

THE SUPERIOR COURT
OF THE STATE OF CALIFORNIA
COUNTY OF KERN



INSTRUCTIONS

CONSERVATORSHIP PROCEEDINGS (PLEASE READ BEFORE PREPARING FORMS)

1. All forms must be typewritten or handwritten legibly. This office will not accept for filing, documents which do not comply with Rule 2.110-2.119 of the California Rules of Court.
2. Date and sign all forms before presenting for filing.
3. One copy of each form is included. You will need to submit one original and one (1) copy of all documents.
4. Pursuant to Kern County Local Court Rule, any exhibits should be tabbed and indexed with an index page.
5. Five days prior to your hearing you'll want to check the Superior Court website at: www.kern.courts.ca.gov/divisions/probate, **Probate Examiner Notes**, to see if your case is ready for hearing or not ready for hearing. If it is marked "Not Ready for Hearing", there will be a list of "Notes." You must **correct** the notes prior to your court hearing by filing a "Supplement," which is a written document addressing each of the issues stated in the notes. It must be **prepared** on legal pleading paper and signed/verified. You may want to visit the law library for assistance with this document. If you have any questions regarding the notes on your case you may call the Probate Examiner at 661-610-6970 or email at wmpbexaminer@kern.courts.ca.gov.
6. Upon submission, your forms will be reviewed. Please contact the Probate Department to check the status. Once the forms are completed and a hearing date assigned to you, you may either pick up your forms or have them mailed back to you – if you choose mailing, you must supply a **large** self-addressed stamped envelope. **Be sure to include sufficient prepaid postage upon the envelope – postal rates have changed for large or odd sized envelopes.**
7. If you have questions regarding this process, please contact the Probate Department at 661-610-6901.
8. For a copy of the Judicial Council's *Handbook for Conservators*, please visit www.courts.ca.gov/documents/handbook.pdf

Filing Fee: \$1,035.00

(If you cannot afford this fee, please ask the clerk for a fee waiver packet).

The Superior Court Clerks are prohibited from giving legal advice or assisting in the preparation of your documents. You may utilize the Law Library on the 3rd floor of the 1415 Truxtun Building, in addition to visiting the Self-Help Website at www.selfhelp.courts.ca.gov. Additional forms can be downloaded at www.courts.ca.gov/forms-rules/find-your-court-forms. There are also services that prepare legal documents if you choose to do so. These services are listed online or in the local phone book. You will also want to visit the court's website at www.kern.courts.ca.gov to familiarize yourself with the local court rules.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (name): (PROPOSED) CONSERVATEE	
PETITION FOR APPOINTMENT OF PROBATE CONSERVATOR OF THE <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: HEARING DATE AND TIME: DEPT.:
<input type="checkbox"/> SUCCESSOR PERSON <input type="checkbox"/> ESTATE	

1. **Petitioner (name):**

a. (Name):
(Address):

requests that

(Telephone):

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

b. (Name):
(Address):

(Telephone):

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

- c. (1) bond not be required because the proposed successor conservator is a corporate fiduciary or an exempt government agency. for the reasons stated in Attachment 1c.
- (2) bond be fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law. (Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)
- (3) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):

- d. orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatorship estate. (Specify orders, powers, and reasons in Attachment 1d.)
- e. orders relating to the capacity of the (proposed) conservatee under Probate Code section 1873 or 1901 be granted. (Specify orders, facts, and reasons in Attachment 1e.)
- f. orders relating to the powers and duties of the proposed successor conservator of the person under Probate Code sections 2351-2358 be granted. (Specify orders, facts, and reasons in Attachment 1f.)
- g. the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed successor conservator of the person be granted the powers specified in Probate Code section 2355. (Complete item 9 on page 6.)

Do NOT use this form for a temporary conservatorship.

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

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

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

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

* See Item 5b on page 4.

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

3. c. **Proposed** **successor conservator** is (check all that apply)
- (1) a nominee. (Affix nomination as Attachment 3c(1).)
 - (2) the spouse of the (proposed) conservatee. (You must also complete item 6.)
 - (3) the domestic partner or former domestic partner of the (proposed) conservatee. (You must also complete item 7.)
 - (4) a relative of the (proposed) conservatee as (specify relationship):
 - (5) a bank. another entity authorized to conduct the business of a trust company.
 - (6) a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
 - (7) a professional fiduciary, as defined in Business and Professions Code section 6501(f). His or her statement concerning licensure or exemption is provided in item 1 on page 1 of the attached *Professional Fiduciary Attachment*. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
 - (8) other (specify):
- d. Engagement and prior relationship with petitioning professional fiduciary (complete this item if petitioner is licensed by the *Professional Fiduciaries Bureau*.)
- (1) Statements of who engaged petitioner, or how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family or friends, are provided in item 2 on page 2 of the attached *Professional Fiduciary Attachment*. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
 - (2) A petition for appointment of a temporary conservator is filed with this petition. That petition contains statements of who engaged petitioner, how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family and friends.
- e. **Character and estimated value of the property of the estate** (complete items (1) or (2) and (3), (4), and (5)):
- (1) (For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):
Personal property: \$ _____, per Inventory and Appraisal filed in this proceeding on
(specify dates of filing of all inventories and appraisals):
 - (2) Estimated value of personal property: \$ _____
 - (3) Annual gross income from
 - (a) real property: \$ _____
 - (b) personal property: \$ _____
 - (c) pensions: \$ _____
 - (d) wages: \$ _____
 - (e) public assistance benefits: \$ _____
 - (f) other: \$ _____
 - (4) **Total** of (1) or (2) and (3): \$ _____
 - (5) Real property: \$ _____
 - (a) per Inventory and Appraisal identified in item (1).
 - (b) estimated value.
- f. Due diligence (complete this item if the (proposed) conservatee is not a petitioner):
- (1) Efforts to find the (proposed) conservatee's relatives or reasons why it is not feasible to contact any of them are described on Attachment 3f(1).
 - (2) Statements of the (proposed) conservatee's preferences concerning the appointment of any (successor) conservator and the appointment of the proposed (successor) conservator or reasons why it is not feasible to ascertain those preferences are contained on Attachment 3f(2).

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

3. g. So far as known to petitioner, a conservatorship or equivalent proceeding concerning the proposed conservatee
- has not has been filed in another jurisdiction, including a court of a federally-recognized Indian tribe with jurisdiction (see Prob. Code, § 2031(b)).
 (If you answered "has," identify the jurisdiction and state the date the case was filed):
4. **(Proposed) conservatee**
- a. is is not a patient in or on leave of absence from a state institution under the jurisdiction of the California Department of State Hospitals or the California Department of Developmental Services (specify state institution):
- b. is receiving or entitled to receive is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs (estimate amount of monthly benefit payable):
- c. is is not, so far as is known to petitioner, a member of a federally recognized Indian tribe.
 (If you answered "is," complete items (1)–(4)):
- (1) Name of tribe:
 (2) Location of tribe (if the tribe is located in more than one state, the state that is the tribe's principal location):
- (3) The proposed conservatee does does not reside on tribal land.*
 (4) So far as known to petitioner, the proposed conservatee owns does not own property on tribal land.
5. a. Proposed conservatee (initial appointment of conservator only)
- (1) is an adult.
 (2) will be an adult on the effective date of the order (date):
 (3) is a married minor.
 (4) is a minor whose marriage has been dissolved.
- b. Vacancy in office of conservator (appointment of successor conservator only. A petition for appointment of a limited conservator after the death of a predecessor is a petition for initial appointment. (Prob. Code, § 1860.5(a)(1).)
 There is a vacancy in the office of conservator of the person estate for the reasons specified in Attachment 5b. specified below.

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

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

10. **Temporary conservatorship**

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

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

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

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

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

Continued on Attachment 11.

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	
NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP	

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

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

2. You may refer to documents on file in this proceeding for more information. (*Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.*)
3. The petition includes an application for the independent exercise of powers by a guardian or conservator under
 Probate Code section 2108 Probate Code section 2590.
 Powers requested are specified below specified in Attachment 3.

