SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

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

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

RI-PR071

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar Number and Address*)		*FOR COURT USE ONLY*
NAME:	BAR NUMBER:	
FIRM NAME:		
ADDRESS:		
CITY, STATE, ZIP:		
TELEPHONE NO.:	FAX NO. *(Optional)*:	
E-MAIL ADDRESS *(Optional)*:		
ATTORNEY FOR *(Name)*:		
IN THE MATTER OF:		CASE NUMBER:
Hearing Date:	Time:	Department:

CERTIFICATE OF ASSIGNMENT (PROBATE)

The undersigned declares that the above-entitled matter is filed for proceedings in the following region of the Superior Court under California rules of the Court, rule 7001: ☐ Western ☐ Mid County ☐ Desert

	Nature of Action	Ground
☐ 1.	**Decedent's Estate Administration (DE-111)** (Probate Code § 7000-12591)	Either the decedent was (1) a resident of this region at time of death or (2) was not a resident of this state at time of death, died in this County, and left property in this region, or (3) was not a resident of this state at time of death, did not die in a County of this State where he/she left property, but left property in this region. Probate Code § 7051-7052.
☐ 2.	**Petition to Determine Succession to Real Property (DE-310)** (Probate Code § 13150-13158)	Either the resident was (1) a resident of this region at time of death or (2) was not a resident of this state at time of death, died in this County, and left property in this region, or (3) was not a resident of this state at time of death, did not die in a County of this State where he/she left property, but left property in this region. Probate Code § 7051-7052.
☐ 3.	**Spousal or Domestic Partner Property Petition (DE-221)** (Probate Code § 13650-13660)	Either the resident was (1) a resident of this region at time of death or (2) was not a resident of this state at time of death, died in this County, and left property in this region, or (3) was not a resident of this state at time of death, did not die in a County of this State where he/she left property, but left property in this region. Probate Code § 7051-7052.

IN THE MATTER OF:	CASE NUMBER:

Nature of Action	Ground
☐ 4. **Conservatorship (GC-310)** (Probate Court § 1400-2955)	Either the proposed conservatee (1) resides in the region, (2) is not a resident of this state and is temporarily living in the region, (3) is not a resident of this state and has property in the region, or (4) establishment of the proceeding in the region is in the best interests of the proposed conservatee. Probate Code § 2201-2202.
☐ 5. **Guardianship (GC-210(P) or GC-210)** (Probate Code § 1400-2955)	Either the proposed minor (1) resides in the region, (2) is not a resident of this state and is temporarily living in the region, (3) is not a resident of this state and has property in the region, or (4) establishment of the proceeding in the region is in the best interests of the proposed minor. Probate Code § 2201-2202.
☐ 6. **Affidavit re: Real Property of Small Value (DE-305)** (Probate Code §13200-13210	Either (1) the decedent was a resident of this region at the time of death, or (2) the decedent was not a resident of this state at time of death but real property of the decedent is located in this region. Probate Code § 13200.
☐ 7. **Compromise by Parent of Minor's Disputed Claim (MC-350)** (Probate Code § 3500)	Either (1) the minor presently resides in this region, or (2) suit on the claim or matter properly could be brought in this region. Probate Code § 3500.
☐ 8. **Other:**	

☐ THIS FILING WOULD NORMALLY FALL WITHIN JURISDICTION OF SUPERIOR COURT.

The address of the petitioner, decedent, conservatee, ward, place of incident or other factors that qualify this case for filing in the above-designated district is:

(NAME-INDICATE TITLE OR OTHER QUALIFYING FACTOR) (ADDRESS)

(CITY) (STATE) (ZIP CODE)

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

Date: _____

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY) (SIGNATURE)

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 RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
CONSERVATORSHIP OF *(name):* (PROPOSED) CONSERVATEE	
PETITION FOR APPOINTMENT OF PROBATE CONSERVATOR OF THE ☐ **SUCCESSOR** ☐ **PERSON** ☐ **ESTATE** ☐ **Limited Conservatorship**	CASE NUMBER: HEARING DATE AND TIME: DEPT.:

