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| SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN<br>STREET ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME: | FOR COURT USE ONLY<br><br><div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">                     FILED<br/>                     SUPERIOR COURT OF CA, COUNTY OF KERN<br/><br/>                     BY _____ DEPUTY                 </div> |
| In re: Conservatorship of   |   |
| <b>NOTICE TO CONSERVATEE OF RIGHTS TO PROBATE<br/>CODE §1835.5</b>                                    | <b>CASE NUMBER:</b>   |

As the conservatee you retain many of the rights you had before the establishment of the conservatorship along with all basic human rights. Unless the Court ordered otherwise you retain the right to:

| YES                      | NO                       | PERSONAL RIGHTS   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Directly receive and control your own salary.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Make or change your will.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Get married.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Receive mail.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have visits from friends and family members.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have a lawyer.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask a judge to change conservators.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Ask a judge to end the conservatorship.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Vote.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Control personal spending money if a judge permits an allowance be paid directly to you.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Make your own health care decisions.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Enter into business transactions to provide for your basic needs and those of your children.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Participate in other activities the court allows when the conservator is appointed or when the court order later grants the right at the conservatee's request. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:  |

The following information applies to your case:

1. **Conservator's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_

2. The court investigator gathers information for the court and will inform you of your rights. The investigator’s contact information is as follows:

**Court Investigator:** Kern County Superior Court, Family Court Services  
 1215 Truxtun Avenue, Room 301  
 Bakersfield, CA 93301  
 (661) 610-6700  
[www.kern.courts.ca.gov/email-family-court-services](http://www.kern.courts.ca.gov/email-family-court-services)

3. Your attorney may be contacted if you wish to end or change the conservatorship. Your attorney’s contact information is as follows:

**Conservatee’s Attorney:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone No.** \_\_\_\_\_

4. **Limited Conservatorship**

If a Limited Conservatorship has been granted there are 7 “powers” you may retain. These “powers” are:

| YES                      | NO                       | Powers (Rights)               | YES                      | NO                       | Powers (Rights)   |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | To fix residence              | <input type="checkbox"/> | <input type="checkbox"/> | To enter into marriage or domestic partnership            |
| <input type="checkbox"/> | <input type="checkbox"/> | To make education decisions   | <input type="checkbox"/> | <input type="checkbox"/> | To control social and sexual contacts                     |
| <input type="checkbox"/> | <input type="checkbox"/> | To enter into contracts       | <input type="checkbox"/> | <input type="checkbox"/> | To give or withhold consent to medical treatment and care |
| <input type="checkbox"/> | <input type="checkbox"/> | To access confidential papers |                          |                          |   |

5. For information on alternatives to conservatorships please visit the California Courts Judicial Branch website at <https://selfhelp.courts.ca.gov/options-help-someone-impairment-or-disability>.

**Certificate of Mailing**

The undersigned, of said Kern County certify: That I am a Deputy Clerk of the Superior Court of the State of California in and for the County of Kern, that I am a citizen of the United States, over 18 years of age, I reside in or am employed in the County of Kern, and not a party to the within action, that I served the Notice of Conservatee’s Rights Pursuant to Probate Code § 1835.5 on the conservatee by depositing true copies thereof, enclosed in a sealed envelope with postage fully prepaid and placed for collection and mailing on this date, following standard Court practices, in the United States mail at Bakersfield, California addressed as indicated below.

Conservatee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Mailing: \_\_\_\_\_ Place of Mailing: \_\_\_\_\_

**Tara Leal**

CLERK OF THE SUPERIOR COURT

By: \_\_\_\_\_, Deputy Clerk