

LPS CONSERVATORSHIP REAPPOINTMENT PROCEDURE

SELF-HELP FORM PACKET



SHC-PB-05 (Rev. 08/05/2021)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

1. Complete the attached forms in black ink.
2. Scan your completed forms and save as a single PDF file.
3. Go to www.occourts.org/self-help (click the blue button labeled *Click Here to Contact Self-Help Services*), attach the PDF, and complete the online request form. Make sure to select PROBATE as the case type on the form.

INFORMATION SHEET FOR LANTERMAN-PETRIS-SHORT CONSERVATORSHIP REAPPOINTMENT

Your documents may be submitted to the court by eFiling, mail or at the Probate / Mental Health Clerk's office located at 700 Civic Center Drive West, Santa Ana, CA 92701. For more information regarding Probate eFiling, please visit www.occourts.org.

The following forms are required at the time of filing:

- Petition for Reappointment of Conservator
 - Declaration of Physician or Qualified Licensed Psychologist Conservatorship Re-evaluation (Exhibit A)
 - Notice of Hearing
 - Declaration of Service
 - Order Reappointing Conservator
1. All documents must be signed and dated.
 2. The Petition for Reappointment of Conservator **MUST** have attached the opinions of two (2) physicians or qualified licensed psychologists declaring that the conservatee is still gravely disabled.
 3. File all of the above documents to obtain a hearing date from the court.
 4. Upon receiving a hearing date, place the date on the Notice of Hearing.
 5. Mail copies of the Petition for Reappointment of Conservator, the Notice of Hearing and declaration(s) by first class mail to the parties listed in the Declaration of Service form.
 6. Complete the Declaration of Service and file with the court.
 7. **You must attend the hearing.** You must attend even if the conservatee tells you that he or she will not oppose your reappointment; the conservatee may have expressed a different position to his or her attorney. You will be notified by the conservatee's attorney if your presence at the hearing is not required.
 8. The conservatee has the right to oppose your reappointment as conservator and to request an evidentiary hearing. At such a hearing you have the burden of proving that the conservatee is still gravely disabled. You will need to secure the testimony of a psychiatrist or psychologist who has examined the conservatee. You may want to hire an attorney for that purpose. If you cannot afford to hire an attorney, the court can supply you with the name of an attorney who may be willing to provide you with representation at no charge. You will need to contact that attorney and arrange representation; the court cannot do that for you.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____ Bar No: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE Central Justice Center 700 Civic Center Dr. West Santa Ana, CA 92701-4045	
IN THE MATTER OF:	
PETITION FOR REAPPOINTMENT OF CONSERVATOR	CASE NUMBER:

PETITIONER (*name*): _____ states:

1. a. Petitioner was appointed conservator of the person of the conservatee (*name*): _____
 b. Petitioner qualified, and Letters of Conservatorship were duly issued on or about (*date*): _____
 c. Petitioner is now, and since that date has been, the duly appointed, qualified, and acting conservator of the person of the conservatee.
2. The conservatee is presently confined at: _____
 It is the professional opinion of: _____, M.D.
 and _____ M.D., as set forth in their **declaration** dated: _____ (attached as "Exhibit A" and incorporated by reference) that the conservatee is still gravely disabled as a result of a mental disorder or impairment by chronic alcoholism and is unwilling to accept or incapable of accepting treatment voluntarily.
3. Petitioner is informed and believes and on that information and belief alleges that the conservatee is still a gravely disabled person as defined in Section 5008(h) of the Welfare and Institutions Code as a result of a mental disorder or impairment by chronic alcoholism, is unwilling to accept or incapable of accepting treatment voluntarily, and is in need and does require a conservator of his or her person.
4. It is in the best interests of the conservatee and necessary that the conservator have the following powers:
 - a. The power to place, for the purpose of involuntary care and treatment, the conservatee in a medical, psychiatric, nursing or other state- licensed facility, or a state hospital, county hospital, hospital operated by the Regents of the University of California, United States Government Hospital, or other nonmedical facility approved by the State Department of Health Care Services or an agency accredited by the State Department of Health Care Services; or, in cases of chronic alcoholism, in a county alcoholic treatment center, as provided in Section 5358 of the Welfare and Institutions Code.
 - b. The power to require the conservatee to receive treatment related specifically to remedying or preventing the recurrence of the conservatee's being gravely disabled.
 - c. The power to require conservatee to receive other medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled which is necessary for the treatment of an existing or continuing medical condition, namely (specify medical condition and treatment):