1. **Petitioner *(name):*** **requests that**
   a. *(Name):* *(Telephone):*
   (Address):

   be appointed ☐ successor ☐ conservator ☐ limited conservator
   of the PERSON of the (proposed) conservatee and Letters issue upon qualification.
   b. *(Name):* *(Telephone):*
   (Address):

   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):* (PROPOSED) CONSERVATEE	CASE NUMBER:

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):* (PROPOSED) CONSERVATEE	CASE NUMBER:

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): $ 0.00

(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 *(name):* (PROPOSED) CONSERVATEE	CASE NUMBER:

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

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

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

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

5. d. ☐ (Proposed) conservatee voluntarily requests the appointment of a ☐ successor conservator. *(Specify facts showing good cause in Attachment 5(d).)*

   e. ☐ *Confidential Supplemental Information* (form GC-312) is filed with this petition. *(Initial appointment of conservator only. All petitioners must file this form except banks and other entities authorized to do business as a trust company.)*

   f. (**Proposed) conservatee** ☐ does ☐ does not have a developmental disability as defined in Probate Code section 1420. Petitioner is aware of the requirements of Probate Code section 1827.5. *(Specify the nature and degree of the alleged disability in Attachment 5f).*

6. ☐ **Petitioner or proposed** ☐ **successor conservator is the spouse of the (proposed) conservatee.** *(If this statement is true, you must answer a or b.)*

   a. ☐ The (proposed) conservatee's spouse is not a party to any action or proceeding against the (proposed) conservatee for legal separation, dissolution of marriage, annulment, or adjudication of nullity of their marriage.

   b. ☐ Although the (proposed) conservatee's spouse is a party to an action or proceeding against the (proposed) conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage, or has obtained a judgment in one of these proceedings, it is in the best interest of the (proposed) conservatee that:

      (1) ☐ a ☐ successor conservator be appointed.

      (2) ☐ the spouse be appointed as the ☐ successor conservator.

      (If you checked item 6b(1) or (2) or both, specify the facts and reasons in Attachment 6b.)

7. ☐ **Petitioner or proposed** ☐ **successor conservator is the domestic partner or former domestic partner of the (proposed) conservatee.** *(If this statement is true, you must answer a or b.)*

   a. ☐ The domestic partner of the (proposed) conservatee has not terminated and does not intend to terminate the domestic partnership.

   b. ☐ Although the domestic partner or former domestic partner of the (proposed) conservatee intends to terminate or has terminated the domestic partnership, it is in the best interest of the (proposed) conservatee that

      (1) ☐ a ☐ successor conservator be appointed.

      (2) ☐ the domestic partner or former domestic partner be appointed as the ☐ successor conservator.

      (If you checked item 7b(1) or (2) or both, specify the facts and reasons in Attachment 7b.)

8. **(Proposed) conservatee** *(check all that apply)*

   a. ☐ will attend the hearing AND ☐ is the petitioner ☐ is not the petitioner AND ☐ has ☐ has not nominated the proposed ☐ successor conservator.

   b. ☐ *(initial appointment of conservator only)* is able but unwilling to attend the hearing AND ☐ does ☐ does not wish to contest the establishment of a conservatorship, ☐ does ☐ does not object to the proposed conservator, AND ☐ does ☐ does not prefer that another person act as conservator.

   c. ☐ *(initial appointment of conservator only):* is unable to attend the hearing because of medical inability. A *Capacity Declaration—Conservatorship* (form GC-335), executed by a licensed medical practitioner or an accredited religious practitioner ☐ is filed with this petition. ☐ will be filed before the hearing.

   d. ☐ *(initial appointment of conservator only)* is not the petitioner, is out of state, and will not attend the hearing.

   e. ☐ *(appointment of successor conservator only)* will not attend the hearing.

