

CONSERVATORSHIP 101

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GENERAL OUTLINE

- What is a conservatorship?
- Big Picture – Where does this fall within our world?
- Types of Protective Proceedings
 - Probate Conservatorship Details
 - Limited Conservatorship Details
 - CARE Act
 - Estate vs. Person
- Conservatorship Process and Forms
- Questions?

WHAT IS A CONSERVATORSHIP?

Positive: Protective court proceedings to appoint an authorized agent to make decisions for an incapacitated adult who requires care.

Negative: Lawsuit to take away an adult's rights and to forcefully give control of their life to someone else.

Probate Code Section 1801:

“unable to provide properly for his/her physical health, food, clothing, or shelter...” (person).

“substantially unable to manage his or her own financial resources OR resist fraud or undue influence”

BIG PICTURE: WHERE DOES THIS FALL IN OUR WORLD?

- Estate Planning – living individuals with capacity
- Conservatorships – living individuals without capacity
- Probate – deceased individuals without a trust
- Trust Administration – deceased individuals with a Trust

Protective Proceedings

Guardianships
- minors

Conservatorships

CARE
Proceedings

Lanterman
Petris Short
(LPS) - mental
health

Limited -
Developmental
Disabilities

Probate

PROTECTIVE PROCEEDINGS

- **Lanterman Petris Short Act Proceedings (LPS)**
 - General Case – schizophrenia, bipolar, OCD
 - Defined by the Welfare and Institutions Code
 - W&I Code 5350 - Established for someone who is gravely disabled as a result of a mental health disorder or impairment caused by chronic alcoholism
 - a person is not “gravely disabled” if that person can survive safely without involuntary detention with the help of responsible family, friends, or others who are both willing and able to help provide for the person’s basic personal needs for food, clothing, or shelter.
 - Extension of a 5150 involuntary hold
 - Generally referred by medical professionals to the Public Guardian, but can be from a corrective facility as well
 - Technically has no limitations on who can file

PROTECTIVE PROCEEDINGS

- **Probate Conservatorships**
 - **General case: dementia, strokes, old age**
 - **Defined by the Probate Code – see Probate Code Section 1801 referenced above**
 - **Unable to care for themselves**
 - **Unable to resist undue influence**
 - **You won the lottery**
 - **Assumption of “they do not have capacity” except for what is carved out**
 - **Exception: marriage, voting**
 - **Not able to legally enter into a contract**

PROTECTIVE PROCEEDINGS

- **Limited Conservatorships**
 - **General Case:** autism, down syndrome, cerebral palsy, intellectual disability
 - “Limited” because the scope of authority that can be granted is tailored down to what is necessary to protect the conservatee, depending on their function level
 - Assumption of “they do have capacity” except for what is carved out by court order
 - 7 powers - residence, confidential records, contract, medical consent, education, marriage, social and sexual contacts
 - Regional Center involvement
 - Strong desire to promote independence – see CPC 1801(d)

PROTECTIVE PROCEEDINGS

- CARE Act – approved through Senate Bill 1338 in 2022
 - W&I Code Sections 5972 et seq.
 - Sets a procedure designed to support individuals with mental illness
 - Petition filed with the CARE court, must make prima facie case:
 - 18 year or older
 - Experiencing severe mental illness
 - Not clinically stabilized in on-going voluntary treatment
 - Person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating OR person is in need of services and support to prevent a relapse
 - Participation in a CARE plan is the least restrictive alternative
 - The person is likely to benefit

PROTECTIVE PROCEEDINGS

- CARE Act – cont'd:
 - Implementation began 10/23 in several counties, including SF
 - All other counties set to begin by no later than 12/1/24
 - Sets forth a procedure to come to a VOLUNTARY agreement with different support agencies to give and accept support for the individual
 - There is no ramification for the individual if they do not comply with the plan

PROTECTIVE PROCEEDINGS

- **Person vs. Estate**
 - **Person** – takes care of the physical person
 - Health, food, clothing, shelter
 - **Estate** – deals with money and any financial transactions
 - Real estate
 - Bank accounts, etc
 - **All conservatorship proceedings have both person and estate aspects**
 - Can be considered separately by the Court