5. It is necessary and in the best interests of the conservatee that the conservatee not be permitted to possess a license to operate a motor vehicle, nor to possess or carry firearms.

IN THE MATTER OF:	CASE NUMBER:
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WHEREFORE, Petitioner prays that:

1. A conservator of the person be reappointed for the conservatee.
2. The conservator of the person be given the power to place, for the purpose of involuntary care and treatment, the conservatee in a medical, psychiatric, nursing, or other state-licensed facility, or a state hospital, county hospital, hospital operated by the Regents of the University of California, United States Government hospital, or other nonmedical facility approved by the State Department of Mental Health; or, in a case of chronic alcoholism, in a county alcoholic treatment center pursuant to section 5358 of Welfare and Institutions Code.
3. The conservator of the person be given the powers to require the conservatee to receive treatment related specifically to remedying or preventing the recurrence of the conservatee's being gravely disabled and to require the conservatee to receive other medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled, which is necessary for the treatment of an existing or continuing medical condition, namely (*specify medical condition and treatment*): _____

4. The conservatee not be allowed to possess a license to operate a motor vehicle, nor possess or carry firearms.
5. Other relief be granted as the court deems proper.

Dated: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF CONSERVATOR)

VERIFICATION

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

Dated: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF CONSERVATOR)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____ Bar No: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE Central Justice Center 700 Civic Center Dr. West Santa Ana, CA 92701-4045	
IN THE MATTER OF:	
DECLARATION OF SERVICE	CASE NUMBER:

I, the undersigned, hereby declare that I mailed, or hand delivered a copy of the Petition for Reappointment of Conservator and Notice of Hearing as follows:

1. Date: _____ Mailed Hand Delivered to:

Orange County Health Care Agency
 Mental Health Director
 405 West 5th Street, Suite 458
 Santa Ana, CA 92701
2. Date: _____ Mailed Hand Delivered to:

Orange County Public Guardian
 P.O. Box 11526
 Santa Ana, CA 92711
3. Date: _____ Mailed Hand Delivered to:

Orange County Public Defender
 200 W. Santa Ana Blvd., Suite 970
 Santa Ana, CA 92701
4. Date: _____ Mailed Hand Delivered to:

Conservatee: _____
 Address: _____

5. Date: _____ Mailed Hand Delivered to:

Facility: _____
 Address: _____

6. Date: _____ Mailed Hand Delivered to:

Other: _____
 Address: _____

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 CONSERVATOR)

IN THE MATTER OF:	CASE NUMBER:
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- d. The conservatee shall not have the privilege of possessing a license to operate a motor vehicle, nor the right to possess or carry firearms.
- e. The conservatee shall not be allowed to refuse treatment related specifically to the conservatee's being gravely disabled, or to refuse treatment necessary for the treatment of an existing or continuing medical condition described as follows (specify): _____

- f. The Court determined that a
 - State Hospital
 - Private locked facility
 - Private unlocked facility
 - Board and care facility
 - Current (specify): _____
 is the least restrictive and most appropriate placement for the conservatee.
- g. In addition to the conservatee's attorney and the county's patients' rights advocate, the following persons shall be notified of a placement more restrictive than the court-determined placement (names):

- h. (1) The reappointment shall be effective as of (date): _____
 (2) The conservatorship shall terminate on (date): _____
 unless a conservator is earlier reappointed.
- i. The declarations in support of reappointment of conservator shall be sealed and are not to be opened without a further order of the court.
- j. Other (specify):

Date: _____

 (JUDGE OF THE SUPERIOR COURT)