9. ☐ **Medical treatment of (proposed) conservatee**

   a. There is no form of medical treatment for which the (proposed) conservatee has the capacity to give an informed consent.

   b. A *Capacity Declaration—Conservatorship* (form GC-335) executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure, stating that the (proposed) conservatee lacks the capacity to give informed consent for any form of medical treatment and giving reasons and the factual basis for this conclusion,

      ☐ is filed with this petition. ☐ will be filed before the hearing. ☐ will not be filed for the reason stated in c.

   c. ☐ *(appointment of successor conservator only)* The conservatee's incapacity to consent to any form of medical treatment was determined by order filed in this matter on *(date):*

      That order has neither expired by its terms nor been revoked.

   d. (Proposed) conservatee ☐ is ☐ is not an adherent of a religion that relies on prayer alone for healing, as defined in Probate Code section 2355(b).

CONSERVATORSHIP OF *(name):* (PROPOSED) CONSERVATEE	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.

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

☐ Continued on Attachment 11.

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

ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING A MAJOR NEUROCOGNITIVE DISORDER

☐ **Petition for Appointment of Probate Conservator (form GC-310)**
☐ **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.

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

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 RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
CONSERVATORSHIP OF *(Name)*: PROPOSED CONSERVATEE	
CONFIDENTIAL SUPPLEMENTAL INFORMATION **(Probate Conservatorship)** **Conservatorship of ☐ Person ☐ Estate ☐ Limited Conservatorship**	CASE NUMBER:
	HEARING DATE:
	DEPT.: TIME:

1. a. **Proposed conservatee *(name)*:**
   b. Date of birth:
   c. Social security No.:

2. ☐ UNABLE TO PROVIDE FOR PERSONAL NEEDS* The following facts support petitioner's allegation that the proposed conservatee is unable to provide properly for his or her needs for physical health, food, clothing, and shelter *(specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns)*: ☐ Specified in Attachment 2.

* If this item is not applicable, complete item 8.

(Continued on reverse)

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

3. ☐ UNABLE TO MANAGE FINANCIAL RESOURCES* The following facts support petitioner's allegation that the proposed conservatee is substantially unable to manage his or her financial resources or to resist fraud or undue influence *(specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns)*: ☐ Specified in Attachment 3.

4. RESIDENCE *("Residence" means the place usually described as "home"; for example, owned real property or long-term rental.)*
   a. The proposed conservatee is **located** at *(street address, city, state)*:

   b. The proposed conservatee's **residence** is* ☐ the address in item 4a ☐ other *(street address, city, state)*:

   c. **Ability to live in residence*** The proposed conservatee is
      (1) ☐ **living** in his or her residence and
         (a) ☐ will continue to live there unless circumstances change.
         (b) ☐ will need to be moved after a conservator is appointed *(specify supporting facts below in item 4c(3)).*
         (c) ☐ other *(specify and give supporting facts below in item 4c(3)).*

* If this item is not applicable, complete item 8.

(Continued on page three)

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

4. c. *(continued)*
   (2) ☐ **not living** in his or her residence and
   (a) ☐ will return by *(date)*: *(specify supporting facts below in item 4c(3)).*
   (b) ☐ will not return to live there *(specify supporting facts below in item 4c(3)).*
   (c) ☐ other *(specify and give supporting facts below in item 4c(3)).*
   (3) ☐ Supporting facts *(specify if required)*: ☐ Specified in Attachment 4c.

5. ALTERNATIVES TO CONSERVATORSHIP* Petitioner has considered the following alternatives to conservatorship and found them to be unsuitable or unavailable to the proposed conservatee *(specify the alternatives considered and the reason or reasons each is unsuitable or unavailable)*: ☐ Reasons specified in Attachment 5.
   a. Voluntary acceptance of informal or formal assistance *(give reason this is unsuitable or unavailable)*:
   b. Special or limited power of attorney *(give reason this is unsuitable or unavailable)*:
   c. General power of attorney *(give reason this is unsuitable or unavailable)*:
   d. Durable power of attorney for ☐ health care ☐ estate management *(give reason this is unsuitable or unavailable)*:
   e. Trust *(give reason this is unsuitable or unavailable)*:
   f. Other alternatives considered *(specify and give reason each is unsuitable or unavailable)*:

6. SERVICES PROVIDED* *(complete a or b, or both a and b)*
   a. ☐ During the year before this petition was filed,
   (1) **health services** ☐ were provided ☐ were not provided to the proposed conservatee *(explain)*:
   ☐ Explained in Attachment 6a(1).
   (2) **social services** ☐ were provided ☐ were not provided to the proposed conservatee *(explain)*:
   ☐ Explained in Attachment 6a(2).