CONSERVATORSHIP PROCESS

- Post appointment with client:
 - Petition for Conservatorship
 - Petition for Temporary Conservatorship
 - Capacity Declaration
 - Bond
 - Conservator Screening
 - Confidential Supplemental Information
 - Conservator Training (varies by County)

CONSERVATORSHIP PROCESS

- **Post Filing – built in protections**
 - **Notice of Hearing**
 - CPC 1821 – second degree relatives
 - **Citation**
 - **Court Investigator**
 - **Regional Center (Limited conservatorship only)**
 - **Appointment of attorney for the proposed conservatee**
 - Discussion of Pre and Post the Free Brittney Movement
 - CPC 1471(d) – “The role of legal counsel...is that of a zealous, independent advocate representing the wishes of their client...”

CONSERVATORSHIP PROCESS

- You have filed your petition and all parties have notice. Now what?
 - hearing date timing – usually at least 60-90 days out
 - objections?
 - evidentiary hearing?
- Standard of Proof: Clear and Convincing Evidence

CONSERVATORSHIP PROCESS

- Post Appointment
 - Order
 - Letters
 - Notice of Rights
 - General Plan
 - Inventory and Appraisal
 - Move Notices

CONSERVATORSHIP PROCESS

- After 1 year
 - Accounting petitions
 - Court Investigator follow up

QUESTIONS?

Exhibit 1

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

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

CONSERVATORSHIP OF (name):	CASE NUMBER:
(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:

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

CONSERVATORSHIP OF <i>(name):</i> (PROPOSED) CONSERVATEE	CASE NUMBER:
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10. **Temporary conservatorship**

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

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

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

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

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

Continued on Attachment 11.

Exhibit 2

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	
ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING A MAJOR NEUROCOGNITIVE DISORDER	
<input type="checkbox"/> Petition for Appointment of Probate Conservator (form GC-310) <input type="checkbox"/> Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380)	

1. Petitioner **requests** that the conservator of the person be authorized
 - a. to place the conservatee in a secured-perimeter residential care facility for the elderly operated under Health and Safety Code section 1569.698 that has a care plan that meets the requirements of California Code of Regulations, title 22, section 87705.
 - b. to authorize the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia).
2. The conservatee or proposed conservatee has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.
3. A medical declaration executed by a licensed physician or a licensed psychologist acting within the scope of his or her license with at least two years' experience in diagnosing and treating major neurocognitive disorders (including dementia):
 - a. has been filed.
 - b. will be filed before the hearing.
4. **Restricted placement.** The conservatee needs or would benefit from placement as requested in item 1a. The conservatee lacks capacity to give informed consent to this placement. The placement requested is the least restrictive placement appropriate to the needs of the conservatee.
5. **Medications.** The conservatee needs or would benefit from administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The conservatee lacks capacity to give informed consent to the administration of those medications.

Exhibit 3

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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)

Page 1 of 3

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

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	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Euphoria	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Helplessness	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Anxiety	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Depression	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Apathy	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Fear	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Hopelessness	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Indifference	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Panic	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Despair	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>							

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 <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> 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 form 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)

Page 1 of 1

Exhibit 4

Exhibit 5

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (name):	
PROPOSED CONSERVATEE	
CONFIDENTIAL SUPPLEMENTAL INFORMATION <input type="checkbox"/> Limited Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate	CASE NUMBER:
1. a. Proposed conservatee (name): b. Date of birth: c. Age: d. Social security number:	HEARING DATE: DEPT.: TIME:

2. I, the person completing this form, am the (check each that applies) petitioner proposed conservator in this proceeding.