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

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
----------	-------	---------------------------------	--------------------------------

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

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



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

NOTE:*

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

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

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

PROOF OF SERVICE BY MAIL

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

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

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

Date: _____

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

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

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

1.		
2.		
3.		
4.		

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

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CONSERVATORSHIP OF (name): PROPOSED CONSERVATEE		

CONFIDENTIAL SUPPLEMENTAL INFORMATION

Limited Conservatorship of the Person Estate

CASE NUMBER:
HEARING DATE:
DEPT.: TIME:

1. a. **Proposed conservatee (name):**
b. Date of birth: c. Age:
d. Social security number:
2. I, the person completing this form, am the (check each that applies) petitioner proposed conservator in this proceeding.
3. **ABILITY TO PROVIDE PROPERLY FOR PERSONAL NEEDS*** The following facts and circumstances supplement and support the petition's assertions that the proposed conservatee is unable to provide properly for personal needs for physical health, food, clothing, or shelter (specify in detail, expanding on the reasons in the petition; give specific examples from the proposed conservatee's daily life showing significant, ongoing behavior patterns):
 - a. Physical health (give examples showing the proposed conservatee's inability to move and exercise, maintain personal hygiene, make and attend routine medical appointments, take medication as prescribed, etc.):

 Continued in Attachment 3a.
 - b. Food (give examples showing the proposed conservatee's inability to eat or drink, prepare food, shop for food, etc.):

 Continued in Attachment 3b.
 - c. Clothing (give examples showing the proposed conservatee's inability to get dressed, do laundry, shop for clothing, etc.):

 Continued in Attachment 3c.
 - d. Shelter (give examples showing the proposed conservatee's inability to pay rent or mortgage, pay utility bills, keep house, etc.):

 Continued in Attachment 3d.

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

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

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

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

Continued in Attachment 4a.

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

Continued in Attachment 4b.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Continued in Attachment 5f.

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

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

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

Continued in Attachment 6a.

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

Continued in Attachment 6b.

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

Continued in Attachment 6c.

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

Continued in Attachment 6d.

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

Continued in Attachment 6e.

f. Other alternatives considered or attempted

Continued in Attachment 6f.

CONSERVATORSHIP OF (name):	CASE NUMBER:
PROPOSED CONSERVATEE	

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

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

Continued in Attachment 7a.

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

Continued in Attachment 7b.

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

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

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

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

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

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

Continued on Attachment 10.

11. Number of pages attached: _____

DECLARATION

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)



CONFIDENTIAL

GC-325

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: 	FOR COURT USE ONLY FILE IN CONFIDENTIAL FOLDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CONSERVATORSHIP OF <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE		
CONFIDENTIAL DECLARATION ON MEDICAL ABILITY TO ATTEND HEARING—PROBATE CONSERVATORSHIP		CASE NUMBER:

The person requesting the declaration must complete item 1.

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

INSTRUCTIONS TO DECLARANT (PRACTITIONER)

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

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

DECLARANT'S CONTACT INFORMATION AND QUALIFICATIONS

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

MEDICAL ABILITY TO ATTEND COURT HEARING

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

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

Date:

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

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF 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	
CONFIDENTIAL CAPACITY ASSESSMENT AND DECLARATION—PROBATE CONSERVATORSHIP	CASE NUMBER:

This form is intended to record the results of a capacity assessment of the person named in item 2, to describe the assessing clinician's conclusions about the person's mental functioning and capacity, and to submit the results and conclusions under oath to the court. The petitioner completes items 1 and 2 to give instructions to the clinician. The clinician completes the remainder of the form.

PETITIONER'S INSTRUCTIONS TO CLINICIAN

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

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

2. **Person to be assessed**

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

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

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

CONFIDENTIAL

GC-335

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

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 <i>(name):</i>	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

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

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

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

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

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- b. Orientation to:

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

 - (1) Time (When? Year, month, day, hour)
 - (2) Place (Where? State, city, address)
 - (3) Person (Who? Name, relationship)
 - (4) Situation (What? How? Why?)
- c. Ability to attend to and concentrate on tasks (ability to attend to a stimulus; concentrate on a stimulus over brief time periods)

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

Notes:

11. Information processing

- a. Memory

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

 - (1) Immediate recall
 - (2) Short-term memory and learning (the ability to encode, store, and retrieve information)
 - (3) Long-term memory (ability to remember information from the past)
- b. Understanding (the ability to receive and accurately process information given in written, spoken, visual, or other media)

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

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

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

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

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

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

Notes:

12. Thought disorders

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

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

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

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

Notes:

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(name):</i> <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. Each medication listed in item 16a can impair a person's mental functioning as explained
 below in Attachment 16b.

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

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

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):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

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.

CONFIDENTIAL

GC-335

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

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

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

Date:

_____  _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

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

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:
---	--------------

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.

a. 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.

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

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

13. Number of pages attached: _____

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

Date:

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> ESTATE OF <input type="checkbox"/> GUARDIANSHIP OF <input type="checkbox"/> CONSERVATORSHIP OF (Name): <div style="text-align: center;"> <input type="checkbox"/> DECEDENT <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE </div>	
ORDER PRESCRIBING NOTICE (PROBATE)	CASE NUMBER:

THE COURT ORDERS

1. The time and place of hearing* on the petition for
 - a. compensation on account (Prob. Code, §§ 8547(d), 10830)
 - b. authority to continue decedent's business (Prob. Code, §§ 9760-9763)
 - c. order vacating order confirming sale (Prob. Code, §§ 10350, 10351)
 - d. court authorization for medical treatment (Prob. Code, §§ 2357(c), 3201)
 - e. appointment of a limited conservator (Prob. Code, § 1822)
 - f. other (specify):

(hearing) is set for

Date:	Time:	Dept.:	Room:
-------	-------	--------	-------

Address of court: same as noted above other (specify):

2. Petitioner shall cause notice of the hearing to be
 - a. served at least (specify): _____ days before hearing personally upon (name):
 - b. mailed at least (specify): _____ days before hearing, in the manner prescribed by Probate Code section 1215 to the persons listed below listed on Attachment 2b.

Name
Address

c. (for limited conservatorship only) mailed to the regional center identified in Probate Code section 1827.5.

Date:

 JUDGE OF THE SUPERIOR COURT
 SIGNATURE FOLLOWS LAST ATTACHMENT

*This form is not sufficient as Notice of Hearing.

ORDER PRESCRIBING NOTICE
(Probate)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (<i>Name</i>): <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE		
ORDER DISPENSING WITH NOTICE		CASE NUMBER:

1. **THE COURT FINDS** that a petition for (*specify*):
has been filed and
- a. (*for guardianship only*) the following persons cannot with reasonable diligence be given notice (*names*):
- b. (*for guardianship only*) the giving of notice to the following persons is contrary to the interest of justice (*names*):
- c. good cause exists for dispensing with notice to the following persons referred to in Probate Code section 1460(b) (*names*):
- d. other (*specify*):
2. **THE COURT ORDERS** that notice of hearing on the petition for (*specify*):
- a. is not required except to persons requesting special notice under Probate Code section 2700.
- b. is dispensed with to the following persons (*names*):

Date:

 JUDGE OF THE SUPERIOR COURT

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):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name):	
CITATION FOR CONSERVATORSHIP <input type="checkbox"/> Limited Conservatorship	CASE NUMBER:

THE PEOPLE OF THE STATE OF CALIFORNIA,

To (name):

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

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
----------	-------	---------------------------------	--------------------------------

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

and to give any legal reason why, according to the verified petition filed with this court, you should not be found to be

unable to provide for your personal needs unable to manage your financial resources and by reason thereof, why the following person should not be appointed conservator limited conservator of your person estate (name):

2. A conservatorship of the person may be created for a person who is unable properly to provide for his or her personal needs for physical health, food, clothing or shelter. A conservatorship of the property (estate) may be created for a person who is unable to resist fraud or undue influence, or who is substantially unable to manage his or her own financial resources. "Substantial inability" may not be proved solely by isolated incidents of negligence or improvidence.
3. At the hearing a conservator may be appointed for your person estate. The appointment may affect or transfer to the conservator your right to contract, to manage and control your property, to give informed consent for medical treatment, to fix your place of residence, and to marry.
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: right; margin-top: 10px;">PROPOSED CONSERVATEE</div>	CASE NUMBER: _____
--	--------------------

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.)



