

SAMPLE

General Conservatorship
(Non-Emergency)

Rev. 8/22/2022

Use this packet to fill out
your "BLANK" forms.

Do not file or write in this packet.

ATTORNEY NAME: Your Full Legal Name and Co-Conservator (if any)	COURT USE ONLY
FIRM NAME: STREET ADDRESS: Your Street Address Apt# CITY: City TELEPHONE: State Zip E-MAIL ADDRESS: Phone #	SAMPLE ONLY Do not write on this copy!
SUPERVISOR: STREET ADDRESS: 191 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate Courthouse - DTS	
CONSERVATEE (Name): Conservatee's Full Legal Name (PROPOSED) CONSERVATEE	
PETITION FOR APPOINTMENT OF PROBATE CONSERVATOR OF THE <input type="checkbox"/> LIMITED CONSERVATORSHIP <input type="checkbox"/> SUCCESSOR <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE	CASE NUMBER: Leave Blank HEARING DATE:

1. Petitioner (Name): **Your Full Legal Name**
 a. (Name): **Your Street Address Apt# Phone #**
 (Address): **City State Zip**
 be appointed of the PROBATE COURT of the COUNTY OF **San Jose** as successor conservator limited conservator of the ESTATE of the (proposed) conservatee and Letters issue upon qualification.

b. (Name): **Full Legal Name of Co-Conservator (if any)**
 (Address): **Your Street Address Apt# Phone #**
City State Zip
 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.

Conservatee's Full Legal Name	CASE Leave Blank
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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 1i.)
- k. **Mark "1.k." if the conservatee has Dementia and fill in the correct information.** ing
- (Form GC 300) and Dementia Attachment to Capacity Declaration Conservatorship (Form GC 300r), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure with at least two years experience diagnosing dementia, are filed herewith. will be filed before the hearing. (appointment of successor conservator only) will not be filed because an order relating to dementia placement or treatment was filed on (date): _____ That order has neither expired by its terms nor been revoked.

l. **Mark "1.l." if there will be a Co-Conservator on this application.**

2. (Proposed) **Conservatee's Full Legal Name** **Phone #**
 (Present address) **Current Street Address**
City, State, Zip

3. a. Jurisdictional facts (initial appointment only) The proposed conservatee has no conservator in California and is a
 (1) **Mark "3.(1)" if the Conservatee is a resident of California and Santa Clara County**
 Mark "3.(1)(b)" if they are, but in a different County

(2) **Mark "3.(2)" if the Conservatee does not live in California and mark a box "(a)-(c)" for correct reason**

b. **Petitioner**

(1) **Answer "3.b.(1)" Does the conservatee owes you money?**

(2) **Answer "3.b.(2)" Do you owe conservatee money?**

(3) **Mark "3.b.(3)-(12)" What is your relationship to proposed conservatee?**

(4) **Mark the correct box that applies (3.b.(1)-(12))**

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

* See Item 5b on page 4.



Conservatee's Full Legal Name	Leave Blank
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3. c. "3.c.(1)(8)" - Mark all the boxes that apply to you and your relationship with the conservatee.

d. Leave Blank

petitioner had with the (proposed) conservatee or his or her family and friends.

e. Leave Blank

f. Mark "3.f.(1)" if you are asking to waive service on the any of the conservatee's relatives. You must attach an additional sheet of paper to explain why you cannot find them. Ask staff for help with this.

are contained on / attachment or(s).

CONSERVATORSHIP OF (n) Conservatee's Full Legal Name <small>(PROPOSED) CONSERVATEE</small>	CASE NUMBER Leave Blank
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3. g. So far as known to Petitioner, a conservatorship or equivalent proceeding concerning the proposed conservatee
- has not has been filed in another jurisdiction concerning the proposed conservatee, including a court of an 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 **Answer this question** of the California Department of State *(institution):*

b. is receiving or entitled to benefits from the U.S. **Answer this question**

c. is is not so far as is known to petitioner, a member of a federally recognized Indian tribe *(If you answered "is,"*

- (1) Name of tribe: **Answer this question**
- (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 owns or has an interest in **Answer this question** tribal land.
- (4) So far as known to petitioner, the proposed conservatee is **Answer this question** 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.

Conservatee's Full Legal Name

CASE

Leave Blank

(PROPOSED) CONSERVATEE

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:

Describe in detail the mental and/or physical health impairments and diagnosis of the person you want to conserve.

(2) **Leave Blank**

Conservatee's Full Legal Name <small>(PROPOSED) CONSERVATEE</small>	CASE Leave Blank
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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 is is not developmentally disabled 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. **Mark "6." If you or co-conservator are married to the conservatee and answer all the questions that apply**

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

7. **Mark "7." If you or co-conservator is a domestic partner or former domestic partner of the conservatee answer all the questions that apply**

8. **Leave Blank**

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

d. **Answer this question.**



Conservatee's Full Legal Name

CASE NO.

Leave Blank

10. Temporary conservatorship. Check this box if you are asking for a 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

Table with 2 columns: Name and relationship to conservatee, Residence address. Row 1: F... Row 2: M... Row 3: P... Row 4: ... Row 5: P... Row 6: Maternal Grandfather's Name: Maternal Grandfather's Address:

Table with 2 columns: Name and relationship to conservatee, Residence address. Row 7: Maternal Grandmother's Name: Maternal Grandmother's Address:

Table with 2 columns: Name and relationship to conservatee, Residence address. Row 8: Fill in a spot for each child or step child(ren) the conservatee has, if any. Row 9: Fill in a spot for each brother(s) or sister(s) the conservatee has, if any. Row 10: Fill in a spot for any Step Fathers, Step Mothers, Step Grandparents, Step Brother(s)/ Sister(s) the conservatee has, if any. Row 11: ... Row 12: ... Row 13: ... Row 14: ...

If you need room for more names, mark this and add a blank sheet and label it, "Attachment 11".

Table with 2 columns: Name and relationship to conservatee, Residence address. Row 15: ... Row 16: ...

Continued on Attachment 11.



Conservatee's Full Legal Name

(PROPOSED) CONSERVATEE

CASE

Leave Blank

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

pages attached to this form or "0" if none

14. Number of pages attached:

Date: **Leave Blank**

(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.

Today's Date

Date

Print Your Name

(TYPE OR PRINT NAME OF PETITIONER)

Sign Your Name

(SIGNATURE OF PETITIONER)

Co-Conservator Prints Name

(TYPE OR PRINT NAME OF PETITIONER)

Co-Conservator Signs Name

(SIGNATURE OF PETITIONER)

C
Conservatee's Full Legal Name

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ATTACHMENT (Number) : 1c

Page 1 of 1

(This Attachment may be used with any Judicial Council form.)