3. **ABILITY TO PROVIDE PROPERLY FOR PERSONAL NEEDS*** The following facts and circumstances supplement and support the petition's assertions that the proposed conservatee is unable to provide properly for personal needs for physical health, food, clothing, or shelter (specify in detail, expanding on the reasons in the petition; give specific examples from the proposed conservatee's daily life showing significant, ongoing behavior patterns):

a. Physical health (give examples showing the proposed conservatee's inability to move and exercise, maintain personal hygiene, make and attend routine medical appointments, take medication as prescribed, etc.):

Continued in Attachment 3a.

b. Food (give examples showing the proposed conservatee's inability to eat or drink, prepare food, shop for food, etc.):

Continued in Attachment 3b.

c. Clothing (give examples showing the proposed conservatee's inability to get dressed, do laundry, shop for clothing, etc.):

Continued in Attachment 3c.

d. Shelter (give examples showing the proposed conservatee's inability to pay rent or mortgage, pay utility bills, keep house, etc.):

Continued in Attachment 3d.

* If any part of item 3 does not apply to the proposed conservatorship, skip it, check box 3 in item 10, and explain why it does not apply.

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

6. **ALTERNATIVES TO CONSERVATORSHIP** I have considered the following alternatives to conservatorship. For each alternative below, either (1) I have attempted that alternative for the length of time and in the manner described and have determined for the reasons explained below that it is unsuitable or does not meet the proposed conservatee's needs; or (2) I have not attempted that alternative and have determined for the reasons explained below that it is unsuitable or does not meet the proposed conservatee's needs and therefore should not be attempted.

a. A supported decisionmaking agreement, as defined in Welfare and Institutions Code section 21001

Continued in Attachment 6a.

b. Designation of a health care surrogate under Probate Code section 4711

Continued in Attachment 6b.

c. An advance health care directive under Probate Code section 4600 et seq.

Continued in Attachment 6c.

d. A power of attorney (general or limited, durable or nondurable) under Probate Code section 4000 et seq.

Continued in Attachment 6d.

e. A trust, as defined in Probate Code section 82

Continued in Attachment 6e.

f. Other alternatives considered or attempted

Continued in Attachment 6f.

Exhibit 6

Exhibit 7

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name): PROPOSED CONSERVATEE	
CITATION FOR CONSERVATORSHIP <input type="checkbox"/> 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:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
b. Address of court: <input type="checkbox"/> same as noted above <input type="checkbox"/> 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 <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE of (name):	CASE NUMBER:
PROPOSED CONSERVATEE	

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:

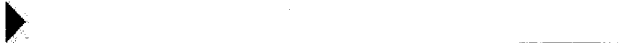

 (SIGNATURE OF PERSON SERVING)

Exhibit 8

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CASE NAME:		
APPLICATION FOR APPOINTMENT OF COUNSEL <input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship <input type="checkbox"/> Limited		CASE NUMBER:

1. I am (*name of applicant*): the (*check all that apply*):
- petitioner.
 - guardian or proposed guardian.
 - conservator or proposed conservator.
 - ward or proposed ward.
 - conservatee or proposed conservatee.
 - other (*specify*):
2. I request appointment of counsel in this proceeding under division 4 of the Probate Code to represent (*name*):
 (*address*):
 (*telephone number*): (*e-mail*):
 who is a (*check all that apply*)
- ward or proposed ward.
 - conservatee or proposed conservatee.
 - person alleged to lack capacity.
 - proposed limited conservatee.
3. The person named in 2 has not retained and does not plan to retain counsel, and is not otherwise represented by counsel.
4. Appointment of counsel to represent the person named in 2 would help to resolve the matter because (*explain*):
5. Appointment of counsel to represent the person named in 2 is necessary to protect the person's interests because (*explain*):
6. This is a proceeding described in Probate Code section 1471(a)(1)-(5), 1852, 2356.5, 2357, 3101, or 3201 (*specify*):
7. This is a proceeding to establish a limited conservatorship or to modify or revoke the powers or duties of a limited conservator.

I declare under penalty of perjury under the laws of the State of California that the information stated on this form is true and correct.

Date:

(SIGNATURE OF APPLICANT)

Page 1 of 1

Exhibit 9

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (name):	CONSERVATEE
ORDER APPOINTING <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship	CASE NUMBER:
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

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

THE COURT FINDS

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

Do NOT use this form for a temporary conservatorship.

Page 1 of 3

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

20. (cont.)