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 STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____			
CONSERVATORSHIP OF _____ (Name): _____		CASE NUMBER: _____	
PROPOSED CONSERVATEE			
CONFIDENTIAL CONSERVATOR SCREENING FORM Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship		HEARING DATE AND TIME: _____	DEPT.: _____

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

How This Form Will Be Used

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

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

Page 1 of 2

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

- 7. I have I have not filed for bankruptcy protection within the last 10 years. *(If you checked "I have," explain in Attachment 7.)*
- 8. I have I have not been convicted of a felony or had a felony expunged from my record. *(If you checked "I have," explain in Attachment 8.)*
- 9. I have I have not been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property. *(If you checked "I have," explain in Attachment 9.)*
- 10. I have I have not been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information. *(If you checked "I have," explain in Attachment 10.)*
- 11. I have I have not been charged with, arrested for, or convicted of any form of elder abuse or neglect. *(If you checked "I have," explain in Attachment 11.)*
- 12. I have I have not had a restraining order or protective order filed against me in the last 10 years. *(If you checked "I have," explain in Attachment 12.)*
- 13. I am I am not required to register as a sex offender under California Penal Code section 290. *(If you checked "I am," explain in Attachment 13.)*
- 14. I have I have not previously been appointed conservator, executor, or fiduciary in another proceeding. *(If you checked "I have," explain in Attachment 14.)*
- 15. I have I have not been removed or resigned as a conservator, guardian, executor, or fiduciary in any other case. *(If you checked "I have," explain in Attachment 15.)*
- 16. I have or may have I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator. *(If you checked "I have or may have," explain in Attachment 16.)*
- 17. I am I am not a private professional fiduciary, as defined in Business and Professions Code section 6501(f). *(If you checked "I am," respond to item 18. If you checked "I am not," go to item 19.)*
- 18. I am I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as conservator in this matter. *(Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 3c(7) of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
- 19. I am I am not a responsible corporate officer authorized to act for (name of corporation):

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

DECLARATION

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

Date:

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ CONSERVATEE	
DUTIES OF CONSERVATOR and Acknowledgment of Receipt of Handbook for Conservators	CASE NUMBER: _____

DUTIES OF CONSERVATOR

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

I. THE CONSERVATEE'S RIGHTS

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

II. CONSULT WITH YOUR ATTORNEY

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

III. CONSERVATOR OF THE PERSON

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

A. DETERMINE THE APPROPRIATE LEVEL OF CARE FOR THE CONSERVATEE

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

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

- III. A. 1.** An evaluation of the level of care existing when the petition for your appointment as a conservator was filed and the measures that would be necessary to keep the conservatee in his or her **personal residence**.
(Note: The conservatee's **personal residence** is the residence the conservatee understood or believed to be his or her permanent residence on (1) the date the petition for appointment of a conservator was filed in this matter, or (2) on the last earlier date the conservatee could form or communicate an understanding or belief about a permanent residence, whether or not he or she was living there when the appointment petition was filed. See Cal. Rules of Court, rule 7.1063(b).)
- 2.** A plan to return the conservatee to his or her **personal residence** or an explanation of the limitations or restrictions on a return of the conservatee to that residence in the foreseeable future if the conservatee was not living there when the petition for appointment of a conservator was filed.
- 3.** A reevaluation after a material (important) change in circumstances affecting the conservatee's needs for placement and care after your initial determination.
- 4.** If the conservatee is a limited conservatee who is developmentally disabled, special rules may apply to the determination of his or her level of care and residential placement. See item **VI** below.
- B. DECIDE WHERE THE CONSERVATEE WILL LIVE**
- 1.** You must decide where the conservatee will live. You may choose a residence in California without prior approval of the court, but you must choose the least restrictive appropriate residence that is available and necessary to meet the conservatee's needs and that is in his or her best interests.
- 2.** You must file a written notice of any change of the conservatee's residence with the court within 30 days of the move, and you must mail copies of the notice to the conservatee's attorney, the conservatee's spouse or registered domestic partner, and the conservatee's relatives who were mailed copies of the petition for your appointment as conservator, unless the court excuses you from the mailing to prevent harm to the conservatee. (There is a court form you must use for this notice and another form you may use to prove that you have mailed it. The forms are the *Post-Move Notice of Change of Residence of Conservatee or Ward* (form GC-080) and the *Attachment to Post-Move Notice, etc.* (form GC-080(MA)). These forms refer to a "post-move notice" because the notice may be filed and mailed after the date of the move.)
- 3.** The law presumes that the conservatee's **personal residence** (see item **IIIA**) is the conservatee's least restrictive appropriate residence. There must be a reason supported by sufficient evidence to justify a change of residence from the conservatee's personal residence (including a move from a care facility or other temporary placement to a residence that is not the conservatee's personal residence).
- 4.** If you want to move the conservatee from his or her **personal residence**, in addition to the post-move notice described in item 2, you must mail a notice of your intent to change the conservatee's residence to the conservatee, the conservatee's attorney, if any, and to each other person or entity entitled to notice of the hearing on the petition for your appointment as conservator; and then you must file with the court proof that the notice was mailed. Unless there is an emergency requiring a shorter period of notice, this notice must be mailed at least 15 days before the date of the proposed move. (There is a court form you must use for this notice and another form you may use to prove that you have mailed it. The forms are the *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward* (form GC-079) and the *Attachment to Pre-Move Notice, etc.* (form GC-079(MA)). These forms refer to a "pre-move notice" because the notice must be mailed before the move.)
- 5.** If you want to establish the conservatee's residence outside California, you must petition the court for permission before the move. Notice of the court hearing on this petition, together with a copy of the petition, must be mailed to the conservatee and the other persons and entities that were entitled to notice of the hearing on the petition for your appointment as conservator. There is a court form for this petition, the *Petition to Fix Residence Outside the State of California* (form GC-085). Notice of the hearing and proof of its mailing is given on another court form, the *Notice of Hearing—Guardianship or Conservatorship* (form GC-020).
- 6.** You may not place the conservatee involuntarily in a mental health treatment facility unless he or she has been determined to be gravely disabled as the result of a mental disorder or impairment by chronic alcoholism, you have been appointed as conservator under the Lanterman-Petris-Short Act (Welf. & Inst. Code, § 5350 et seq.), and then only if the court has authorized the placement. If the court has authorized you to place the conservatee in a secured-perimeter residential care facility or a locked and secured nursing facility because he or she suffers from dementia, you must be sure that the placement is the least restrictive placement appropriate to the conservatee's needs.

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

III. C. PROVIDE MEDICAL CARE FOR THE CONSERVATEE

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

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

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

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

IV. CONSERVATOR OF THE ESTATE

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

A. MANAGING THE ESTATE

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

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

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

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

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

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

4. Interest-bearing accounts and other investments

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

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

IV. A. 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 <i>(Name)</i> : <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	CASE NUMBER: <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
CONSERVATEE	

VIII. JUDICIAL COUNCIL FORMS

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

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

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

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

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

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

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF (PROPOSED) CONSERVATOR)
----------------------	---	---------------------------------------

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF (PROPOSED) CONSERVATOR)
----------------------	---	---------------------------------------

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF (PROPOSED) CONSERVATOR)
----------------------	---	---------------------------------------

NOTICE

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

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):	CASE NUMBER:
CONSERVATEE	

20. (cont.)