(Add pages as required)

THIS IS

Leave Blank

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)



The next 2 attachments:

(MC-025) Attachment 1I

If there are two or more proposed conservators filling out this application, you must fill out this attachment.

GC-313 Dementia Attachment

If the person you are conserving has been diagnosed with Dementia, you must fill out this attachment.

Conservatee's Full Legal Name

CASE N

Leave Blank

ATTACHMENT (Number): 11

(This Attachment may be used with any Judicial Council form.)

If you are the only conservator, remove this attachment.

1. Petitioner to represent Co-conservator shall not be a document put the conservator conservators

2. Petitioner resignation of remains in p

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page ____ of ____
(Add pages as required)

CONSERVATORSHIP OF (Name):

CASE NUMBER:

Conservatee's Full Legal Name

Leave Blank

ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING DEMENTIA
(Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380))
(Petition for Appointment of Probate Conservator (form GC-310))

- 1. Petitioner requests:
 - a. to place the conservatee in a residential care facility for persons with dementia. Code section 52001, subdivision (a), paragraph (1), section 87001, and section 87002.
 - b. to authorize the conservatee to be placed in a residential care facility for persons with dementia.
- 2. The conservatee does not have a diagnosis of *Mental Disorders*.
- 3. A medical declaration of incapacity has been filed with at least two physicians:
 - a. has been filed.
 - b. will be filed.
- 4. *Restricted placement* because the conservatee lacks capacity to manage personal and financial affairs appropriate to the conservatee's condition.
- 5. *Dementia medication* because the conservatee has dementia. The conservatee is currently taking the following medication:

**Remove this attachment if the
Conservatee does not have
Dementia.**

**If they do, you must fill out
this form.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name of Plaintiff or Debtor)

Your Legal Full Legal Name and Co-Conservator (if any)

Your Street Address Apt# CA _____
 City (Zip)
 State Zip
 Phone #

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara

STREET ADDRESS: **191 N. First Street**
 MAILING ADDRESS: **191 N. First Street**
 CITY AND ZIP CODE: **San Jose, CA 95113**
 BRANCH NAME: **Probate Courthouse - DTS**

FOR COURT USE ONLY

SAMPLE ONLY

Do not write on this copy!

GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE

OF (**Conservatee's Full Legal Name**)

MINOR (PROPOSED) CONSERVATEE

NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

CA **Leave Blank**

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) : **Your Legal Full Legal Name and Co-Conservator (if any)**
 (representative capacity, if any) .

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OF **Conservatee's Full Legal Name**

Leave Blank

MINOR (PROPOSED) CONSERVATEE

A copy of this *Notice of Hearing* has a right under the law to be served. Copies of this Notice may be served personally served on certain persons, guardianships and conservators **either service by mail or personally** allows. The petitioner does this which the petitioner then files with the court. This page contains a proof of service. The person who performs the service must complete the attached to this Notice when it is filed.

You have to find an adult (18 or older) to mail a set of this Notice of Hearing (non-confidential) forms onto the following Conservatee's Relatives:
Mom Sister(s) Maternal Grandparents All Children
Dad Brother(s) Paternal Grandparents Spouse
(including all "Step" above relatives too)

The server (not you) must fill out their complete address and date, print and sign their name below.

* (This Note replaces the clerk's form GC-020(C), Clerk's Certificate of Service)

1. I am over the age of 18 and not a party to this case.
2. My residence or business address is (*specify*) : **Server's Street Address**
City, State, Zip

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: **Date Server Signs**

Server Prints Name
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

Server Signs Name
(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person served	Address (<i>number street city state and zip code</i>)
1.	List names and addresses of proposed conservatee's living relatives here.	
2.		
3.		
4.		

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



GC-320 Citation for Conservatorship

This form is to be served onto
the person you want to
conserve.

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Your Full Legal Name and Co-Conservator (if any)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%; border: 1px solid black; padding: 2px;"> Your Street Address Apt# City State Zip Phone # </div> <div style="width: 50%; border: 1px solid black; padding: 2px;"> ZIP CODE: </div> </div>	<p><i>FOR COURT USE ONLY</i></p> <p style="font-size: 24px; font-weight: bold;">SAMPLE ONLY</p> <p style="font-size: 24px; font-weight: bold;">Do not write on this copy!</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</p> <p>STREET ADDRESS: 191 N. First Street</p> <p>MAILING ADDRESS: 191 N. First Street</p> <p>CITY AND ZIP CODE: San Jose, CA 95113</p> <p>BRANCH NAME: Probate Courthouse - DTS</p>	
CON of (r) <div style="border: 1px solid black; padding: 5px; display: inline-block;">Conservatee's Full Legal Name</div>	
CITATION FOR CONSERVATORSHIP <input type="checkbox"/> Limited Conservatorship	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Leave Blank</div>

THE PEOPLE OF THE STATE OF CALIFORNIA

To (name):

Conservatee's Full Legal Name

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

a. Date

Leave Blank

b. Address

Leave Blank

and to un why the following person should not be appointed conservator limited conservator or your person

estate (name):

Your Full Legal Name and Co-Conservator (if any)

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

CASE NUMBER

of

Conservatee's Full Legal Name

Leave Blank

6.

7.

Date:

(SEA

Leave Blank

CONS of (na Conservatee's Full Legal Name PROPOSED CONSERVATEE	CAS Leave Blank
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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): **Conservatee's Full Legal 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) : **Conservatee's Street Address
City, State, Zip**

3. I served the person named in item 2

a. by personally delivering the copies (1) **Date Server Served** (2) **Time Server Served**

- b. by mailing the copies to the person served, 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)::

	Server's Name Server's Street Address City, State, Zip	
		(Zip)

- 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: **Date Server Signs** ▶ **Server Signs Name**

(SIGNATURE OF PERSON SERVING)

(GC-335) Capacity Declaration

This form is filled out by the proposed conservatee's doctor.

Bring this form with you to your court hearing.

