

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**PALM SPRINGS** 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262  
 **TEMECULA** 41002 County Center Dr., #100, Temecula, CA 92591

**RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-PR074**

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p>  <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>          <p>CASE NUMBER: _____</p>
<p>CONSERVATORSHIP OF (NAME): _____</p>	
<p><b>PETITION FOR REAPPOINTMENT AS CONSERVATOR:</b>    <input type="checkbox"/> <b>Person</b>        <input type="checkbox"/> <b>Estate</b> <b>(Sec. 5350 et seq. W &amp; I Code)</b></p>	

Petitioner (name): \_\_\_\_\_ , alleges:

1. On (date): \_\_\_\_\_ , the above named Conservatee was declared to be gravely disabled and petitioner was appointed as conservator pursuant to Welf. and Inst. Code §5350 et. seq. Letters of Conservatorship were issued to petitioner on (date): \_\_\_\_\_ .
  
2. Petitioner has received notice from the Clerk of the Superior Court of Riverside County that this conservatorship will terminate on (date): \_\_\_\_\_ .
  
3. The Conservatee is still gravely disabled as a result of     a mental disorder     impairment by chronic alcoholism, and no suitable alternative to conservatorship is available. The opinions of two physicians or licensed psychologists who have a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders that the Conservatee is still gravely disabled shall be filed before the hearing on this petition.
  
4. Petitioner requests re-appointment as Conservator of the     person     estate     without bond  
 with the bond on file remaining in effect     upon filing additional bond in the amount of \$ \_\_\_\_\_ .
  
5. It is necessary and in the best interests of the Conservatee that the court make the following orders:
  - a. The conservator of the person shall have the power to place the conservatee in one of the facilities set out in Welfare and Institutions Code §5358(a).
  - b.  The conservatee shall not possess a license to operate a motor vehicle.
  - c.  The conservatee shall not enter into contracts or transactions exceeding \$ \_\_\_\_\_ .
  - d.  The conservatee cannot communicate, with or without reasonable accommodations, a desire to participate in the voting process.
  - e.  The conservatee shall not have the right to refuse treatment related to the grave disability.

CONSERVATORSHIP OF (NAME):	CASE NUMBER:
----------------------------	--------------

- f.  The conservatee shall not have the right to refuse psychotropic medication. The medical staff at the facility is authorized to administer antipsychotic medication(s) involuntarily to conservatee as authorized conservator for the duration of this conservatorship.
- g.  The conservatee shall not have the right to refuse routine medical treatment unrelated to remedying or preventing the recurrence of the grave disability, and the conservator of the person is granted the powers specified in Welfare and Institutions Code section 5358.2.
- h.  The conservatee shall not have the right to possess a firearm.
- i.  The conservator is authorized to pay the conservatee out of the estate the personal needs allowance of each month until further court order.
- j.  Other orders as specified in attachment 5.

6. So far as known to the petitioner, in addition to the conservatee and his or her counsel, the following persons and/or agencies are entitled to notice of hearing of this petition:

NAME	RELATIONSHIP	ADDRESS

The conservatee has requested that no notice be provided to the conservatee's relatives other than those indicated above.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER)

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR PETITIONER)

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)