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

31. (For limited conservatorship only) Orders relating to the powers and duties of the successor limited conservator of the person under Probate Code section 2351.5 as specified in attachment 31 are granted.
32. (For limited conservatorship only) Orders relating to the powers and duties of the successor limited conservator of the estate under Probate Code section 1830(b) as specified in attachment 32 are granted.
33. (For limited conservatorship only) Orders limiting the civil and legal rights of the limited conservatee as specified in attachment 33 are granted.
34. This order is effective on the date signed date minor attains majority (specify):
35. Number of boxes checked in items 18-34:
36. Number of pages attached:

Date:

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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

After recording return to:

TEL NO.:

FAX NO. (optional):

E-MAIL ADDRESS (optional):

ATTORNEY FOR (name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

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

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

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

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

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

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

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

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

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

LETTERS OF CONSERVATORSHIP
AFFIRMATION

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

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

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

CERTIFICATION

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

(SEAL)

Date: _____

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF (Name): <div style="text-align: center;"> <input type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR </div>	
<div style="text-align: center;"> INVENTORY AND APPRAISAL </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Partial No.: <input type="checkbox"/> Final <input type="checkbox"/> Supplemental </div> <div style="width: 45%;"> <input type="checkbox"/> Corrected <input type="checkbox"/> Reappraisal for Sale <input type="checkbox"/> Property Tax Certificate </div> </div>	CASE NUMBER: Date of Death of Decedent or of Appointment of Guardian or Conservator:

APPRAISALS

- | | | |
|---|-----------|--|
| 1. Total appraisal by representative, guardian or conservator (Attachment 1): | \$ | |
| 2. Total appraisal by referee (Attachment 2): | \$ | |
| TOTAL: | \$ | |

DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR SMALL ESTATE CLAIMANT

3. Attachments 1 and 2 together with all prior inventories filed contain a true statement of
 all a portion of the estate that has come to my knowledge or possession, including particularly all money and all just claims the estate has against me. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 1.
4. No probate referee is required by order of the court dated (specify):
5. **Property tax certificate.** I certify that the requirements of Revenue and Taxation Code section 480
- a. are not applicable because the decedent owned no real property in California at the time of death.
- b. have been satisfied by the filing of a change of ownership statement with the county recorder or assessor of each county in California in which the decedent owned property at the time of death.

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; INCLUDE TITLE IF CORPORATE OFFICER)		(SIGNATURE)
--	--	-------------

STATEMENT ABOUT THE BOND

(Complete in all cases. Must be signed by attorney for fiduciary, or by fiduciary without an attorney.)

6. Bond is waived, or the sole fiduciary is a corporate fiduciary or an exempt government agency.
7. Bond filed in the amount of: \$ _____ Sufficient Insufficient
8. Receipts for: \$ _____ have been filed with the court for deposits in a blocked account at (specify institution and location):

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)
----------------------	--	---

ESTATE OF (Name):

CASE NUMBER:

**INVENTORY AND APPRAISAL
ATTACHMENT NO.:** _____

*(In decedents' estates, attachments must conform to Probate
Code section 8850(c) regarding community and separate property.)*

Page: _____ of: _____ total pages.
(Add pages as required.)

<u>Item No.</u>	<u>Description</u>	<u>Appraised value</u>
		\$

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE <input type="checkbox"/> PERSON AND ESTATE OF (Name): _____ <div style="text-align: right;"><input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR</div>	
NOTICE OF FILING INVENTORY AND APPRAISAL AND HOW TO OBJECT TO THE INVENTORY OR THE APPRAISED VALUE OF PROPERTY	CASE NUMBER: _____

1. **NOTICE is given that (name):**

Conservator Guardian of the estate of the above-named conservatee or ward, filed with the court a
 Partial No.: _____ Final Supplemental Corrected Reappraisal for Sale
Inventory and Appraisal on (date filed): .

2. If you object to the *Inventory and Appraisal* identified above or to the appraised value of any property listed in it, and you want the court to hear your objections, they must be in writing, signed by you under penalty of perjury, and filed with the court at the court's address stated above. **If you object to the appraised value of any property listed in the *Inventory and Appraisal*, you must file your objections with the clerk of the court no later than 30 days after the date specified in item 1 above.**
3. If you object to a Final *Inventory and Appraisal* or to an *Inventory and Appraisal* filed on or after the later of (1) 90 days from the date of the order appointing the conservator or guardian or (2) the last day of any extension granted by the court for filing the *Inventory and Appraisal*, in addition to the objections described above you may also object to that *Inventory and Appraisal* and all others previously filed on the ground that they do not list property that should have been listed and valued as property of the estate.
4. You may prepare your written objections on **form GC-045, *Objections to Inventory and Appraisal of Conservator or Guardian***. When you file your objections, the court will set a date, time, and place for a hearing on them. Unless the court orders otherwise, you then must arrange for someone other than yourself to mail, at least 15 days before the hearing date, copies of your objections and copies of another form, **form GC-020, *Notice of Hearing - Guardianship or Conservatorship***, showing the date, time, and place of the court hearing, to (1) the conservator or guardian of the estate; (2) the conservator's or guardian's attorney, if any, at the address shown at the top of this form; (3) the conservatee or the minor (if the minor is at least 12 years of age; if not, to the minor's parents, guardian, or other adult residing with the minor who has legal custody); (4) the spouse or registered domestic partner of the conservatee or the spouse of the minor; (5) any person who has filed **form DE-154/GC-035, *Request for Special Notice***, in this case; and (6) any probate referee who made an appraisal of property to which you object. (You do not have to ask someone to mail copies to you if you are one of the persons listed above.) You must then arrange for the person who did the mailing to complete and sign the proof of service on page 2 of the original *Notice of Hearing* and file the *Notice* with the court before the date of the hearing.
5. At the hearing the court will consider and determine the merits of your objections and may fix the true value of any property to the appraised value of which you have objected. The court may order an independent reappraisal by one or more additional appraisers at the expense of the conservatorship or guardianship estate, **but if your objection to the appraisal of any property that the court orders to be reappraised is not upheld by the court, the cost of the reappraisal may be charged to you.**

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

<input type="checkbox"/> CONSERVATORSHIP OF (Name): _____	<input type="checkbox"/> GUARDIANSHIP OF THE	<input type="checkbox"/> PERSON AND ESTATE	CASE NUMBER: _____
<input type="checkbox"/> CONSERVATEE		<input type="checkbox"/> MINOR	

**ATTACHMENT TO NOTICE OF FILING OF INVENTORY AND APPRAISAL AND
HOW TO OBJECT TO THE INVENTORY OR THE APPRAISED VALUE OF PROPERTY**

(This attachment is for use with form GC-042.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name and relationship to conservatee or ward

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

	Relationship: _____	

	Relationship: _____	

	Relationship: _____	

	Relationship: _____	

	Relationship: _____	

	Relationship: _____	

	Relationship: _____	

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF 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"/> LIMITED CONSERVATEE	
NOTICE OF CONSERVATEE'S RIGHTS—PROBATE	CASE NUMBER:

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

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

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

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

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

A CONSERVATEE'S RIGHTS

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

(Conservatee's rights continued on next page)



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

A CONSERVATEE'S RIGHTS (continued)

2. Unless the court has limited or taken away the right, a conservatee also keeps the right to:
- Give or withhold informed consent to medical treatment, including treatment with medication;
 - Give or withhold informed consent to medication for treatment of a major neurocognitive disorder;
 - Withhold consent to placement in a residential facility with a secured perimeter;
 - Receive visits from family and friends;
 - Receive personal mail, email, and phone calls;
 - Control whom to have social and sexual relationships with;
 - Get married or enter into a registered domestic partnership;
 - Register to vote and cast a vote in local, state, and national elections; and
 - Directly receive and control their own wages or salary.
3. A conservatee may engage in certain activities only if the court has made an order expressly allowing them. These activities may include:
- Deciding where to live;
 - Making their own educational decisions;
 - Receiving and controlling an allowance for personal expenses; and
 - Entering into specific transactions or types of transactions as appropriate in the circumstances and subject to limits and conditions in the court order.
4. If the court has appointed a *limited conservator*, the limited conservatee keeps the right to take an action or make a decision **unless** the court has expressly given the limited conservator the power to take that action or make that decision **and** has also taken the right away from the conservatee. In particular, a limited conservatee keeps the following rights that a conservatee loses by default:
- Making decisions about where to live;
 - Making their own educational decisions; and
 - Entering into contracts or transactions that obligate their estate.