* If this item is not applicable, complete item 8.

(Continued on page four)

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

6. a. *(continued)*

(3) **estate management assistance** ☐ was provided ☐ was not provided to the proposed conservatee *(explain)*:

☐ Explained in Attachment 6a(3).

b. ☐ Petitioner has **no knowledge** of what ☐ social services ☐ health services ☐ estate management assistance was provided to the proposed conservatee during the year before this petition was filed. Petitioner has no reasonable means of determining what services were provided.

7. SUPPORTING FACTS (AFFIDAVITS) The information provided above is stated

a. Item 1: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 1a.
b. Item 2: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 2a.
c. Item 3: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 3a.
d. Item 4: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 4a.
e. Item 5: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 5a.
f. Item 6: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 6a.

8. ITEMS NOT APPLICABLE The following items on this form were not applicable to the proposed conservatee:

☐ 2 ☐ 3 ☐ 4b ☐ 4c ☐ 5 ☐ 6 *(specify reasons each item is not applicable)*:

☐ Reasons specified in Attachment 8.

9. 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 OF PETITIONER)

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 RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
CONSERVATORSHIP OF *(Name):* PROPOSED CONSERVATEE	CASE NUMBER:
CONFIDENTIAL CONSERVATOR SCREENING FORM **Conservatorship of** ☐ **Person** ☐ **Estate** ☐ **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.)*

Form Adopted for Mandatory Use
Judicial Council of California
GC-314 [Rev. July 1, 2009]

Probate Code, §§ 1810, 1811, 2104, 2346;
Cal. Rules of Court, rule 7.1050
www.courtinfo.ca.gov

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

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.

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 RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
CONSERVATORSHIP OF *(Name):* PROPOSED CONSERVATEE	CASE NUMBER:
CONFIDENTIAL CONSERVATOR SCREENING FORM **Conservatorship of** ☐ **Person** ☐ **Estate** ☐ **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.)*

Form Adopted for Mandatory Use
Judicial Council of California
GC-314 [Rev. July 1, 2009]

Probate Code, §§ 1810, 1811, 2104, 2346;
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www.courtinfo.ca.gov

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

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)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
CONSERVATORSHIP OF THE ☐ PERSON ☐ 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)*: CONSERVATEE	CASE NUMBER:

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)*: CONSERVATEE	CASE NUMBER:

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)*: CONSERVATEE	CASE NUMBER:

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)*: CONSERVATEE	CASE NUMBER:

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)*: CONSERVATEE	CASE NUMBER:

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

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

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

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

VI. LIMITED CONSERVATOR (for the developmentally disabled only)

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

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

B. DUTY TO HELP LIMITED CONSERVATEE DEVELOP SELF-RELIANCE

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

C. DETERMINATION OF LEVEL OF CARE FOR CERTAIN LIMITED CONSERVATEES

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

VII. TEMPORARY CONSERVATOR

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

Sign the *Acknowledgment of Receipt* on page 7.

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

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.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

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

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

RI-PR016

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)*:		
CONSERVATORSHIP OF (Name): (PROPOSED CONSERVATEE)		CASE NUMBER:
Hearing Date:	Time:	Department:

PROBATE INVESTIGATORS REFERRAL REPORT (CONFIDENTIAL)

You are receiving this form because the court may be required to complete an investigation under Probate Code section 1826, 1851, 1984, 2250.6, or 2684.

If you have recently moved, you are required to notify the court immediately by completing one or both of the following forms: GC-80, GC-79, or MC-40. These forms may be located and completed on line at http://www.courts.ca.gov/.