- d. The successor conservator is not authorized to take possession of money or any other property without a specific court order.
21. For legal services rendered, conservatee conservatee's estate shall pay the sum of: \$
to (name):
 forthwith as follows (specify terms, including any combination of payors):
- Continued in attachment 21.
22. The conservatee is disqualified from voting.
23. The conservatee lacks the capacity to give informed consent for medical treatment and the successor conservator of the person is granted the powers specified in Probate Code section 2355.
 The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).
24. The successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in attachment 24 subject to the conditions provided.
25. Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in attachment 25 are granted.
26. Orders relating to the powers and duties of the successor conservator of the person under Probate Code sections 2351–2358 as specified in attachment 26 are granted. (Do not include orders under Probate Code section 2356.5 relating to dementia.)
27. Orders relating to the conditions imposed under Probate Code section 2402 on the successor conservator of the estate as specified in attachment 27 are granted.
28. a. The successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
b. The successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
29. Other orders as specified in attachment 29 are granted.
30. The probate referee appointed is (name and address):

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

35. Number of boxes checked in items 18–34:

36. Number of pages attached:

Date:

JUDICIAL OFFICER

 SIGNATURE FOLLOWS LAST ATTACHMENT

Print this form

Save this form

Clear this form

Exhibit 10

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, address, and State Bar number):
 After recording return to:

TEL NO.: _____ FAX NO. (optional): _____
 E-MAIL ADDRESS (optional): _____
 ATTORNEY FOR (name): _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____
 STREET ADDRESS: _____
 MAILING ADDRESS: _____
 CITY AND ZIP CODE: _____
 BRANCH NAME: _____

FOR RECORDER'S USE ONLY

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

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.

Exhibit 11

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER: _____
---	--------------------

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*): _____
3. I mailed the foregoing *Notice of Conservatee's Rights* to each person named below by enclosing a copy in an envelope 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: _____ b. Place mailed (*city, state*): _____
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.

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

	<u>Name and relationship to conservatee</u>	<u>Address (number, street, city, state, and zip code)</u>
1.	Conservatee	
2.	Attorney for conservatee	
3.	Spouse or registered domestic partner	
4.	Relationship: <input style="width: 150px;" type="text"/>	
5.	Relationship: <input style="width: 150px;" type="text"/>	

Continued on an attachment. (*You may use form GC-341(MA) to show additional addressees.*)

Exhibit 12

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

4. (Complete item 4a if the residence identified in item 2 is the conservatee's personal residence as defined in Cal. Rules of Court, rule 7.1063. Complete item 4b if the residence identified in item 2 is not the conservatee's personal residence.)

a. **Conservatee living in personal residence**

The residence or facility described in item 2 is the conservatee's **personal residence** within the meaning of Cal. Rules of Court, rule 7.1063. The following measures are necessary to keep the conservatee in that residence:

Continued on Attachment 4a.

b. **Conservatee not living in personal residence**

The residence or facility described in item 2 **is not** the conservatee's **personal residence** within the meaning of Cal. Rules of Court, rule 7.1063. The conservatee's **personal residence** is (address and name of facility, if any):

(Complete either item 4b(1) below or item 4b(2) on page 4. Complete item 4b(1) if you believe the conservatee can be returned to his or her personal residence in the foreseeable future. Complete item 4b(2) if you believe the conservatee cannot be returned to his or her personal residence in the foreseeable future.)

(1) The conservator's plan to restore the conservatee to his or her **personal residence** is as follows:

Continued on Attachment 4b(1).

Exhibit 13

ESTATE OF (name):	CASE NUMBER:
-------------------	--------------

**INVENTORY AND APPRAISAL
ATTACHMENT NO.:**

(In decedents' estates, attachments must conform to Probate Code section 8850(c) regarding community and separate property.)

Page: of: total pages.
(Add pages as required.)