TO THE CONSERVATEE

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

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



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

PROOF OF DELIVERY BY MAIL

1. I am 18 years of age or older. 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 mailed this *Notice of Conservatee's Rights—Probate* to each person named below, attached to a conformed copy of the order appointing a conservator (form GC-340) or a limited conservator (form GC-339) filed on (date): _____ and showing the filing date and the judicial officer's signature, by enclosing it in an envelope addressed as shown below **and (check one)**:
 - 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): _____

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 THE NOTICE AND ORDER WERE 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: <input style="width: 80%;" type="text"/>	
5.	Relationship: <input style="width: 80%;" type="text"/>	
6.	Relationship: <input style="width: 80%;" type="text"/>	
7.	Relationship: <input style="width: 80%;" type="text"/>	

Continued on an attachment. (You may use form GC-341(MA) to show additional names and addresses.)



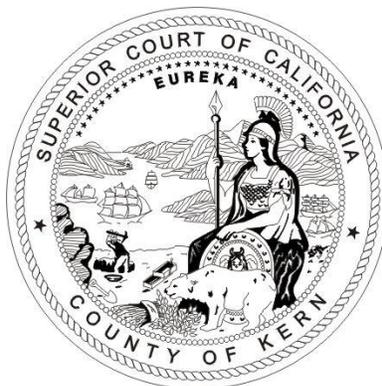
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name):	CASE NUMBER:
CONSERVATEE	

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

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

**Superior Court of California,
County of Kern**

1215 Truxtun Avenue, Room 301
Bakersfield, CA 93301
Telephone: (661) 868-4530
Facsimile: (661) 868-7955



**Patricia Arredondo LCSW,
Family Court Services Manager**

Dear Proposed Conservator,

Due to recent changes in the conservatorship laws, we are including this letter in your packet to inform conservatee's of our role in the court process as well as explain some of a conservator's responsibilities to the court.

INVESTIGATIONS

A court investigator is required to meet in person with the conservatee to investigate the need for conservatorship. We are required to inform the conservatee of their legal rights. The conservator is encouraged to become familiar with the responsibilities of and laws about a conservatorship by reviewing the Handbook for Conservators.

We will conduct an investigation periodically after the conservatorship has been granted.

BACKGROUND AND CREDIT CHECKS

We will run criminal background checks and credit checks on the conservator and report the findings to the court. To do this, we will need certain information from you. Please complete the attached information sheet. Your signature on this document acknowledges that you were informed that a criminal and credit check will be completed. We reserve the right to perform a credit check on the conservatee.

CONTACT INFORMATION WE NEED

In addition to interviewing you and the conservatee, we will be contacting other family members. Please include the phone numbers for all 1st degree and 2nd degree relatives on your petition. Failure to do so will result in the Probate Department returning the petition to you for these telephone numbers. You may include any email addresses as well.

CHANGE OF ADDRESS AND PHONE

It is important that you keep the court informed of any changes to the address and telephone number of the conservatee as well as changes to your own address and telephone number, so that we can contact you in the course of subsequent investigations. Additionally, we must be kept informed of changes to the conservatee's day program locations.

DEATH OF A CONSERVATEE

The court also needs to be informed of the death of the conservatee and, depending upon whether you are appointed as a conservator of the person only or of an estate, the responsibilities are different. Please consult the Handbook for Conservators, which outlines your responsibilities.

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

To the Conservator of the Person

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

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

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

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

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

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

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):	CASE NUMBER:
CONSERVATEE	

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 on 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):	CASE NUMBER:
CONSERVATEE	

5. The conservatee is currently receiving the following care or assistance. (Check all that apply; you may provide additional information about any item in the space after "other care or assistance" or on Attachment 5j. **Note: Do not discuss confidential medical information on this form. Discuss that information only in Part 2 (form GC-356).**)
- a. No care or assistance.
- b. Light housekeeping help.
- c. Personal caregivers for _____ hours per day. 24-hour care.
- d. Assistance with daily living skills.
- e. Nursing care.
- f. Meal preparation assistance.
- g. Assistance with medication: Administering. Setup only.
- h. Assistance with mobility: Hands-on. Standby only.
- i. In-home hospice services.
- j. Other care or assistance, as described below. on Attachment 5j.
6. a. The conservatee's current care and treatment are sufficient to meet the conservatee's needs. I plan to continue the care and treatment described in item 5 and *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356).
- b. The conservatee's current care and treatment are **not** sufficient to meet the conservatee's needs. I have arranged or plan to arrange the care described (check all that apply): below. on Attachment 6b. in item 3b of *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to meet those needs. **(Note: Do not discuss confidential medical information on this form. Discuss that information only in form GC-356.)**
7. The conservatee's care needs have been evaluated by a professional. A copy of the evaluation, including a description of the professional's qualifications, is included as Attachment 7.
- IMPORTANT:** You **must** complete and file Part 2 of the care plan (form GC-356) even if you attach a professional evaluation. If the professional evaluation includes confidential medical information, make sure to redact (block out so no one can read) that information from all copies except the copy filed with the court and the copies delivered to the conservatee, the conservatee's attorney, the conservator of the estate, and the conservator of the estate's attorney. A professional evaluation of the conservatee's care needs is not required, but is recommended if the circumstances and the conservatee's condition warrant it and the conservatee can afford it.
- Note:** Include any written evaluation by a professional fiduciary appointed as conservator or proposed for appointment.

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

8. a. (1) I live with the conservatee.
- (2) I plan to visit the conservatee on the schedule described below. on Attachment 8a.
- b. The steps that I plan to take to ensure that the conservatee is able to visit and communicate with family and friends, consistent with the conservatee's preferences, are described below. on Attachment 8b.

9. a. The conservatee engages in the social or recreational activities described, including location, below. on Attachment 9a.

b. The conservatee is not able to engage in social or recreational activities for the reasons explained below. on Attachment 9b.

10. a. Any problems brought to my attention by the court, the investigator, or an interested person and my plans to address each of those problems are described below. on Attachment 10a.

b. No specific problems have been brought to my attention.

11. a. The conservatee's estimated monthly expenses, to the extent I have access to the information needed to estimate them, in each category listed in Probate Code section 2351.2(b)(7), are stated below. on Attachment 11a.

b. Except for the expenses stated in item 11a, I do not have access to the information needed to estimate the conservatee's monthly expenses.

12. Number of pages attached: _____

Date:

_____ _____
 (TYPE OR PRINT NAME OF CONSERVATOR OF THE PERSON) (SIGNATURE OF CONSERVATOR OF THE PERSON)

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

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

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

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

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

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

4. **Before you mail:** Make enough copies of pages 1–4 of this form to be able to send one to each person in the categories in items 1 and 2, above. Make enough copies of form GC-356 to be able to send one to each person in item 1, above.
IMPORTANT: Do **not** send *Confidential Conservatorship Care Plan—Part 2 (Medical Information)* (form GC-356) to anyone except the persons in item 1.

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

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

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

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

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

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

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

1. The conservatee has been diagnosed with the following physical or mental health conditions (*check all that apply*):
- No known health conditions.
 - Physical health conditions described
 below. on Attachment 1b.
 - 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*):
- No medical treatment, medications, supports, or devices.
 - All medical treatments and the conditions treated by each are described below. on Attachment 2b.
 - All medications taken and the conditions treated by each are described below. on Attachment 2c.
 - All services and supports received, including the reason for each, are described below. on Attachment 2d.
 - All devices used and the purpose of each are described below. on Attachment 2e.

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

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

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

a. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____
 Telephone number: _____ Email address: _____
 Treatment or care provided (*if known*): _____

b. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____
 Telephone number: _____ Email address: _____
 Treatment or care provided (*if known*): _____

c. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____
 Telephone number: _____ Email address: _____
 Treatment or care provided (*if known*): _____

Additional providers listed on Attachment 4.

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

Date: _____

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE)

REFERRAL FOR INVESTIGATOR'S REPORT
PER PROBATE CODE § 1826

Name and Address of Attorney/Typing Service/ Pro Per

Proposed Conservatee's Information:

Legal Name: _____ Nick Name: _____

Current Address: _____

Name of Facility/Group Home: _____

Contact Person: _____

Name and Address of Day Program/School/Employer: _____

Contact Person: _____

If Kern Regional Center Client, Name and telephone number of Service Coordinator:

Proposed Conservator(s) Information:

Name:	Relationship	Phone #	Preferred Language
-------	--------------	---------	--------------------

_____ Date

_____ Signature of Person Completing form

IDENTIFICATION INFORMATION

This information will be used to conduct credit and criminal background checks by the court.