1. Proposed conservatee's relatives:
   The names, relationships, phone numbers, and e-mail addresses 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:

	Name	Relationship	Telephone Number	E-Mail Address
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

☐ Continued on attachment.

IN THE MATTER OF:	CASE NUMBER:

2. The phone number of the conservatee is _____ .

3. ☐ The conservatee resides at a location other than a private home (*name*): _____ .

   The person in charge of the residence is (*name*): _____ (phone): _____ .

4. The contact person to make an appointment with the proposed conservatee is (name): _____ (phone): _____ .

5. The ☐ conservatee ☐ proposed conservator speaks a language other than English and will require translation for the following language (please specify): _____ .

   The following person will provide translation:

NAME	RELATIONSHIP	TELEPHONE NUMBER

☐ A certified American Sign Language interpreter will be required for the investigation and all court hearings.

6. The conservatee attends a ☐ school ☐ day program.

   Adddress: _____

   Phone: _____

   Schedule of attendance: _____

   _____

7. The current diagnosis of the conservatee is: _____.

   The conservatee is currently on the following medications:

   _____ _____

   _____ _____

   _____ _____

   _____ _____

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

Date: _____

_____
(SIGNATURE OF PERSON COMPLETING FORM)

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-PR044

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)*:	
NAME OF PETITIONER:	CASE NUMBER:

DECLARATION OF PETITIONER REGARDING CONSERVATORSHIPS/TRUSTS, TRUST ACCOUNTS, CONSERVATOR AS TRUSTEE AND COURT JURISDICTION OF TRUST

At the filing of a Petition for Conservatorship of an Estate, the petitioner shall advise the court if the proposed conservatee is the settlor of a pre-existing trust, wherein the proposed Conservatee is a beneficiary of such trust. The petitioner shall also advise the court of whether the proposed conservator of the estate is a trustee of said trust.

Rule 7405

ATTENTION
DO NOT ATTACH THIS FORM TO THE TRUST INSTRUMENT

I, the undersigned, declare as follows:

1. I have filed a petition to appoint a conservator of the estate in this matter.

2. Is the proposed conservatee both the settlor and beneficiary of a trust?
   ☐ Yes
   ☐ No
   ☐ I have no knowledge

3. Is the person or entity I have proposed in my petition to serve as conservator of the estate the trustee or successor trustee of a trust referenced in item 2 above?
   ☐ Yes
   ☐ No
   ☐ I have no knowledge

I declare under the penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

Dated: _____

_____ (TYPE OR PRINT NAME OF PETITIONER)

_____ (SIGNATURE)

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 RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
CONSERVATORSHIP OF *(name):* CONSERVATEE	
ORDER APPOINTING ☐ SUCCESSOR **PROBATE CONSERVATOR OF THE ☐ PERSON ☐ ESTATE** **☐ 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 *(name):* CONSERVATEE	CASE NUMBER:

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

THE COURT ORDERS

18. a. *(Name):* *(Telephone):*
    (Address):

    is appointed [ ] successor [ ] conservator [ ] limited conservator of the PERSON of *(name):*
    and *Letters of Conservatorship* shall issue upon qualification.

    b. *(Name):* *(Telephone):*
    (Address):

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

    and receipts shall be filed. No withdrawals shall be made without a court order.
    [ ] Additional orders in attachment 20c.

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

20. *(cont.)*
    d. ☐ The ☐ successor conservator is not authorized to take possession of money or any other property without a specific court order.
21. ☐ For legal services rendered, ☐ conservatee ☐ conservatee's estate shall pay the sum of: $ to *(name):*
    ☐ forthwith ☐ as follows *(specify terms, including any combination of payors):*