Your Full Legal Name and Co-Conservator (if any)

FOR COURT USE ONLY

Your Street Address Apt#
City
State Zip
Phone #

CA
(Zip)
al):

**SAMPLE
ONLY
Do not write
on this copy!**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara

STREET ADDRESS: 191 N. First Street

MAILING ADDRESS: 191 N. First Street

CITY AND ZIP CODE: San Jose, CA 95113

BRANCH NAME: Probate Courthouse - DTS

CONSERVATORSHIP OF THE PERSON ESTATE OF (Name)
Conservatee's Full Legal Name
 CONSERVATEE PROPOSED CONSERVATEE

CAPACITY DECLARATION-CONSERVATORSHIP

CASE **Leave Blank**

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, 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 **Mark "C." if the conservatee has Dementia.** or the of this form

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

COMPLETE ITEMS 1-4 OF THIS FORM IN ALL CASES.

Leave Blank. The Conservatee's Doctor will fill this out this 3 page form.

- 1.
- 2.
- 3.
- 4.
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Conservatee's Full Legal Name

Leave Blank

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)

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im)

A.

Leave Blank. The Conservatee's Doctor will fill this out.

B.

C.

(Continued on next page)

Conservatee's Full Legal Name

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6.

Leave Blank. The Conservatee's Doctor will fill this out.

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CONSERVATORSHIP OF THE PERSON ESTATE OF (M)
Conservatee's Full Legal Name

CASE **Leave Blank**

ATTACHMENT TO FORM GC-335, CAPACITY DECLARATION-CONSERVATORSHIP,

**This form is only to be attached
if the Conservatee has Dementia.
If not, remove this form.**

**Leave Blank. The Conservatee's Doctor
will fill this form out.**

9.

10.

I dec
Date

The next 3 attachments:

(GC-340) Order Appointing Probate Conservator

The Order is signed by the judge at the court hearing if they agree you should be conservator.

(MC-025) Attachment 29 & 3i

If there are two or more proposed conservators filling out this application, you must fill out this attachment.

(GC-350) Letters of Conservatorship

If this order is approved, this form explains what you are authorized to do as a conservator. This form makes the order legal if signed by the judge.

FOR COURT USE ONLY

Your Full Legal Name and Co-Conservator (if any)

Your Street Address Apt#

City State Zip Phone #

SAMPLE ONLY Do not write on this copy!

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara

STREET ADDRESS: 191 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate Courthouse - DTS

Conservatee's Full Legal Name

ORDER APPOINTING SUCCESSOR PROBATE CONSERVATOR OF THE PERSON ESTATE Limited Conservatorship

CASE NUMBER:

Leave Blank

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: Room: c. [x] Petitioner: Your Full Legal Name and Co-Conservator (if any) d. [] Attorney for petitioner (name):

Leave Blank

2. Granting the conservatorship is the least restrictive alternative needed for the protection of the conservatee.

(Name): Conservatee's Full Legal Name

a. [x] is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter.

Leave Blank

Conservatee's Full Legal Name

CONSERVATEE

CASE

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- 9.
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- 13.
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Leave Blank

License no.: Issuance or last renewal date: Expiration date:

16. (Either a, b, or c must be checked):
- a. The suc
 - b. The suc
 - c. The suc
- It is in the best interest of the conservatee to appoint the spouse as

Answer "16. a.", "b.", or "c."

17. (Either a, b, or c must be checked):
- a. The suc
 - b. The suc
 - c. The suc
- intends to terminate or
- to terminate or
- domestic partner

Answer "17. a.", "b.", or "c."

THE COURT ORDERS

18. a. (Name) **Your Full Legal Name and Co-Conservator (if any) Phone #**

(Address) **Your Street Address Apt# City State Zip**

is appointed conservator of the PERSON of (name):
Conservatorship shall issue upon qualification.

b. (Name) (Address) **Leave Blank**

- 19. The
- 20. a. b. c.

Leave Blank

tion.
vided by law.
location):



CONSERVATORSHIP OF
() **Conservatee's Full Legal Name**
CONSERVATEE

CASE NO. **Leave Blank**

20. (cont.)

d. The successor conservator is not authorized to take possession of money or any other property

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Conservatee's Full Legal Name

CASE NUMBER

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ATTACHMENT (Number): 29

(This Attachment may be used with any Judicial Council form.)

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**If you are the only
conservator, remove this
attachment.**

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page ____ of ____
(Add pages as required)

Your Full Legal Name and Co-Conservator (if any)

Your Street Address Apt#
City
State Zip
Phone #

ATTORNEY FOR (name): Self-Represented

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara
STREET ADDRESS: 191 N. First Street
MAILING ADDRESS: 191 N. First Street
CITY AND ZIP CODE: San Jose, CA 95113
BRANCH NAME: Probate Courthouse - DTS

FOR RECORDER'S USE ONLY

Conservatee's Full Legal Name

CASE Leave Blank

LETTERS OF CONSERVATORSHIP

[X] Person [] Estate [] Limited Conservatorship

FOR COURT USE ONLY

SAMPLE ONLY
Do not write on this copy!

1. [X] () Your Full Legal Name and Co-Conservator (if any)

2. [] (For conservator of (name) Conservatee's Full Legal Name)

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. [X] Other powers have been granted or conditions imposed as follows:

a. [X] 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.

b. [] Mark "3.b." if you would like authority to place the conservatee in a care/nursing facility.

c. [] Mark "3.c." if you would like authority to be in charge of medications appropriate for care and treatment of Dementia.

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. [] Mark "3.i." if there is more than one Conservator and you want the Conservatorship to continue even if one of the conservators becomes unable to fulfill duties of the Conservatorship.

(SEAL)

WITNESS, clerk of the court, with seal of the court affixed.

Date:

Clerk, by _____, Deputy Page 1 of 2

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

CONSERVATORSHIP OF (name):

CASE NUMBER:

Conservatee's Full Legal Name

Leave Blank

CONSERVATEE

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

When these Letters of Conservatorship (Letters) are delivered to you as an employee or other representative of an institution or financial institution...

Read this information.

There is address

The conservator institution the correct from the www.courts.ca.gov an institution filled out

An institution invests takes, holds Notice of institution

A financial institution an industry

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 [X] conservator [] limited conservator.

Executed Today's Date, at (place): San Jose, CA
Print Your Name Sign Your Name
Co-Conservator Prints Name Co-Conservator Signs Name

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: _____, Deputy

Clerk, by

Conservatorship of: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Conservatee's First and Last Name </div>	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Leave Blank </div>
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ATTACHMENT (Number): 3i
 (This Attachment may be used with any Judicial Council form.)