Case Number _____

Your full legal name: _____

Any other names you have used, including maiden name: _____

Your relationship to the conservatee: _____

Your Street Address: _____

City: _____ Zip Code: _____

Phone: Residence _____ Cell: _____ Work: _____

Mailing Address if different: _____

Date of Birth: _____ Driver's License: _____

Place of Birth: _____ Social Security No.: _____

Monthly Income: _____ Place of Employment: _____

Marital Status: Married Single Divorced Widowed

Race: _____ Eye Color: _____ Hair Color: _____ Height: _____

I understand that I am being asked to provide my Social Security number so that the investigator can conduct a criminal background check, which will assist the investigator in making recommendations to the court, and for the court to make decisions in the case. I understand that the purpose of the investigation is to make recommendations to the court regarding whether a conservatorship is necessary and my suitability as the proposed conservator. The investigator will talk with the proposed conservatee's relatives, caregivers, medical personnel, facility staff and any other person they deem necessary in order to provide the court with necessary information to make its decision. The investigator will redact your Social Security number from the Family Court Services' file at the conclusion of the investigation. While the court cannot require that you provide this information, it is a great help in obtaining accurate information about your criminal background.

Date: _____ Signature: _____

Printed Name: _____

Print Full Name of Proposed Conservatee: _____

NAME OF INSTITUTION: ADDRESS: CONTACT PERSON: TITLE: TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (Name): <div style="text-align: right;"> <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE </div>	NO FILING FEE
NOTICE OF TAKING POSSESSION OR CONTROL OF AN ASSET OF MINOR OR CONSERVATEE	CASE NUMBER:

NOTE TO INSTITUTION

When a guardian or conservator of the estate of a minor or conservatee takes possession or control of an asset of the minor or conservatee held or controlled by an institution, Probate Code section 2890 requires the institution to file a statement with the court having jurisdiction over the guardianship or conservatorship and identified in the *Letters of Guardianship* or *Letters of Conservatorship*. The statement must contain the information specified below concerning the institution, the minor or conservatee, and the asset. The statement must be on this form and must be signed by an authorized officer of the institution. A single statement may cover all assets of a minor or conservatee held by the institution.

An "institution" is defined in Probate Code section 2890(c) as 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 as defined in Probate Code section 2892(b)). "Taking possession or control of an asset" includes changing title to the asset, withdrawing all or any portion of the asset, or transferring all or any portion of the asset from the institution.

1. **Personal information**
 - a. Minor or conservatee (*name*):
 - b. Guardian or conservator of the estate (*name*):
2. **Institution information**
 - a. Institution (*name and type*):
 - b. Address:
3. **Asset information**
 - a. Account, policy or other identification number:
 - b. Type of asset:
 - c. Value or, if it is not known, the estimated value of the asset on the date *Letters of Guardianship* or *Letters of Conservatorship* were issued by the court to the guardian or conservator (*this information must be given to the extent it is routinely provided in statements from the institution to asset owners*):
 Information on additional assets of the minor or conservatee named above held by the institution is stated in attachment 3.
4. The guardian or conservator presented *Letters of Guardianship* or *Letters of Conservatorship* that identify the guardian or conservator as the guardian or conservator of the estate of the minor or conservatee named above.
5. I am an officer of the institution identified in this statement, and I am authorized to sign this statement on its behalf.

I declare under penalty of perjury under the laws of the State of California that the foregoing, including statements in all attachments, is true and correct.

Date:

_____ (TYPE OR PRINT NAME)		_____ (AUTHORIZED SIGNATURE)
Title: _____	Telephone no.: _____	



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____ <div style="text-align: right;"><input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR</div>	
POST-MOVE NOTICE OF CHANGE OF RESIDENCE OF <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> WARD (Name): _____	CASE NUMBER: _____

INFORMATION FOR CONSERVATOR OR GUARDIAN OF THE PERSON:

- (1) Every time your conservatee or ward moves to a new residence in California, you must, **within 30 days of the date of the move**, give written notice of the change to the court and, unless the court excuses you for good cause to prevent harm to the conservatee or ward, mail a copy of the notice to the attorney for the conservatee or ward; and **(a) in a conservatorship**, mail copies of the notice to the conservatee's spouse or registered domestic partner and the conservatee's relatives named in the petition for appointment of a conservator in your case (the conservatee's second-degree relatives, or if there is no spouse, registered domestic partner, and second-degree relatives, the persons named in Probate Code section 1821(b)(1)-(4) as the conservatee's "deemed relatives"); or **(b) in a guardianship**, mail copies of the notice to the ward's parents, any person who had legal custody of the ward when the first petition for appointment of a guardian was filed in your case, the guardian of the ward's estate, and any person nominated as a guardian for the ward who was not appointed.
- (2) **Use this form for the notice described above.** Do not mail a copy to the conservatee or ward. To give notice to the court, file the original of this form after filling out the proof of mailing on the second page. (See rules 7.1013(c) and (d), or 7.1063(c) and (d) of the Cal. Rules of Court.) If there is more than one ward in your case, file and mail copies of a separate form for each ward moved.
- (3) You must also give notice, **before the move**, of an intent to move the conservatee or ward from his or her personal residence (as defined in rules 7.1063(b) and 7.1013(b) of the Cal. Rules of Court). **Do not use this form for that notice.** Use form GC-079, *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward*, for that notice.
- (4) You must obtain court permission **before** the conservatee or ward can move to a new residence outside California.

NOTICE IS GIVEN as follows:

1. On (date): _____ the conservatee or ward named above moved to the residence described in item 2.
2. New address (street address, city, county and zip code): _____

Telephone number: _____ Other contact telephone number, if any (if none, write "None"): _____

3. (Check this box if this case is a conservatorship.) The conservatee's new residence identified in 2 is the least restrictive appropriate residence that is available to meet his or her needs and is in the conservatee's best interest.

Date: _____

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

 (TYPE OR PRINT NAME OF CONSERVATOR OR GUARDIAN) ▶ _____
 SIGNATURE OF CONSERVATOR OR GUARDIAN

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

NOTE TO CONSERVATOR OF THE PERSON:

You must deliver copies of this *Notice of Conservatee's Death* (Notice) to the conservator of the estate, the conservatee's spouse or domestic partner, and any person who has requested special notice under Probate Code section 2700. You, an employee in your practice as a professional fiduciary, your attorney in this matter, or an employee in your attorney's office should deliver this Notice electronically to each person who has expressly consented to electronic delivery by completing, delivering, and filing *Consent to Electronic Service and Notice of Electronic Service Address* (form EFS-005-CV) or an equivalent form in this proceeding. You must arrange for delivery in person or by mail to persons who have not completed form EFS-005-CV. You must show the court that copies of this Notice have been delivered in ways the law allows. You do this by completing a proof of delivery, also called "proof of service," and having the person who made the delivery sign the proof of service, which then is filed with the original Notice. This page contains a proof of delivery that may be used only to show electronic delivery. To show personal delivery, you may use *Proof of Personal Service—Civil* (form POS-020). To show delivery by mail, you may use *Proof of Service by First-Class Mail—Civil* (form POS-030).

PROOF OF ELECTRONIC DELIVERY

1. I am a resident of, or employed in, the county where the delivery occurred and am
 - a. the conservator of the person.
 - b. an employee of the conservator of the person in the conservator's practice as a professional fiduciary.
 - c. an attorney for the conservator of the person.
 - d. an employee in the office of an attorney for the conservator of the person of the conservatee named above.
2. My residence or business address is (specify): _____
3. My electronic service address is (specify): _____
4. I electronically delivered the foregoing *Notice of Conservatee's Death* to each person named below, as specified.

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

Date: _____

_____ <small>(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)</small>	▶	_____ <small>(SIGNATURE OF PERSON COMPLETING THIS FORM)</small>
---	---	--

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS DELIVERED

	<u>Name of person served</u>	<u>Electronic service address</u>	<u>Date of electronic delivery</u>
1.			Date: _____
2.			Date: _____
3.			Date: _____
4.			Date: _____
5.			Date: _____
6.			Date: _____

Continued on an attachment. (You may use form POS-050(P) to show additional persons served electronically.)