    ☐ Continued in attachment 21.
22. ☐ The conservatee is disqualified from voting.
23. ☐ The conservatee lacks the capacity to give informed consent for medical treatment and the ☐ successor conservator of the person is granted the powers specified in Probate Code section 2355.
    ☐ The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).
24. ☐ The ☐ successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in attachment 24 ☐ subject to the conditions provided.
25. ☐ Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in attachment 25 are granted.
26. ☐ Orders relating to the powers and duties of the ☐ successor conservator of the person under Probate Code sections 2351–2358 as specified in attachment 26 are granted. (*Do not include orders under Probate Code section 2356.5 relating to dementia.)*
27. ☐ Orders relating to the conditions imposed under Probate Code section 2402 on the ☐ successor conservator of the estate as specified in attachment 27 are granted.
28. ☒ a. ☐ The ☐ successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
    b. ☐ The ☐ successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
29. ☐ Other orders as specified in attachment 29 are granted.
30. ☐ The probate referee appointed is *(name and address):*

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

Date:

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

GC-350

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 RIVERSIDE
☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262
☐ RIVERSIDE 4050 Main St., Riverside, CA 92501
☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591

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):* CONSERVATEE	CASE NUMBER:

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 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

GC-350

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
☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262
☐ RIVERSIDE 4050 Main St., Riverside, CA 92501
☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591

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):* CONSERVATEE	CASE NUMBER:

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 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 STATE BAR NUMBER: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* ☐ CONSERVATEE ☒ PROPOSED CONSERVATEE	
CAPACITY DECLARATION—CONSERVATORSHIP	CASE NUMBER:

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee *(check all that apply):*

A. ☐ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for *(date):* . *(Complete item 5, then sign and file page 1 of this form.)*

B. ☐ has the capacity to give informed consent to medical treatment. *(Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)*

C. ☒ has a major neurocognitive disorder (such as dementia) and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from medication for the treatment of major neurocognitive disorders (including dementia). *(Complete items 6 and 8 of this form and complete form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and file form GC-335A.)*

(If more than one item is checked above, sign the last applicable page of this form or, if item C is checked, form GC-335A. File page 1 through the last applicable page of this form; if item C is checked, file form GC-335A as well.)

COMPLETE ITEMS 1–4 OF THIS FORM IN EVERY CASE.

GENERAL INFORMATION

1. *(Name):*
2. *(Office address and telephone number):*

3. I am
   a. ☐ a California-licensed ☐ physician ☐ psychologist acting within the scope of my license
      ☐ with at least two years' experience in diagnosing and treating major neurocognitive disorders (including dementia).
   b. ☐ 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 care. *(Practitioner may make ONLY the determination in item 5.)*
4. (Proposed) conservatee *(name):*
   a. I last saw the (proposed) conservatee on *(date):*
   b. The (proposed) conservatee ☐ is ☐ is NOT a patient under my continuing treatment and care.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. *(Complete a. or b.)*
   a. ☐ The proposed conservatee is able to attend the court hearing.
   b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing *(check all items below that apply)*
      (1) ☐ on the date set *(see date in box in item A above).*
      (2) ☐ for the foreseeable future.
      (3) ☐ until *(date):*
      (4) **Supporting facts** *(State facts in the space below or check this box* ☐ *and state the facts in Attachment 5.)*

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)

Form Adopted for Mandatory Use
Judicial Council of California
GC-335 [Rev. January 1, 2019]

Probate Code, §§ 811, 813, 1801, 1825, 1881, 1910, 2356.5
www.courts.ca.gov

CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name)*: ☐ CONSERVATEE ☒ PROPOSED CONSERVATEE	CASE NUMBER:

6. **EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS**

Note to practitioner: This form is ***not*** a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): *Check the appropriate designation as follows:* ***a*** *= no apparent impairment;* ***b*** *= moderate impairment;* ***c*** *= major impairment;* ***d*** *= so impaired as to be incapable of being assessed;* ***e*** *= i have no opinion.)*

A. **Alertness and attention**

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(2) Orientation (types of orientation impaired)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐ Person
a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐ Time (day, date, month, season, year)
a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐ Place (address, town, state)
a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐ Situation ("Why am I here?")

