - a. Place copies of this form and—only to the persons listed in item 1 above—form GC-356 in sealed envelopes with postage fully prepaid addressed to each person at the address shown for that person on the Proof of Delivery by Mail on page 5 of this form or on attached additional pages.
  - b. Deposit (mail) the sealed envelope(s) with the United States Postal Service on the date and from the place (city and state) shown in item 4 at the top of the Proof of Delivery by Mail on page 5 of this form.
7. **File the care plan:** You (the conservator or your attorney) must file with the court the original *Confidential Conservatorship Care Plan—Part 1* (this form) **and** *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) and a signed and dated Proof of Delivery by Mail (page 5 of this form) with any additional address pages attached.



ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):		<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CONSERVATORSHIP OF (name):		
<b>CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 2 (MEDICAL INFORMATION)</b>		CASE NUMBER:

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

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

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

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

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

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

CONSERVATORSHIP OF (name):  CONSERVATEE	CASE NUMBER:
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3. a. ☐ The medical treatment, medications, supports, and devices described in item 2 are sufficient to meet the conservatee's current and foreseeable medical needs.
- b. ☐ The additional medical treatment, medications, supports, or devices described ☐ below ☐ on Attachment 3b are necessary to meet the conservatee's current and foreseeable medical needs.

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

a. Name: \_\_\_\_\_ License number: \_\_\_\_\_  
 Professional license type: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

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

b. Name: \_\_\_\_\_ License number: \_\_\_\_\_  
 Professional license type: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

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

c. Name: \_\_\_\_\_ License number: \_\_\_\_\_  
 Professional license type: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

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

☐ Additional providers listed on Attachment 4.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE)

- I declare under penalty of perjury under the laws of the State of California that the information stated on this form is true and correct.

Form Approved for Optional Use  
Judicial Council of California  
GC-005 [New January 1, 2019]

Probate Code, §§ 1470–1471  
www.courts.ca.gov

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1. Person for whom counsel is appointed  
(name):  
(address):  
(telephone number): (e-mail):  
is a (check all that apply)
- a. ☐ ward or proposed ward.  
b. ☐ conservatee or proposed conservatee.  
c. ☐ person alleged to lack capacity.  
d. ☐ limited conservatee or proposed limited conservatee.

2. ☐ The person named in 1 has not retained legal counsel and is not otherwise represented by counsel in this proceeding.

3. a. ☐ The appointment of counsel would be helpful to the resolution of this matter.

b. ☐ The appointment of counsel is necessary to protect the interests of the person named in 1.

c. ☐ The appointment of counsel is required by statute irrespective of the considerations in a or b.

4. ☐ As determined by local procedure, the next available attorney who has certified his or her qualifications to the court and has no known conflict of interest is appointed to represent the person named in 1 as counsel of record in this proceeding.

Attorney (*name*):  
Firm, agency, or office (*name*):  
(*address*):  
(*telephone number*): (e-mail):  
(*State Bar number*):

5. ☐ To the same extent as an attorney retained by the client, the attorney appointed in 4 is authorized to inspect and obtain copies of records pertaining to the client's education, physical or mental health, or any other matter relevant to the proceeding.

***(See the next page for important information.)***

CASE NAME:

CASE NUMBER:

**NOTICE**

At the end of the proceeding, the court will determine a reasonable amount to pay the appointed attorney.

- If the client is a minor child, the court will order the child's parent or parents or the child's estate to pay as much of that amount as is just and they are able to pay.
- If the client is an adult, the court will order the client or the client's estate to pay as much of the amount as the client is able to pay.
- If the court determines that no one who is legally responsible for payment is able to pay the amount or any part of it, the county will be responsible for paying the part that is unpaid.
- The Judicial Council has published guidelines for determining whether a person is able to pay the appointed attorney as Appendix E to the California Rules of Court.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):		STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>           CASE NUMBER:
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b> STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: PROBATE			
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):  CONSERVATEE			
<b>PETITION FOR EXCLUSIVE AUTHORITY TO GIVE CONSENT FOR MEDICAL TREATMENT</b>			

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

- a. the conservatee be adjudged to lack the capacity to give informed consent to medical treatment or healing by prayer.
- b. the conservator of the person be granted the exclusive authority to give consent to medical treatment or healing by prayer that the conservator in good faith based on medical advice determines to be necessary.
- c. the treatment be performed by ☐ a licensed medical practitioner ☐ a licensed psychologist within the scope of his or her license ☐ an accredited practitioner of a religion that relies on prayer alone for healing.
- d. ☐ orders related to the care and treatment of a major neurocognitive disorder (such as dementia) as specified in the *Attachment Requesting Special Orders Regarding a Major Neurocognitive Disorder* be granted. (Attach form GC-313.)
- e. ☐ the order dated (specify): \_\_\_\_\_ made under Probate Code section 1880  
☐ be revoked ☐ be modified as specified in Attachment 1e ☐ be modified as follows (specify): \_\_\_\_\_

f. ☐ other orders be granted ☐ as specified in Attachment 1f ☐ as follows (specify): \_\_\_\_\_

g. *Letters of Conservatorship* be reissued to include a statement that conservator has the powers requested in this petition.