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

Print this form

Save this form

Clear this form

FOR PREPARATION BY THE COURT ONLY	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF 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	
ORDER APPOINTING COURT INVESTIGATOR <input type="checkbox"/> Conservatorship <input type="checkbox"/> Limited Conservatorship	CASE NUMBER:

To (name):

You are hereby appointed court investigator in the matter above.

1. **A Petition for Appointment of a Probate Conservator (form GC-310) has been filed. YOU ARE DIRECTED TO:**
- a. Interview the proposed conservatee personally.
 - b. Conduct the other interviews required by Probate Code section 1826(a)(1).*
 - c. Provide to the proposed conservatee all the information required by Probate Code section 1826(a)(2).
 - d. Determine whether it appears that the proposed conservatee is unable to attend the hearing and, if able to attend, whether the proposed conservatee is willing to attend.
 - e. Make all determinations required by Probate Code section 1826(a)(4)–(8).
 - f. Determine if the proposed conservatee is incapable of communicating, with or without reasonable accommodations, a desire to participate in the voting process. The proposed conservatee may not be disqualified from voting unless the court makes the determination above *and* appoints a conservator.
 - g. Gather and review relevant medical reports regarding the proposed conservatee from the proposed conservatee's primary care physician and other relevant mental and physical health providers. Place all confidential medical information or confidential information obtained from the California Law Enforcement Telecommunications System (CLETS) that is included in or attached to your report into a separate, confidential attachment.*
 - h. Report to the court in writing at least five days before the hearing concerning all of the foregoing, including the proposed conservatee's express communications concerning (1) representation by legal counsel, and (2) if the proposed conservatee is not willing to attend the hearing, does not wish to contest the establishment of the conservatorship, and does not object to the proposed conservator or prefers that another person act as conservator.
 - i. Deliver a copy of your report—omitting any attachment containing confidential medical information or confidential information from CLETS—to all persons listed in Probate Code section 1826(a)(13) in any manner permitted by Probate Code section 1215, at least five days before the date set for hearing,
 - (1) **except** for the persons listed in Attachment 1i(1), because the court has determined that delivery to those persons will harm the proposed conservatee;
 - (2) **and** to the persons listed in Attachment 1i(2) (*specify names and addresses in the attachment*).
 - j. Comply with the other orders specified in Attachment 1j.

* You are required to perform an activity marked with an asterisk only if the box is checked or the Legislature has made an appropriation identified for that purpose.

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

2. **A Petition for Appointment of Temporary Conservator (form GC-111) has been filed. YOU ARE DIRECTED TO:**
- Conduct the interviews required by Probate Code section 2250.6(a)(1) before the hearing on the petition or, if that is not feasible, conduct the interviews required by section 2250.6(b)(1) within two court days after the hearing. In either case, interview the temporary conservatee or proposed temporary conservatee personally.*
 - Provide to the temporary conservatee or proposed temporary conservatee the information in Probate Code section 2250.6(a)(2) before the hearing or, if that is not feasible, the information in section 2250.6(b)(2) within two court days after the hearing.*
 - Make the determinations required by Probate Code section 2250.6(a)(3)–(5) before the hearing on the petition unless it is not feasible to do so.*
 - Report to the court in writing before the hearing on the petition concerning all of the activities discussed in item 2a–c, above, that you are able to complete before the hearing.*
 - If you cannot visit the temporary conservatee until after the hearing at which a temporary conservator was appointed, and the temporary conservatee objects to the appointment of the temporary conservator or requests an attorney, report this information to the court promptly and in no event more than three court days after the date of your visit with the temporary conservatee.*
 - If it appears to you that the temporary conservatorship is inappropriate, report this determination in writing to the court immediately, and in no event more than two court days after you make the determination.*
3. **The temporary conservator has requested an order under Probate Code section 2253 to change the residence of the temporary conservatee. YOU ARE DIRECTED TO:**
- Personally interview and inform the temporary conservatee of the contents of the request by the temporary conservator for authority to change the temporary conservatee's residence; of the nature, purpose, and effect of the proceedings; and of the right to oppose the request, attend the hearing, and be represented by legal counsel.
 - Make the determinations required by Probate Code section 2253(b)(3)–(7).
 - Gather and review relevant medical reports regarding the proposed conservatee from the proposed conservatee's primary care physician and other relevant mental and physical health care providers. Place all confidential medical information or confidential information obtained from the California Law Enforcement Telecommunications System (CLETS) that is included in or attached to your report into a separate, confidential attachment.*
 - At least two days before the hearing on the request, report your findings concerning the foregoing in writing to the court. Include in your report the temporary conservatee's express communications concerning representation by legal counsel and whether the temporary conservatee is not willing to attend the hearing and does not wish to contest the request.
 - Comply with the other orders specified in Attachment 3e.
4. **A request for exclusive authority to give consent for medical treatment under Probate Code section 1880 has been included in the petition for appointment on form GC-310 or filed as a separate petition on form GC-380.**
The petition alleges that the conservatee or proposed conservatee is not willing to attend the hearing, or the court has received an affidavit or certificate attesting to the medical inability of the conservatee or proposed conservatee to attend the hearing.
- YOU ARE DIRECTED TO:**
- Interview the conservatee or proposed conservatee personally and inform the conservatee or proposed conservatee of the contents of the petition; of the nature, purpose, and effect of the proceeding; and of the right to oppose the petition, attend the hearing, and be represented by legal counsel.
 - Make the determinations required by Probate Code section 1894(c)–(f).
 - At least five days before the hearing on the petition, report your findings concerning the foregoing in writing to the court, and include in your report the conservatee's express communications concerning representation by legal counsel and whether the conservatee is not willing to attend the hearing and does not wish to contest the petition.
 - Comply with the other orders specified in Attachment 4d.

* You are required to perform an activity marked with an asterisk only if the box is checked or the Legislature has made an appropriation identified for that purpose.

5. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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 KERN Juvenile Justice Center, 2100 College Avenue Bakersfield, CA 93305		
<input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of (Name): _____		CASE NUMBER: _____
<input type="checkbox"/> Minor <input type="checkbox"/> Conservatee		
Hearing Date: _____	Time: _____	Department: _____
PETITION FOR SETTLEMENT OF _____ <input type="checkbox"/> (check if final account) AND FINAL ACCOUNT <small>(ACCOUNTING NUMBER ("FIRST", ETC.))</small>		
<input type="checkbox"/> (check if interim) ACCOUNT CURRENT		
<input type="checkbox"/> AND FOR COMPENSATION TO <input type="checkbox"/> CONSERVATOR/GUARDIAN <input type="checkbox"/> ATTORNEY		

Petitioner(s) (name(s): _____) alleges:

1. Petitioner was appointed conservator guardian of the person and estate of
 (name): _____ on (date): _____ letters
 were issued on (date): _____.

2. The following Inventory and Appraisal(s) have been filed with the court:

Date Filed:	Type:				Amount:
<input type="checkbox"/> Partial No.	<input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended				\$
<input type="checkbox"/> Partial No.	<input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended				\$
<input type="checkbox"/> Partial No.	<input type="checkbox"/> Final <input type="checkbox"/> Supplemental <input type="checkbox"/> Corrected/Amended				\$

Information regarding additional inventories filed is indicated on Attachment 2.