(3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

B. **Information processing.** Ability to:

(1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)

i. Short-term memory **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐
ii. Long-term memory **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐
iii. Immediate recall **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(5) Reason using abstract concepts (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(7) Reason logically

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

C. **Thought disorders**

(1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(2) Hallucination (auditory, visual, olfactory)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(3) Delusions (demonstrably false belief maintained without or against reason or evidence)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior)

a ☐ **b** ☐ **c** ☐ **d** ☐ **e** ☐

(Continued on next page)

CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* ☐ CONSERVATEE ☒ PROPOSED CONSERVATEE	CASE NUMBER:

6. *(continued)*

D. **Ability to modulate mood and affect.** The (proposed) conservatee ☐ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. *(If so, complete remainder of item 6D.)* ☐ I have no opinion.

(Instructions for item 6D): *Check the degree of impairment of each inappropriate mood state (if any) as follows:* ***a*** *= mildly inappropriate;* ***b*** *= moderately inappropriate;* ***c*** *= severely inappropriate.)*

Anger	**a** ☐	**b** ☐	**c** ☐	Euphoria	**a** ☐	**b** ☐	**c** ☐	Helplessness	**a** ☐	**b** ☐	**c** ☐
Anxiety	**a** ☐	**b** ☐	**c** ☐	Depression	**a** ☐	**b** ☐	**c** ☐	Apathy	**a** ☐	**b** ☐	**c** ☐
Fear	**a** ☐	**b** ☐	**c** ☐	Hopelessness	**a** ☐	**b** ☐	**c** ☐	Indifference	**a** ☐	**b** ☐	**c** ☐
Panic	**a** ☐	**b** ☐	**c** ☐	Despair	**a** ☐	**b** ☐	**c** ☐				

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

(1) ☐ do NOT vary substantially in frequency, severity, or duration.

(2) ☐ do vary substantially in frequency, severity, or duration *(explain; continue on Attachment 6E if necessary):*

F. ☐ *(Optional)* Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☐ stated below ☐ stated in Attachment 6F.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee

a. ☐ has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.

b. ☐ lacks the capacity to give informed consent to any form of medical treatment because he or she is ***either*** (1) unable to respond knowingly and intelligently regarding medical treatment ***or*** (2) unable to participate in a treatment decision by means of a rational thought process, ***or both***. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. 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	☐ PERSON	☐ ESTATE OF *(name):*	CASE NUMBER:
	☐ CONSERVATEE	☒ PROPOSED CONSERVATEE	

ATTACHMENT TO FORM GC-335, *CAPACITY DECLARATION—CONSERVATORSHIP,* ONLY FOR (PROPOSED) CONSERVATEE WITH A MAJOR NEUROCOGNITIVE DISORDER

9. It is my opinion that the (proposed) conservatee ☐ HAS ☐ does NOT have a major neurocognitive disorder (such as dementia) as defined in the current edition of *Diagnostic and Statistical Manual of Mental Disorders.*

   a. ☐ **Placement of (proposed) conservatee.** *(If the (proposed) conservatee requires placement in a secured-perimeter residential care facility for the elderly, please complete items 9a(1)–9a(5).)*

      (1) The (proposed) conservatee needs or would benefit from placement in a restricted and secure facility because *(state reasons; continue on Attachment 9a(1) if necessary):*

      (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include *(describe; continue on Attachment 9b(2) if necessary):*

      (3) ☐ The (proposed) conservatee HAS the capacity to give informed consent to this placement.

      (4) ☐ The (proposed) conservatee does NOT have the capacity to give informed consent to this placement. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9a(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to placement in a restricted and secure environment.

      (5) A locked or secured-perimeter facility ☐ is ☐ is NOT the least restrictive environment appropriate to the needs of the (proposed) conservatee.

   b. ☐ **Administration of medications.** *(If the (proposed) conservatee requires administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia), please complete items 9b(1)–9b(5).)*

      (1) For the reasons stated in item 9b(5), the (proposed) conservatee needs or would benefit from the following medications appropriate to the care and treatment of major neurocognitive disorders (including dementia) *(list medications; continue on Attachment 9b(1) if necessary):*

      (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of from GC-335, include *(describe; continue on Attachment 9b(2) if necessary):*

      (3) ☐ The (proposed) conservatee HAS the capacity to give informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia).

      (4) ☐ The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The deficits in mental function assessed in item 6 of form GC-335 and described in item 9b(2) above 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).

