



Cover Sheet:	Petition for Conservatorship
Effective Date:	April 12, 2022
Last Revision Date:	February 6, 2024
Purpose:	These forms are used to request appointment as the conservator over another adult who is otherwise incapable of self-sufficiency.
Assistance:	If you are unable to complete the forms on your own, you may wish to hire a private attorney. If you need help finding an attorney, please contact the State Bar of California at www.calbar.ca.gov or the Attorney Search Network at 800-215-1190 or www.attorneysearchnetwork.com .
Required Forms:	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none">• Petition for Appointment of Probate Conservator, GC-310• Confidential Conservator Screening Form, GC-314• Confidential Conservator Screening Form, Additional Page, local form PR/E-LP-018• Confidential Supplemental Information, GC-312• Notification to Court of Address on Conservatorship, local form PR/E-LP-12C• Order Appointing Probate Conservator, GC-340• Letters of Conservatorship, GC-350• Probate Case Participant Enrollment Form, local form PR/E-LP-053
Optional Forms:	These forms are needed only if you are requesting orders regarding dementia powers: <ul style="list-style-type: none">• Attachment Requesting Special Orders Regarding Dementia, GC-313
Filing Fee:	There is a \$435 fee to file these documents. The current fee schedule may be found on the Court's website at: https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf
Copies:	Make 2 copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.
Before you File:	Review the Handbook for Conservators before completing these forms. You can review the Handbook for Conservators at the Public Law Library or on the web at: www.courts.ca.gov/documents/handbook.pdf
Filing:	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119) Mail or place completed forms in the court drop-box located at the



	<p>Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays.</p> <p>Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.</p>
Next Steps:	<p>An investigation will be completed and an assessment fee will be imposed. For more information about the assessment fee go to https://www.saccourt.ca.gov/probate/docs/pr-investigation-fee-packet.pdf</p>

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

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

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

CONSERVATORSHIP OF <i>(name):</i> (PROPOSED) CONSERVATEE	CASE NUMBER:
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3. g. So far as known to petitioner, a conservatorship or equivalent proceeding concerning the proposed conservatee
- has not has been filed in another jurisdiction, including a court of a federally-recognized Indian tribe with jurisdiction (see Prob. Code, § 2031(b)).
- (If you answered "has," identify the jurisdiction and state the date the case was filed):*

4. **(Proposed) conservatee**

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

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

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

10. **Temporary conservatorship**

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

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

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

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

	<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:
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12. **Confidential conservator screening form**

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

13. **Court investigator**

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

14. Number of pages attached:

Date:

(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER)

▶ _____
(SIGNATURE OF ATTORNEY FOR PETITIONER)

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

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

Date:

(TYPE OR PRINT NAME OF PETITIONER)

▶ _____
(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

▶ _____
(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<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>): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (<i>Name</i>): _____ PROPOSED CONSERVATEE	CASE NUMBER: _____
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.*)

CONSERVATORSHIP OF <i>(Name)</i> :	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)*
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*Each proposed conservator must fill out and file a separate screening form.

CONFIDENTIAL CONSERVATOR SCREENING FORM
Additional Page

CASE NUMBER: _____

HEARING DATE: _____

The Probate Court assigns an Investigator to all Conservatorship petitions. The Investigator will use the information on this page to gather background information related to your petition. You must fully disclose all of the requested information to help expedite your case. Include all the names that every person listed below has ever used.

1. Proposed conservator's name:

2. Proposed conservator's employer and address and telephone number of employment:

3. Name of proposed conservator's spouse partner:

4. Name of all people residing in the proposed conservator's household:

Name:

Date of Birth:

Relationship to
 proposed Conservator:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you need more space. Put all additional information on Form MC-020.

*Each proposed guardian must fill out and file a separate CONFIDENTIAL CONSERVATOR SCREENING FORM - Additional Page.

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):	CASE NUMBER:
PROPOSED CONSERVATEE	

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

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

Continued in Attachment 4a.