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**If you are the only
conservator, remove this
attachment.**

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page ____ of ____
 (Add pages as required)

The next attachment:

(GC-341) Notice of Conservatee's Rights

This form and the "GC-340 Order Appointing Probate Conservator" will be served by mail on all the following people:

- conservatee
- spouse (domestic partner);
- parents;
- children (12 years or older)
- maternal/paternal grandparents;
- grandchildren (12 years or older)
- brothers/sisters (half and/or step)

If there is no spouse (domestic partner) or 2nd degree relative of the conservatee, see Page 4, to see a list of people you will need to serve instead.

ATTN	Your Full Legal Name and Co-Conservator (if any)	<i>FOR COURT USE ONLY</i>	
E-M	Your Street Address Apt# City State Zip Phone #	CA _____ (Zip)	SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 NORTH FIRST STREET MAILING ADDRESS: 191 NORTH FIRST STREET CITY AND ZIP CODE: SAN JOSE, CA 95113 BRANCH NAME: PROBATE			
OF	Conservatee's Full Legal Name	CONSERVATEE	
NOTICE OF CONSERVATEE'S RIGHTS			CAS Leave Blank

When a person becomes a conservatee, he or she does not necessarily lose the right to take part in important decisions affecting his or her property and way of life. Every conservatee has the right to be treated with understanding and respect and to have his or her wishes considered. Every conservatee has all basic human rights and the right to be well cared for by his or her conservator.

The conservatee has the right to ask questions and to express concerns and complaints about the conservatorship and the actions of his or her conservator. The conservatee may ask the court to review the conservator's management of the conservatorship if disputes cannot be worked out between them. Even if the conservatee does not take direct action, the court will periodically send a person, called a **court investigator**, to visit the conservatee, to inquire about his or her circumstances and desires, and to advise the conservatee of his or her rights. The court also may appoint a lawyer to represent the conservatee.

The conservatee will be allowed the greatest degree of freedom and privacy possible consistent with the underlying reasons for the conservatorship. The conservator should give as much regard to the wishes of the conservatee as possible under the circumstances so that the conservatee may function at the highest level his or her ability permits. The conservator must give due regard to the preferences of the conservatee and to encourage the conservatee's participation in decision-making.

THE CONSERVATEE'S RIGHTS

After appointment of a conservator, the conservatee keeps the right to:

- Be represented by a lawyer;
- Ask a judge to replace the conservator;
- Ask a judge to end the conservatorship;
- Make or change his or her will;
- Directly receive and control his or her salary; and
- Control an allowance (an allowance is personal spending money the court has authorized the conservator to pay directly to the conservatee).

(Conservatee's rights continued on next page)

Page 1 of 4

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF		CASE NUMBER:
(Name)	Conservatee's Full Legal Name	Leave Blank

THE CONSERVATEE'S RIGHTS (continued)

Unless the court has limited or taken the right away, the conservatee also keeps the right to:

- Receive personal mail;
- Vote;
- Marry or enter into a registered domestic partnership;
- Receive visits from family and friends;
- Make his or her own medical decisions;
- Enter into transactions, to the extent reasonable to (1) provide the necessities of life to the conservatee and his or her minor children, and (2) provide the necessities of life to his or her spouse or basic living expenses to his or her registered domestic partner;
- Engage in other activities the court expressly allows him or her to do, at the time of the conservator's appointment, or a later time following a court hearing on a request for authority to engage in the activity; and
- If the conservatee is a **limited conservatee**, to engage in any activity that the court has not expressly reserved to his or the **limited conservator**.

(Proof of mailing on page 3)
(Instructions for mailing on page 4)

NOTICE OF CONSERVATEE'S RIGHTS
(Probate - Guardianships and Conservatorships)

SHC

Conservatee's Full Legal Name	Leave Blank
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PROOF OF MAILING

1. I am over the age of 18. I am the appointed conservator of the above-named conservatee, the conservator's attorney, or an employee of the conservator's attorney. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify): **Your Street Address**
City, State, Zip
3. I mailed the foregoing *Notice of Conservatee's Rights* addressed as shown below AND
 - a. **depositing** the sealed envelope on the date and at the place shown in item 4 with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: **Date YOU mailed** b. Place mailed (city, state): **Place YOU mailed**
5. Each copy of the *Notice of Conservatee's Rights* was mailed with an attached conformed copy, showing the date of its filing and the judicial officer's signature, of the *Order Appointing Probate Conservator* filed in this matter on (date):

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

D **Today's Date**

Print YOUR Name ► **Sign YOUR name**

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name and relationship	Address (number, street, city, state, and zip code)
1.	<p>After you have become Conservator, YOU will have to mail the Notice of Conservatee's Rights and Order Appointing Probate Conservator forms onto the following Conservatee's relatives:</p> <p style="margin-left: 20px;"> Mom Sister(s) Maternal Grandparents All Children Dad Brother(s) Paternal Grandparents Spouse (including all "Step" above relatives too) </p>	
2.		
3.	<p>You must fill out their names and complete addresses where you mailed the above forms.</p>	
4.		
5.		
Rela		
5.		
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Continued on an attachment. (You may use form GC-341(MA) to show additional addressees.)

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) Conservatee's Full Legal Name	CASE NUMBER: Leave Blank
---	---------------------------------

INSTRUCTIONS FOR MAILING COPIES OF NOTICE OF CONSERVATEE'S RIGHTS AND ORDER APPOINTING PROBATE CONSERVATOR

1. **What to mail:** The conservator, the conservator's attorney, or the attorney's employee must mail a copy of this *Notice of Conservatee's Rights*, with an attached copy of the *Order Appointing Probate Conservator* showing the judicial officer's signature and the date of filing, to each person identified in item 2 below.
2. **Who must receive the mailing:** The persons to whom copies of this *Notice of Conservatee's Rights* and the *Order Appointing Probate Conservator* must be mailed are:
 - a. The conservatee;
 - b. The conservatee's attorney, if any;
 - c. The

Read this section for the instructions for mailing copies of this Notice of Conservatee's Rights and Order Appointing Conservator.

