ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name & Address)*:	*FOR COURT USE ONLY*
Telephone No.: Fax No. (Optional): E-Mail Address (Optional): ATTORNEY FOR *(Name):* Bar No:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE Costa Mesa Justice Complex 3390 Harbor Blvd. Costa Mesa, CA 92626-1554	
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:

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)