<u>Item No.</u>	<u>Description</u>	<u>Appraised value</u>
1.		\$

Print this form

Save this form

Clear this form

Exhibit 14

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE <input type="checkbox"/> PERSON AND ESTATE OF (<i>Name</i>): _____ <div style="text-align: right;"> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR </div>	
NOTICE OF FILING INVENTORY AND APPRAISAL AND HOW TO OBJECT TO THE INVENTORY OR THE APPRAISED VALUE OF PROPERTY	CASE NUMBER: _____

1. **NOTICE is given that (*name*):**
 Conservator Guardian of the estate of the above-named conservatee or ward, filed with the court a
 Partial No.: _____ Final Supplemental Corrected Reappraisal for Sale
Inventory and Appraisal on (date filed):

2. If you object to the *Inventory and Appraisal* identified above or to the appraised value of any property listed in it, and you want the court to hear your objections, they must be in writing, signed by you under penalty of perjury, and filed with the court at the court's address stated above. **If you object to the appraised value of any property listed in the *Inventory and Appraisal*, you must file your objections with the clerk of the court no later than 30 days after the date specified in item 1 above.**

3. If you object to a Final *Inventory and Appraisal* or to an *Inventory and Appraisal* filed on or after the later of (1) 90 days from the date of the order appointing the conservator or guardian or (2) the last day of any extension granted by the court for filing the *Inventory and Appraisal*, in addition to the objections described above you may also object to that *Inventory and Appraisal* and all others previously filed on the ground that they do not list property that should have been listed and valued as property of the estate.

4. You may prepare your written objections on **form GC-045, *Objections to Inventory and Appraisal of Conservator or Guardian***. When you file your objections, the court will set a date, time, and place for a hearing on them. Unless the court orders otherwise, you then must arrange for someone other than yourself to mail, at least 15 days before the hearing date, copies of your objections and copies of another form, **form GC-020, *Notice of Hearing—Guardianship or Conservatorship***, showing the date, time, and place of the court hearing, to (1) the conservator or guardian of the estate; (2) the conservator's or guardian's attorney, if any, at the address shown at the top of this form; (3) the conservatee or the minor (if the minor is at least 12 years of age; if not, to the minor's parents, guardian, or other adult residing with the minor who has legal custody); (4) the spouse or registered domestic partner of the conservatee or the spouse of the minor; (5) any person who has filed **form DE-154/GC-035, *Request for Special Notice***, in this case; and (6) any probate referee who made an appraisal of property to which you object. (You do not have to ask someone to mail copies to you if you are one of the persons listed above.) You must then arrange for the person who did the mailing to complete and sign the proof of service on page 2 of the original *Notice of Hearing* and file the *Notice* with the court before the date of the hearing.

5. At the hearing the court will consider and determine the merits of your objections and may fix the true value of any property to the appraised value of which you have objected. The court may order an independent reappraisal by one or more additional appraisers at the expense of the conservatorship or guardianship estate, **but if your objection to the appraisal of any property that the court orders to be reappraised is not upheld by the court, the cost of the reappraisal may be charged to you.**

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



Exhibit 15

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR </div>	
PRE-MOVE NOTICE OF PROPOSED CHANGE OF PERSONAL RESIDENCE OF <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> WARD (Name): _____	CASE NUMBER: _____

INFORMATION FOR CONSERVATOR OR GUARDIAN OF THE PERSON:

- (1) You must mail, **at least 15 days before the date of the proposed move** (unless you can show that an emergency requires a shorter time), a notice of your intention to change your conservatee's or ward's **personal residence** (his or her residence as defined in rules 7.1063(b) or 7.1013(b) of the Cal. Rules of Court) to the conservatee, the ward if 12 years of age or older, the conservatee's or ward's attorney; and **(a) in a conservatorship**, the conservatee's spouse or registered domestic partner; and the conservatee's relatives named in the petition for appointment of a conservator in your case (the conservatee's second-degree relatives, or if there are no spouse, registered domestic partner, and second-degree relatives, the persons named in Probate Code section 1821(b)(1)–(4) as the conservatee's "deemed relatives"); or **(b) in a guardianship**, the ward's parents; any person who had legal custody of the ward when the first petition for appointment of a guardian was filed in your case, the guardian of the ward's estate, and any person nominated as a guardian for the ward who was not appointed. **Use copies of this form for the notice described above. File the original of the notice form with the court and show proof of mailing. See page 2 of this form for proof of mailing. If there is more than one ward in your case, file and mail copies of a separate form for each ward moved.** (See rules 7.1013(a) and (b), or 7.1063(a) and (b) of the Cal. Rules of Court.)
- (2) You must also give notice to the court and others, **after the move**, of any change in the conservatee's or ward's residence within the State of California. **Do not use this form for that notice.** Use form GC-080, *Post-Move Notice of Change of Residence of Conservatee or Ward*, for that notice. (See rules 7.1013(c)–(e), and 7.1063(c)–(e) of the Cal. Rules of Court.)
- (3) You must obtain court permission **before** the conservatee or ward can move to a new residence outside California.