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- (2) P
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5. **How to**

- a. Place copies of this *Notice of Conservatee's Rights*, with attached conformed copies of the *Order Appointing Probate Conservator* in sealed envelopes, addressed to each person at the address shown for that person on the Proof of Mailing on page 3 of this form, or on attached additional pages, with postage fully prepaid.
- b. Deposit (mail) the sealed envelope(s) with the United States Postal Service on the date and from the place (city and state) shown in item 4 of the Proof of Mailing on page 3 of this form.
6. **Filing Notice of Conservatee's Rights:** The conservator, or his or her attorney of record, must file with the court the original *Notice of Conservatee's Rights*, with a signed and dated Proof of Mailing and all attached additional address pages. **Do not attach a copy of the *Order Appointing Probate Conservator* to the original *Notice of Conservatee's Rights* filed with the court.**



CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) Conservatee's Full Legal Name <small style="text-align: center;">CONSERVATEE</small>	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">Leave Blank</div>
--	---

ATTACHMENT TO NOTICE OF CONSERVATEE'S RIGHTS

(This attachment is for use with Form GC-341.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name and relationship
to conservatee

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

Maternal Grandfather's Address:

**Additional page to list more names and addresses
of proposed conservatee's living relatives here, if needed.**

The next attachment:

(GC-348) Duties of Conservator

Read and sign the "Duties of Conservator" after you have received the handbook from the court.

AT Your Full Legal Name and Co-Conservator (if any)

FOR COURT USE ONLY

Your Street Address Apt#
City CA (Zip)
State Zip
Phone #

**SAMPLE
ONLY
Do not write
on this copy!**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara
STREET ADDRESS: 191 N. First Street
MAILING ADDRESS: 191 N. First Street
CITY AND ZIP CODE: San Jose, CA 95113
BRANCH NAME: Probate Courthouse - DTS

CONSERVATORSHIP OF THE PERSON ESTATE OF
(N) Conservatee's Full Legal Name

DUTIES OF CONSERVATOR
and Acknowledgment of Receipt of Handbook for Conservators

CA Leave Blank

When
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form

I.

**Read this information before
signing the bottom of this form**

II.

III.

CC	Conservatee's Full Legal Name	CAS	Leave Blank
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- III. A. 1. An evaluation of the level of care existing when the petition for your appointment as a conservator was filed and the

**Read this information before
signing the bottom of this form**

CO

CASE

III. C. PROVIDE MEDICAL CARE FOR THE CONSERVATEE

Read this information before signing the bottom of this form

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CONSERVATORSHIP OF (Name of) _____
Conservatee's Full Legal Name

CASE # _____
Leave Blank

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

Read this information before signing the bottom of this form

C
Conservatee's Full Legal Name
CONSERVATEE

CAS
Leave Blank

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

15
16
Read this information before signing the bottom of this form
2.
3.
C. R
1.

CONSERVATORSHIP OF (Name) _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> Conservatee's Full Legal Name </div>	CASE <div style="border: 1px solid black; padding: 5px; text-align: center;"> Leave Blank </div>
--	--

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

V.

**Read this information before
signing the bottom of this form**

VI.

VII.

COI CONSERVATEE <div style="border: 1px solid black; padding: 5px; text-align: center; width: 90%; margin: 0 auto;"> Conservatee's Full Legal Name </div>	CASE <div style="border: 1px solid black; padding: 5px; text-align: center; width: 90%; margin: 0 auto;"> Leave Blank </div>
--	--

VIII. JUDICIAL COUNCIL FORMS

This form identifies a number of Judicial Council forms used for court filings in conservatorship proceedings. This form, the

Read this information before signing the bottom of this form

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:	Today's Date	▶	Sign Your Name <small>(SIGNATURE OF (PROPOSED) CONSERVATOR)</small>
	Print Your Name <small>(TYPE OR PRINT NAME)</small>		
Date:	Today's Date	▶	Co-Conservator Signs Name <small>(SIGNATURE OF (PROPOSED) CONSERVATOR)</small>
	Co-Conservator Prints Name <small>(TYPE OR PRINT NAME)</small>		
Date:	Today's Date	▶	Sign Your Name <small>(SIGNATURE OF (PROPOSED) CONSERVATOR)</small>
	Print Your Name <small>(TYPE OR PRINT NAME)</small>		

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.

Confidential Information

**The following forms are
CONFIDENTIAL for the
court and the Department
of Social Services.**

Since they are private you
don't have to give copies of
them to anybody but the
Court.

DO NOT SERVE THESE TO ANYONE.

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

COURT ADDRESS: 191 North First Street
CITY AND ZIP CODE: San José, California 95113
PHONE NUMBER: (408) 882-2761
FAX NUMBER: (408) 882-2797
BRANCH NAME: Downtown Courthouse - Court Investigator's Division

**SAMPLE
ONLY
Do not write
on this copy!**

IN THE MATTER OF THE

Limited Conservatorship Conservatorship

RE: **Conservatee's Full Legal Name**

**CONFIDENTIAL DOCUMENT COVER SHEET
(Conservatorship - CSF)**

CAS **Leave Blank**

RE: CONSERVATORSHIP:

The following documents shall be made available only to persons who have been designated by the Court to assist the Court in determining whether a proposed conservator should be appointed.

- c
- c

Leave Blank

AT Your Full Legal Name and Co-Conservator (if any)

Your Street Address Apt# City CA (Zip) State Zip Phone #

FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 191 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate Courthouse - DTS

CONSERVATORSHIP OF (Name): Conservatee's Full Legal Name

CONFIDENTIAL SUPPLEMENTAL INFORMATION (Probate Conservatorship) Conservatorship of [X] Person [] Estate [] Limited Conservatorship

CASE NUMBER: Leave Blank

1. a. Proposed conservatee (name): Name of person who you want to conserve b. Date of birth: Birthdate of person you want to conserve c. Social security No.: Social Security # of person you want to conserve

FILED: DEPT.: TIME:

2. [X] 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.

Explain the facts to support this request. You will need to describe how the person you want to conserve cannot take care of their own physical health, food, clothing, and living situation. Give examples and be specific.



CONSERVATORSHIP OF (Name):

CASE NUMBER:

Conservatee's Full Legal Name

Leave Blank

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ly life

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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) :

Conservatee's Current Street Address, City, State, Zip

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

Conservatee's Home Street Address, City, State, Zip

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

(1)

Mark "4.c.(1) or (2)" (next page) and check the boxes that apply to the conservatee's current living situation

below in item 4c(3)).

*If this item is not applicable, complete item 8. (Continued on page three)

CC [Redacted] Conservatee's Full Legal Name

CAS [Redacted] Leave Blank

4. c. (continued)

(2) [Redacted] **Mark "4.c.(1) or (2)" (previous page) and check the boxes that apply to the conservatee's current living situation**

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.

[Redacted] **Explain the facts to support your answers from "4.c.(1) or (2)"**

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

[Redacted] **Leave Blank**

6. SERVICES PROVIDED* (complete a or b, or both a and b)

a. During the year before this petition was filed.