2. There is no form of medical treatment for which the proposed conservatee has the capacity to give informed consent.
3. Attached to this petition is a declaration executed by a licensed physician stating that the conservatee lacks the capacity to give informed consent for any form of medical treatment and giving reasons and the factual basis for this conclusion. (Label as *Attachment 3*.)
4. Conservatee ☐ is ☐ is not an adherent of a religion that relies on prayer alone for healing as defined in Probate Code section 2355(b).

CONSERVATORSHIP OF (Name):   <div style="text-align: right; padding-right: 20px;">CONSERVATEE</div>	CASE NUMBER:
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5. ATTENDANCE AT THE HEARING **Conservatee**

- a. ☐ will attend the hearing.
- b. ☐ is able but unwilling to attend the hearing AND ☐ does ☐ does not wish to contest this petition.
- c. ☐ is unable to attend the hearing because of medical inability. An affidavit or certificate of a licensed medical practitioner or an accredited religious practitioner is affixed as Attachment 5c.
- d. ☐ is not the petitioner, is out of state, and will not attend the hearing.

6. **Special notice** ☐ has ☐ has not been requested. (Specify the names and addresses of persons requesting special notice in Attachment 6.)

7. ☐ Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330) that specifies the duties to be performed before granting an order relating to medical consent .

8. The names, residence addresses, and relationships of the spouse and all relatives within the second degree of the conservatee so far as known to petitioner are ☐ listed below ☐ listed in Attachment 8.

Relationship and name

Residence address

a. Spouse:

b.

9. Number of pages attached: \_\_\_\_\_

Date:

\*(Signature of all petitioners also required (Prob. Code, § 1020).)

(SIGNATURE OF ATTORNEY\*)

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)



ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b> STREET ADDRESS: 627 W. 21st Street MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340 BRANCH NAME: PROBATE	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):  <div style="text-align: right;">CONSERVATEE</div>	
<b>ORDER AUTHORIZING CONSERVATOR TO GIVE CONSENT FOR MEDICAL TREATMENT</b>	CASE NUMBER:

1. The petition for authority to give consent for medical treatment came on for hearing as follows (*check items c, d, and e to indicate personal presence; complete item f*):
- a. Judge (name): \_\_\_\_\_
- b. Hearing date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Room: \_\_\_\_\_
- c. ☐ Petitioner (name): \_\_\_\_\_
- d. ☐ Attorney for petitioner (name): \_\_\_\_\_
- e. ☐ Attorney for conservatee (name, address, and telephone): \_\_\_\_\_
- f. Conservatee was ☐ present ☐ unable to attend ☐ able but unwilling to attend and does not wish to contest the petition ☐ out of state

#### THE COURT FINDS

2. a. All notices required by law have been given.
- b. ☐ There is no form of medical treatment for which the conservatee has the capacity to give informed consent.
- c. ☐ Conservatee is an adherent of a religion that relies on prayer alone for healing as described in Probate Code section 2355(b).
- d. ☐ Attorney (name): \_\_\_\_\_ has been appointed by the court as legal counsel to represent the conservatee in this proceeding. The cost for representation is: \$ \_\_\_\_\_
- e. ☐ Conservatee has a major neurocognitive disorder (such as dementia) as described in Probate Code section 2356.5, and the court finds all other facts required to make the orders specified in item 4.

#### THE COURT ORDERS

3. a. ☐ Conservatee lacks the capacity to give informed consent to any medical treatment and the conservator of the person is granted the powers specified in Probate Code section 2355.
- b. ☐ Treatment is to be given by an accredited practitioner of the conservatee's religion under Probate Code section 2355(b).
- c. ☐ The order dated: \_\_\_\_\_ made under Probate Code section 1880 is ☐ revoked ☐ modified ☐ as stated below ☐ as stated in Attachment 3c.
- d. ☐ For legal services rendered, ☐ conservatee ☐ conservatee's estate shall pay to (name): \_\_\_\_\_ the sum of: \$ \_\_\_\_\_ ☐ forthwith ☐ as follows (specify terms): \_\_\_\_\_
- e. ☐ other (specify): \_\_\_\_\_
- f. *Letters of Conservatorship* shall reissue and include a statement that conservator has the powers ordered.
- g. ☐ This order shall terminate on (date): \_\_\_\_\_
4. a. ☐ The conservator of the person is granted authority to place conservatee in a secured-perimeter residential care facility as described in Probate Code section 2356.5(b).
- b. ☐ The conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia) as described in Probate Code section 2356.5(c).

5. Total boxes checked in items 2–4: \_\_\_\_\_

6. Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER  
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

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