      (5) The (proposed) conservatee needs or would benefit from the administration of the medications listed in item 9b(1) because *(discuss reasons; continue on Attachment 9b(5) if necessary):*

10. 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)

Form Adopted for Mandatory Use
Judicial Council of California
GC-335A [Rev. January 1, 2019]

MAJOR NEUROCOGNITIVE DISORDER ATTACHMENT TO CAPACITY DECLARATION—CONSERVATORSHIP

Probate Code, §§ 811, 2356.5
www.courts.ca.gov

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 RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE of *(name)*: PROPOSED CONSERVATEE	
CITATION FOR CONSERVATORSHIP ☐ **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: ☐ Dept.: ☐ 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 ☐ PERSON ☐ ESTATE of *(name)*: PROPOSED CONSERVATEE	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.)

CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE of *(name)*: PROPOSED CONSERVATEE	CASE NUMBER:

PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to this proceeding. **I served copies** of the *Citation for Conservatorship* and the *Petition for Appointment of Probate Conservator* (form GC-310) as follows:

2. a. Person cited *(name)*:

   b. Person served: (1) ☐ person in item 2a
   (2) ☐ other *(specify name and title or relationship to the person named in item 2a)*:

   c. Address *(specify)*:

3. I served the person named in item 2
   a. ☐ **by personally delivering** the copies (1) on *(date)*: (2) at *(time)*:
   b. ☐ **by mailing** the copies to the person served, addressed as shown in item 2c, by first-class mail, postage prepaid,
   (1) on *(date):* (2) from *(city):*
   (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt—Civil* and a postage-paid return envelope addressed to me. *(Attach completed* Notice and Acknowledgment of Receipt—Civil *(form POS-015).)*
   (4) ☐ to an address outside California with return receipt requested. *(Attach completed return receipt.)*
   c. ☐ **other** *(specify other manner of service, and the authorizing code section and order of the court)*:

4. a. Person serving *(name, address, and telephone number)*:

   b. ☐ Fee for service: $
   c. ☐ Not a registered California process server.
   d. ☐ Exempt from registration under Business and Professions Code section 22350(b).
   e. ☐ Registered California process server.
   (1) ☐ Employee or independent contractor.
   (2) Registration no. *(specify)*:
   (3) County *(specify)*:
   (4) Expiration *(date)*:

5. ☐ I **declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
6. ☐ I **am a California sheriff or marshal** and I certify that the foregoing is true and correct.

Date:

▶ _____
(SIGNATURE OF PERSON SERVING)

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 RIVERSIDE ☐ PALM SPRINGS 3255 E. Tahquitz Canyon, Palm Springs, CA 92262 ☐ RIVERSIDE 4050 Main St., Riverside, CA 92501 ☐ TEMECULA 41002 County Center Dr., Ste. 100, Temecula, CA 92591	
☐ GUARDIANSHIP ☒ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* ☐ MINOR ☒ (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER:

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

1. NOTICE is given that *(name):*
   (representative capacity, if any):
   has filed *(specify):* Petition for Appointment of Probate Conservator

2. You may refer to documents on file in this proceeding for more information. *(Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)*

3. ☐ The petition includes an application for the independent exercise of powers by a guardian or conservator under
   ☐ Probate Code section 2108 ☐ Probate Code section 2590.
   Powers requested are ☐ specified below ☐ specified in Attachment 3.

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

   a. Date: Time: ☐ Dept.: ☐ Room:

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

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

☐ GUARDIANSHIP ☒ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* ☐ MINOR ☒ (PROPOSED) CONSERVATEE	CASE NUMBER:

NOTE: *

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

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

* *(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.)*

☐ ESTATE ☐ GUARDIANSHIP ☒ CONSERVATORSHIP ☐ MATTER OF *(Name):*	CASE NUMBER:

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

No.	Name of person served	Address *(number, street, city, state, and zip code)*

Form Approved for Optional Use
Judicial Council of California
DE-120(MA)/GC-020(MA)
[New July 1, 2005]