(1) health E [Redacted] **Mark a box and explain your answer here.**

conservatee (explain) :

(2) social E [Redacted] **Mark a box and explain your answer here.**

conservatee (explain) :

*If this item is not applicable, complete item 8. (Continued on page four)



Conservatee's Full Legal Name

Leave Blank

6. a. (continued)

(3)

Mark a box and explain your answer here.

proposed

b. P
a
re

Mark a box and explain your answer here.

estate management
was filed. Petitioner has no

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: Today's Date

Print Your Name

(TYPE OR PRINT NAME)

Sign Your Name

(SIGNATURE OF PETITIONER)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

COURT ADDRESS: 191 North First Street
 CITY AND ZIP CODE: San José, California 95113
 PHONE NUMBER: (408) 882-2761
 FAX NUMBER: (408) 882-2797
 BRANCH NAME: Downtown Courthouse - Court Investigator's Division

FOR COURT USE ONLY

**SAMPLE
 ONLY
 Do not write
 on this copy!**

IN THE MATTER OF THE

Limited Conservatorship Conservatorship

RE: **Conservatee's Full Legal Name**

**CONFIDENTIAL DOCUMENT COVER SHEET
 (Conservatorship - CSF)**

CASE **Leave Blank**

RE: CONSERVATORSHIP:

The following documents shall be made available only to persons who have been designated by the Court to assist the Court in determining whether a proposed conservator should be appointed.

Cal. Rules of Court, Rule 7.1050: Confidential Conservator Screening Form.

Other:



AT **Your Full Legal Name and Co-Conservator (if any)**

FOR COURT USE ONLY

Your Street Address Apt#
City CA (Zip)
State Zip
Phone #

**SAMPLE
ONLY
Do not write
on this copy!**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Santa Clara**
STREET ADDRESS: **191 N. First Street**
MAILING ADDRESS: **191 N. First Street**
CITY AND ZIP CODE: **San Jose, CA 95113**
BRANCH NAME: **Probate Courthouse - DTS**

Conservatee's Full Legal Name

CASE N
Leave Blank
HEARIN

CONFIDENTIAL CONSERVATOR SCREENING FORM
Conservatorship of Person Estate Limited Conservatorship

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.

- Check the correct boxes and answer questions (1-6). If you answer "yes" to any questions, add a blank sheet of paper to explain.**
1. a. Person
b. Deceased
c. Spouse
e. Testamentary
 2. a.
b. **EACH proposed conservator must complete their OWN Confidential Screening form.**
 3. I v
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 5. a.
b.
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 6. a.
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c.

(If you checked "I am," explain in Attachment 6.)



<p>CONSERVATORSHIP OF (Name):</p> <p>Conservatee's Full Legal Name</p>	<p>CASE NUMBER:</p> <p>Leave Blank</p>
---	---

7. I have I have not filed for bankruptcy protection within the last 10 years. (If you checked "I have," explain in
8. I **Check the correct boxes and answer questions (7-20). If you answer "yes" to any questions, add a blank sheet of paper to explain.**
9. I **EACH proposed conservator must complete their OWN Confidential**
10. I **Screening form.**
11. I
12. I
13. I
14. I
15. I
16. I
17. I
18. I
19. I
20. Do you Yes No (If you checked "Yes," explain in Attachment E 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.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</p> <p>Your Full Legal Name and Co-Conservator (if any)</p> <hr/> <p>Your Street Address Apt# CA (Zip)</p> <p>City</p> <p>State Zip</p> <p>Phone #</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> <p>STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, California 95113 BRANCH NAME: Downtown Courthouse - Probate Division</p>	<p>FOR COURT USE ONLY</p> <p>SAMPLE ONLY</p> <p>Do not write on this copy!</p>
<p>Conservatorship of (Name):</p> <p>Conservatee's Full Legal Name</p> <p><input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited</p>	<p>Temp Hrg. _____ Perm Hrg. _____</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">Leave Blank</p>
<p>REFERRAL FOR COURT INVESTIGATOR - CONSERVATORSHIP</p>	<p>CASE NUMBER _____</p>

Note: A fee may be assessed for Court Investigator Services - See Probate Code § 1851.5

This Referral is being sent to the Probate Investigator's Office for an investigation regarding (check all that apply):

- Appointment Accounting/Review Termination
- Medical Powers Dementia Powers
- Sale of (former) Residence Substituted Judgment

Optional: Check if you included the dementia forms in this packet.

Information about the (Proposed) CONSERVATEE

■ **(Proposed) Conservatee's CURRENT address:**

Address:
Phone n

■ **(Propos**

Address:
Phone n

■ **Birth Da**

■ **Social S**

■ **Marital S**

■ **Special**

■ **Is (prop**

If yes, LF

■ **(Propos**

Address:
Phone n

Answer these questions.

and Domestic Partner

CONFIDENTIAL - DO NOT PUT IN COURT FILE

REFERRAL FOR COURT INVESTIGATOR - CONSERVATORSHIP
(PROBATE - SANTA CLARA COUNTY)

Conservatorship of (Name):

Conservatee's Full Legal Name

Case number:

Leave Blank

Gen

Information about the (Proposed) CONSERVATOR

All Proposed Conservators must complete the information on this page. If there is more than one proposed conservator, each proposed conservator must complete their OWN page of this form, Information about the (PROPOSED) CONSERVATOR.

Answer these questions. This information is about you. EACH proposed conservator must complete their OWN page of this form, Information about the (PROPOSED) CONSERVATOR.

- Name:
- Relationship to Conservatee:
 - Other (describe):
- Home address:
- Home phone:
- Birth Date:
- Social security number:
- Driver's License number:
- Work phone:
- (Proposed) Conservator's Attorney (name):
 - Address:
 - Phone number:

Cell phone:

Fax number:

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

Date: Today's Date

Sign Your Name

Signature of Proposed Conservator

Information sheet(s) for (number) Total # of conservators in this Petition of (proposed) co-conservators is attached.

Mark this box if more than 1 proposed conservator

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Conservatorship of (Name):

Conservatee's Full Legal Name

Case Number:

Leave Blank

General

Information about (Proposed) Conservatee's Relatives & Friends

List the spouse or registered domestic partner, 1st and 2nd degree relatives (these are parents, children, brothers/sisters, grandparents and grandchildren), neighbors and close friends of the (proposed) conservatee.