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

Continued in Attachment 4b.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Continued in Attachment 5f.

CONSERVATORSHIP OF <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)



NAME AND ADDRESS OF Petitioner or Attorney : SUPERIOR COURT OF CALIFORNIA COUNTY OF SACRAMENTO <input type="checkbox"/> Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of: Name: _____	TELEPHONE/FAX NO: _____ _____	FOR COURT USE ONLY CASE NUMBER _____
NOTIFICATION TO COURT OF ADDRESS ON CONSERVATORSHIP		

Conservatee

Address _____ City _____ State _____ Zip Code _____

Phone Number () _____ Marital Status _____

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

Attends Yes
Program No

Program Name/School _____

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

Phone Number () _____ Fax Number () _____

Program/School Schedule _____

Is Conservatee verbal? Yes No Will an interpreter be required, and if so, what type? _____

Attorney for Conservatee

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number () _____

Conservator

Name _____

Address _____ City _____ State _____ Zip Code _____

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

Attorney for Conservator

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number () _____

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 (name):	CONSERVATEE
ORDER APPOINTING <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship	CASE NUMBER:
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

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

THE COURT FINDS

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

Do NOT use this form for a temporary conservatorship.

CONSERVATORSHIP OF <i>(name):</i>	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. *(Telephone):* _____
- b. *(Name):* _____
(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 <i>(name):</i>	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):

CONSERVATEE

CASE NUMBER:

LETTERS OF CONSERVATORSHIP

Person Estate Limited Conservatorship

FOR COURT USE ONLY

1. (Name): _____ is the appointed
 conservator limited conservator of the person estate
of (name): _____
2. (For conservatorship that was on December 31, 1980, a guardianship of an adult or of
the person of a married minor) (Name): _____
was appointed the guardian of the person estate by order dated
(specify): _____ and is now the conservator of the person
 estate of (name): _____
3. Other powers have been granted or conditions imposed as follows:
 - a. Exclusive authority to give consent for and to require the conservatee to receive
medical treatment that the conservator in good faith based on medical advice
determines to be necessary even if the conservatee objects, subject to the limitations
stated in Probate Code section 2356.
 - (1) This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call
for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of
the conservatorship.
 - (2) (If court order limits duration) This medical authority terminates on (date): _____
 - b. Authority to place 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 (name):	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

CONFIDENTIAL

<p>CASE PARTICIPANT NAME: _____ BAR #: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY/STATE/ZIP CODE: _____</p> <p>TELEPHONE NO.: _____</p> <p>E-MAIL ADDRESS <i>(must be legible)</i> _____</p>	FOR COURT USE ONLY
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</p> <p>STREET ADDRESS: 3341 Power Inn Road</p> <p>CITY AND ZIP CODE: Sacramento, CA 95826</p> <p>BRANCH NAME: William R. Ridgeway Family Relations Courthouse</p>	
<p><input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP</p> <p>(Name): _____</p>	
PROBATE CASE PARTICIPANT ENROLLMENT FORM	CASE NUMBER: _____

You may access documents using the court's eCourt Public Portal system. To obtain free access, an email address must be provided to the court. A separate form must be provided for each case for which free online access is being requested.

INSTRUCTIONS

To setup your account you must:

- Go to the eCourt Public Portal and create an account using the email address you are submitting to the court.
- File this form with the court. **Participants requesting access to their case must submit a valid copy of their driver license or a state or federal issued photo identification card.**
- A separate form must be filed for each of your Probate cases.
- Once the court has added your email address to the case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time a document is added to your case.

I, _____, request that the court add my email address to a Probate case.

I declare that my private email address is *(must be legible)*:

(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3, and 8's)

I understand if I change my e-mail address I must file a new enrollment form with the court.

I acknowledge that confidential investigation and/or mediation reports contain private information that is not part of the public court file. I understand, I must not disclose any contents of the Report to anyone other than the parties to the case, the attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Reports.

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 (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.