NOTICE IS GIVEN as follows:

1. I intend to change the above-named conservatee's or ward's personal residence on (date): _____
2. The conservatee's or ward's residence address after the move will be (street address, including residence or facility name and room or apartment number, if any, and city, county, and zip code): _____
3. The new residence will be a (describe type of residence or facility, for example, single family residence; apartment or condominium; board and care, intermediate care, or skilled nursing): _____
4. I cannot give at least 15 days' notice of this intended change because of the emergency described below (specify): _____

Continued on Attachment 4. (State name of this case, case number, and title of this form on the top of attached page.)

Date: _____

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

(TYPE OR PRINT NAME OF CONSERVATOR OR GUARDIAN)

(SIGNATURE OF CONSERVATOR OR GUARDIAN)

Exhibit 16

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (<i>Name</i>): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	CASE NUMBER:
POST-MOVE NOTICE OF CHANGE OF RESIDENCE OF <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> WARD (<i>Name</i>):	
<p align="center">INFORMATION FOR CONSERVATOR OR GUARDIAN OF THE PERSON:</p> <p>(1) Every time your conservatee or ward moves to a new residence in California, you must, within 30 days of the date of the move, give written notice of the change to the court and, unless the court excuses you for good cause to prevent harm to the conservatee or ward, mail a copy of the notice to the attorney for the conservatee or ward; and (a) in a conservatorship, mail copies of the notice to the conservatee's spouse or registered domestic partner and the conservatee's relatives named in the petition for appointment of a conservator in your case (the conservatee's second-degree relatives, or if there is no spouse, registered domestic partner, and second-degree relatives, the persons named in Probate Code section 1821(b)(1)-(4) as the conservatee's "deemed relatives"); or (b) in a guardianship, mail copies of the notice to the ward's parents, any person who had legal custody of the ward when the first petition for appointment of a guardian was filed in your case, the guardian of the ward's estate, and any person nominated as a guardian for the ward who was not appointed.</p> <p>(2) Use this form for the notice described above. Do not mail a copy to the conservatee or ward. To give notice to the court, file the original of this form after filling out the proof of mailing on the second page. (See rules 7.1013(c) and (d), or 7.1063(c) and (d) of the Cal. Rules of Court.) If there is more than one ward in your case, file and mail copies of a separate form for each ward moved.</p> <p>(3) You must also give notice, before the move, of an intent to move the conservatee or ward from his or her personal residence (as defined in rules 7.1063(b) and 7.1013(b) of the Cal. Rules of Court). Do not use this form for that notice. Use form GC-079, <i>Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward</i>, for that notice.</p> <p>(4) You must obtain court permission before the conservatee or ward can move to a new residence outside California.</p>	

NOTICE IS GIVEN as follows:

- On (*date*): _____ the conservatee or ward named above moved to the residence described in item 2.
- New address (*street address, city, county, and zip code*): _____

Telephone number: _____ Other contact telephone number, if any (*if none, write "None"*): _____

- (*Check this box if this case is a conservatorship.*) The conservatee's new residence identified in 2 is the least restrictive appropriate residence that is available to meet his or her needs and is in the conservatee's best interest.

Date: _____

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

 (TYPE OR PRINT NAME OF CONSERVATOR OR GUARDIAN)

 (SIGNATURE OF CONSERVATOR OR GUARDIAN)