- Name: Fill in information for ALL proposed conservatee's relatives and friends
- Relationship (see list above).
- Home Address
- Home phone

- Name:
- Relationship
- Home Address
- Home phone

- Name:
- Relationship
- Home Address
- Home phone

- Name:
- Relationship
- Home Address
- Home phone

- Name:
- Relationship
- Home Address
- Home phone

- Name:
- Relationship
- Home Address
- Home phone

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REFERRAL FOR COURT INVESTIGATOR - CONSERVATORSHIP
(PROBATE - SANTA CLARA COUNTY)

Conservatorship of (Name):

Conservatee's Full Legal Name

Case Number:

Gen **Leave Blank**

Information about (Proposed) Conservatee's Relatives & Friends

Fill in information for ALL proposed conservatee's relatives and friends (see list on previous page).

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

Large empty rectangular box for entering details for each relative or friend.

Work phone:

Cell phone:



Conservatorship of (Name):

Conservatee's Full Legal Name

Case Number:

Leave Blank

Gen

Information about OTHER ADULTS (age 18 or older) who reside with the proposed Conservatee

Fill in information for ALL adults who live with the proposed conservatee.

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

- Name:
- Relationship to
- Home Address
- Home phone:

Work phone:

Cell phone:

CONFIDENTIAL - DO NOT PUT IN COURT FILE

**REFERRAL FOR COURT INVESTIGATOR - CONSERVATORSHIP
(PROBATE - SANTA CLARA COUNTY)**

Fee Waiver

If you are low-income, have no income, or can prove that you cannot afford the filing fee - fill out the next forms.

Clerk stamps date here when form is filed.

This form must be used by a guardian or conservator, or by a petitioner for the appointment of a guardian or conservator, to request a waiver of court fees in the guardianship or conservatorship court proceeding or in any other civil action in which the guardian or conservator represents the interests of the ward or conservatee as a plaintiff or defendant.

If the ward or conservatee (including a proposed ward or conservatee if a petition for appointment of a guardian or conservator has been filed but has not yet been decided by the court) directly receives public benefits or is supported by public benefits received by another for his or her support, is a low-income person, or does not have enough income to pay for his or her household's basic needs and the court fees, you may use this form to ask the court to waive the court fees. The court may order you to answer questions about the finances of the ward or conservatee. If the court waives the fees, the ward or conservatee, his or her estate, or someone with a duty to support the ward or conservatee, may still have to pay later if:

- You cannot give the court proof of the ward's or conservatee's eligibility,
- The ward's or conservatee's financial situation improves during this case, or
- You settle the civil case on behalf of the ward or conservatee for **\$10,000** or more. The trial court that waives fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge the ward or conservatee, or his or her estate, any collection costs.

Fill in court name and street address:

Superior Court of California, County of Santa Clara
Street: 191 N. First Street
Mail: 191 N. First Street
San Jose, CA 95113
Probate Division

Fill in case number and name:

Leave Blank

Case Name:

Conservatee's Full Legal Name

1 Your Information (*guardian or conservator, or person asking the court to appoint a guardian or conservator*):

Name: **Your Street Address Apt#** Phone: _____
 Street of **City State Zip** _____
 City: _____ Zip: _____

2 Your Lawyer (*if you have one*): Name: **Self-Represented**

Firm or Affiliation: _____ State Bar No.: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

a. The lawyer has agreed to advance all or a portion of court fees or costs (*check one*): Yes No

b. (*If yes, your lawyer must sign here.*) Lawyer's signature: _____
If your lawyer is not providing legal-aid type services based on your or the ward's or conservatee's low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

3 Ward's or Conservatee's Information (*file a separate Request for each ward in a multiward case*):

Name: **Fill in information of person you are trying to conserve.** te of birth (*ward only*): _____
 Street of _____
 City: _____
 Phone: _____

4 Ward's or Conservatee's Lawyer, if any: Name: **Self-Represented**

Firm or A **LEAVE BLANK** State Bar No.: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

5 Ward or Conservatee's Job (*job title; if not employed, so state*):

Name of employer: **Fill in job information of person you are trying to** _____
 Employer's address: **conserve.** _____ Zip: _____



Name of (Proposed) Ward or Conservatee:

Case Number:

Conservatee's Full Legal Name

Leave Blank

6 What court's fees or costs are you asking to be waived?

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- Supreme Court, Court of Appeals, or Appellate Court Fees (See *Information Sheet on Waiver of*

CHECK THE BOX(ES) BELOW THAT APPLY TO THE CONSERVATEE

7 Check here if you are asking for a waiver of court fees. (If your previous request is reasonably available, please attach it to this form and check here):

8 Why are you asking the court to waive the ward's or conservatee's court fees?

- a. The ward or one or both of the ward's parents, guardian, or registered domestic partner, receive (check all that apply):
 - Supplemental Security Income (SSI)
 - IHSS (In-Home Supportive Services)
 - County Relief/General Assistance
 - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - Unemployment Compensation

*****NOTE*****

IF YOU CHECK 8a, YOU DO NOT HAVE TO COMPLETE THE FINANCIAL INFORMATION ON THE THIRD PAGE OF THIS FORM.

IF YOU CHECK 8b, YOU MUST COMPLETE ITEMS 14, 15, AND 16 ON THE THIRD PAGE ONLY.

IF YOU CHECK 8c, YOU MUST COMPLETE EVERY ITEM ON THE THIRD PAGE.

- b. The gross monthly income of the ward's or conservatee's household is less than the amount listed below. (If you check 8b, you must fill out items 14, 15, and 16 on page 4 of this form.)*

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$786.67 for each extra person.
1	\$2,265.00	3	\$3,838.34	5	\$5,411.67	
2	\$3,051.67	4	\$4,625.00	6	\$6,198.34	

- c. The ward's or conservatee's household does not have enough income to pay for its basic needs and the court fees. I ask the court to (check one, and you must fill out items 14, 15, 16, 17, and 18 on page 4):*
 - (1) Waive all court fees and costs.
 - (2) Waive some court fees and costs.
 - (3) Let the (proposed) guardian or conservator, on behalf of the (proposed) ward or conservatee, make payments over time.

* (Do not include income of guardian or conservator living in the household in 8b or 8c or count him or her in family size in 8b, unless he or she is a parent of the ward or the spouse or registered domestic partner of the conservatee.)

Guardians or petitioners for their appointment must complete items 9 and 10.

9 Ward's Estimated Source (e.g., Social Security, etc.)

10 Ward's Present Address

- a. Name of _____
Street of _____
City: _____
Phone: _____
- b. Name of _____
Street of _____
City: _____
Phone: _____
- c. Ward's Supportive Services Payor (Name of _____)
Court: _____
Date of _____

LEAVE BLANK



Name of (Proposed) Ward or Conservatee:
Conservatee's Full Legal Name

Case Number:
Leave Blank

Conservators or petitioners for their appointment must complete items 11–13.