3. This account and report covers the period from (date): _____ to (date): _____

IN THE MATTER OF:	CASE NUMBER:
-------------------	--------------

4. The petitioner is chargeable and is entitled to the credits set forth in the attached Summary of Account and Schedules (Attach Judicial Council Forms GC-400, et seq. or GC-405, et seq.). If the conservatee, minor, or beneficiary is deceased, report transactions up to date of death. Post-death transactions must be on separate schedules.
5. a. There are no changes in the form of non-cash assets of the estate other than the sales of real property and personal property listed in a schedule of gains or losses.
Or
 b. Attached as Schedule F is a statement of any changes in the form of non-cash assets of the estate other than the sales of real and personal property listed in a schedule of gains or losses on sales. (Attach form GC-400(F)).
6. a. There are no known liabilities of the estate.
or
 b. Attached as Schedule G is a statement of all liabilities of the estate (Attach form GC-400(G)).
7. a. There was no cash to invest in interest-bearing accounts.
or
 b. At all times during the period of this account, petitioner has kept all surplus cash invested in interest-bearing accounts.
8. a. Bond in the matter is currently set at \$ _____ .
- b. The current income and assets of the estate are as follows (CRC § 7.207):
- | | |
|--|----------|
| (1) Probable annual income, including public benefits: | \$ _____ |
| (2) Personal property: | \$ _____ |
| (3) Equity in real property that is subject to a power to sell under Probate Code § 2591(c): | \$ _____ |
| (4) Sub-total of (1) through (3): | \$ _____ |
| (5) Ten percent of the first \$500,000 of sub-total at (4): | \$ _____ |
| (6) Twelve percent of the amount at (4) between \$500,000 and \$1,000,000: | \$ _____ |
| (7) Two percent of the amount at (4) above \$1,000,000: | \$ _____ |
| (8) Total (add (4) through (7)): | \$ _____ |
- c. The bond amount is sufficient, is insufficient and should be increased to the amount indicated in 8(b)(8) above is excessive and should be reduced to the amount indicated in 8(b)(8) above, should be waived because the estate qualifies under Probate Code § 2323 is not required because the conservator of the estate is a corporate fiduciary or an exempt government agency.

IN THE MATTER OF:	CASE NUMBER:
-------------------	--------------

9. a. No family or affiliate relationship exists between petitioner and any agent hired by petitioner during the period of this accounting

Or

b. The following family or affiliates were hired:

Name	Capacity Retained	Relationship

Information on additional family/affiliate relationships attached as Attachment 9.

10. Petitioner waives compensation or requests compensation of \$ _____ for services rendered during the period of this account. An itemization of the hourly rate and services rendered by the Petitioner is provided in Attachment 10.

The amount of \$ _____ has already been paid as periodic payments pursuant to the order of this court on (date): _____, leaving a balance of \$ _____.

Petitioner requests authority to make periodic payments of \$ _____ per month for up to 24 months from the end date of this account to petitioner for the services rendered by petitioner on a periodic basis. (Describe the specific services and the reasons for this authority in Attachment 10.)

11. Petitioner's attorney (name): _____ waives compensation

requests compensation of \$ _____ for services rendered during the period of this account. An itemization of the hourly rate and services rendered by petitioner's attorney is provided in Attachment 11.

Petitioner's attorney did use paralegals, and the information required by California Rules of Court, rule 7.754 is contained in Attachment 11.

The amount of \$ _____ has already been paid leaving a balance of \$ _____
The amount paid was advanced by petitioner from his or her individual funds.

12. Petitioner requests reimbursement for costs advanced in the amount of \$ _____

by petitioner petitioner's attorney (name): _____
An itemization of the date, amount, payee, and purpose of each cost is provided in Attachment 12.

13. The estate does does not include income or property from the Veteran's Administration, either directly, or as income or interest on money received from the Veteran's Administration.

14. The estate does does not include income or property from the conservatee's / ward's Indian tribe, either directly, or as income or interest on money received from the Indian tribe.

15. During this account period the conservatee/ward/beneficiary has has not been a patient in or on leave of absence from a state hospital under the jurisdiction of the California Department of State Hospitals or the California Department of Developmental Services.

IN THE MATTER OF:	CASE NUMBER:
-------------------	--------------

16. Filed concurrently with this account and report are original financial statements for this accounting period.

17. a. No requests for special notice have been filed in this proceeding.
or
 b. The following requests for special notice have been filed in this proceeding:

Name	Capacity Retained	Relationship

Information regarding additional requests for special notice attached as Attachment 17.

18. Petitioner requests other orders be granted (specify in Attachment 18).

19. a. This is an account current. The conservatee/ward/beneficiary is now living at:
(address): _____
- b. This is a final accounting.

WHEREFORE, petitioner prays:

20. That this account be approved and settled;
21. The acts of the conservator/guardian shown in the account and report be approved;
22. That bond be found sufficient increased by \$ _____
 decreased by \$ _____ waived under Probate Code § 2323 not required because
the conservator of the estate is a corporate fiduciary or an exempt government agency.
23. That petitioner be directed to pay petitioner the sum of \$ _____ as compensation for services
rendered during the period of this account.
 That petitioner also be authorized to make periodic payments of \$ _____ per month for up to
24 months from the end date of this account to petitioner for services rendered on a periodic basis.
24. That for legal services rendered during the period of this account the petitioner be directed to:
 pay petitioner's attorney from estate funds the sum of \$ _____
 pay petitioner from estate funds the sum of \$ _____ as reimbursement for attorney fees
advanced.
25. That petitioner be directed to pay from estate funds the sum of \$ _____ to petitioner
 Petitioner's attorney as reimbursement for costs advanced.
26. That other orders be made as specified in item 18 above.
27. That petitioner be ordered to distribute the remaining assets of the estate as specified in the Attachment 27.

IN THE MATTER OF:	CASE NUMBER:
-------------------	--------------

Dated: _____ (SIGNATURE OF ATTORNEY)

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

Dated: _____ (TYPE OR PRINT NAME OF PETITIONER) _____ (SIGNATURE OF PETITIONER)

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (name): <div style="text-align: right;"><input type="checkbox"/> CONSERVATEE <input type="checkbox"/> WARD</div>	
NOTICE BEFORE PROPOSED CHANGE OF RESIDENCE OF <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> WARD (name):	
CASE NUMBER:	

INFORMATION FOR CONSERVATOR OR GUARDIAN OF THE PERSON

- (1) **At least 20 days before** a proposed change of a **conservatee's** residence **OR at least 15 days before** a proposed change of a **ward's** residence (unless you can show that an emergency requires a shorter time), you must give notice of the proposed change to the conservatee or, if 12 years of age or older, the ward; the conservatee's or ward's attorney; any interested person who has requested special notice of the matter under Probate Code section 2700; and
(a) in a conservatorship, the conservatee's spouse or registered domestic partner and the conservatee's relatives within the second degree or—if you do not know of any spouse, registered domestic partner, or second-degree relative—then the persons named in Probate Code section 1821(b)(1)–(4) as the conservatee's "deemed relatives"; or
(b) in a guardianship, the ward's parents, any person who had legal custody of the ward when the first petition for appointment of a guardian was filed in this case, any guardian of the ward's estate, and any person who was nominated but not appointed as guardian of the ward.
- (2) **Use this form for the notice described in (1).** Deliver a copy of the completed form to each person in (1), as applicable. File the original completed form and proof of delivery with the court. See page 2 of this form for a proof of delivery by mail. If you are guardian of more than one ward in this case, deliver and file a separate notice for each ward who will move.
- (3) You must also give notice to the court and other persons **after** any change of the conservatee's or ward's residence. **Do not use this form for that notice.** Instead, use *Notice After Change of Residence of Conservatee or Ward* (form GC-080).
- (4) **Note:** You must obtain the court's permission before you place the conservatee or ward in a new residence outside of California. Use *Petition to Fix Residence Outside the State of California* (form GC-085) to ask the court for the required permission.

NOTICE IS GIVEN as follows:

- 1. I plan to change the residence of the conservatee or ward named above on *(date of proposed change)*:
- 2. The conservatee's or ward's residence address after the change will be *(street address, including residence or facility name and room or apartment number, if any, and city, county, and zip code)*:
- 3. The new residence will be a *(describe type of residence or facility, for example, single family home; apartment or condominium; board-and-care home; intermediate-care facility; or skilled-nursing facility)*:
- 4. I cannot give at least **20 days'** notice of the proposed change (conservatee) **or** at least **15 days'** notice of the proposed change (ward) because *(explain why the conservatee or ward must change residences before the end of the notice period)*:

Continued on Attachment 4. *(Give the case name and number and the title of this form at the top of the attached page.)*

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 CONSERVATOR OR GUARDIAN)	(SIGNATURE OF CONSERVATOR OR GUARDIAN)
---	--