11 Conservatee's Estate: Person only, no estate.

Inventory or petition estimated value: _____ Est. collection date: _____

12 Conservatee's Spouse's or Registered Domestic Partner's Information:

Name of conservatee's spouse or registered domestic partner: **Fill in information, if applicable.** Spouse Partner

Date of marriage or partnership: _____ (death): _____

Street or mailing address: _____ Phone: _____

City: _____

Name of employer (if none, so state): _____

Employer's address: _____ State: _____ Zip: _____

The conservatee's spouse or partner is is not managing, or following appointment of a conservator is planning to manage, some or all of the couple's community property outside the conservatorship estate.

If you selected "is" above: The income, money, and property shown on page 4 includes does not include the income and property managed, or expected to be managed, by the spouse/partner outside the estate.

Divorced (date of final judgment or decree): _____

Court: _____

Case Number: _____ Support order for conservatee? No Yes

Date of support order (if multiple, date of latest): _____ Monthly amount: _____

13 The Conservatee and Trusts:

The conservatee:

a. is is not a trustee or settlor of a trust. **Answer parts (a) and (b).**

b. is is not a beneficiary of a trust.

If you selected "Is" to complete any of the above statements, identify and provide, in an attachment to this *Request*, the current address and telephone number of the current trustee(s) of each trust, describe the general terms of and value of each trust and the nature and value of the conservatee's interest in each trust, and the amount(s) and frequency of any distributions to or for the benefit of the conservatee prior to your appointment as conservator of which you are aware. (You may use Judicial Council form MC-025 for this purpose.)

All applicants who checked item 8b or item 8c on page 2 must continue to and follow the instructions for completion of items 14–16 or items 14–18 on page 4, before signing below.

The information I have provided on this form and all attachments about the (proposed) ward or conservatee is true and correct to the best of my information and belief. The information I have provided on this form and all attachments concerning myself is true and correct. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **Today's Date**

Print Your Name

Print your name here

Sign Your Name

Sign here



Conservatee's Full Legal Name

Leave Blank

If you checked 8c, you must write "Financial Information" IF YOU CHECKED ITEM 8B, COMPLETE ITEMS 14, 15 and 16. IF YOU CHECKED ITEM 8C, COMPLETE THE ENTIRE PAGE.

14 Check here if the ward's or conservatee's income changes a lot from month to month. If it does, complete the form based on his or her average income for the past 12 months.

15 Ward's or Conservatee's Gross Monthly Income
a. List the source and amount of any income the ward or conservatee gets each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
(1) \$
(2) \$
(3) \$
(4) \$
(5) \$
b. Total monthly income: \$

16 Ward's or Conservatee's Household's Income
a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on him or her for support, or on whom he or she depends in whole or in part for support.
Name Age Relationship Gross Monthly Income
(1) \$
(2) \$
(3) \$
(4) \$
(5) \$
(6) \$
(7) \$
(8) \$
(9) \$
(10) \$
b. Total monthly income of persons above: \$
Total monthly income and household income (15b plus 16b): \$

17 Ward's or Conservatee's Household's Money and Property
a. Cash \$
b. All financial accounts (list bank name and amount):
(1) \$
(2) \$
(3) \$
c. Cars, boats, and other vehicles
Make / Year Fair Market Value How Much You Still Owe
(1) \$ \$
(2) \$ \$
(3) \$ \$
d. Real estate
Address Fair Market Value How Much You Still Owe
(1) \$ \$
(2) \$ \$
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
Describe Fair Market Value How Much You Still Owe
(1) \$ \$
(2) \$ \$

18 Ward's or Conservatee's Household's Monthly Deductions and Expenses
a. List any payroll deductions and the monthly amount below:
(1) \$
(2) \$
(3) \$
(4) \$
b. Rent or house payment and maintenance \$
c. Food and household supplies \$
d. Utilities and telephone \$
e. Clothing \$
f. Laundry and cleaning \$
g. Medical and dental expenses \$
h. Insurance (life, health, accident, etc.) \$
i. School, child care \$
j. Child, spousal support (another marriage) \$
k. Transportation, gas, auto repair and insurance \$
l. Installment payments (list each below):
Paid to:
(1) \$
(2) \$
(3) \$
m. Wages/earnings withheld by court order \$
n. Any other monthly expenses (list each below):
Paid to: How Much?
(1) \$
(2) \$
(3) \$
Total monthly expenses (add 18a - 18n above): \$

To list any other facts you want the court to know, such as the (proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top.
Check here if you attach another page.
Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC.
Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the spouse or registered domestic partner of the conservatee.

Clerk stamps date here when form is filed.

1 (Proposed) guardian or conservator who asked the court to waive

Name: **Your Full Legal Name**

Street Address **Your Street Address** Apt#

City **City** State **State** Zip **Zip**

2 Lawyer, if person in **1** has one:

Leave Blank Bar No: _____
Firm Name: _____
Street Address: _____
City: _____
State: _____
Zip: _____

Fill in court name and street address:

Superior Court of California, County of Santa Clara
Street: 191 N. First Street
Mial: 191 N. First Street
San Jose, CA 95113

3 **Conservatee's Full Legal Name**

Street Address **Street Address** Apt#

City **City** State **State** Zip **Zip**

4 Lawyer for (proposed) ward or conservatee, if any:

Leave Blank Bar No: _____
Firm Name: _____
Street Address: _____
City: _____
State: _____
Zip: _____
E-mail: _____ Telephone: _____

Fill in case number and name:

Case Number: **Leave Blank**

Case Name:

5 A request to waive court fees was filed on (date): _____

The court made a previous fee waiver order in this case on (date): _____

Conservatee's Full Legal Name

Leave Blank

Name of (Proposed) Ward or Conservatee:

Conservatee's Full Legal Name

Leave Blank

- 6 a. (1)
- Reporter's fee for attendance at hearing or trial, if you request that the court provide an official reporter
 - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
 - Preparing, certifying, copying, and sending the clerk's transcript on appeal

Leave Blank



Name of (Proposed) Ward or Conservatee:

Case Number:

Conservatee's Full Legal Name

Leave Blank

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay the ward's or conservatee's fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers

Leave Blank

N
v
r
p
r
o
o
s
c

D



I

This is a Court Order.