SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE

Self-Help Services
www.occourts.org/self-help

PROBATE CONSERVATORSHIP

SELF-HELP FORM PACKET

Attention

New Probate Court and In-Person Location:

Costa Mesa Justice Complex
3390 Harbor Boulevard
Costa Mesa, CA 92626

SHC-PB-06 (Rev. 01/01/2025)

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 button labeled *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.

General Probate Conservatorship

A general probate conservatorship is a court case where a judge appoints a responsible person or organization (called the “conservator”) to care for another adult (called the “conservatee”) who cannot care for himself or herself or manage his or her own finances.

The probate court can appoint a conservator of the person, a conservator of the estate, or both, depending on the needs of the conservatee.

- A conservator of the person cares for and protects a person when the judge decides that the person cannot do it. The conservator is responsible for making sure that the conservatee has proper food, clothing, shelter, and physical medical care. Depending on the conservatee’s ability to understand and make decisions, the conservator may need to make important medical choices for him or her.

Note that if the conservatee’s main challenges stem from a mental illness, a probate conservatorship may not be the best option. If you are seeking to be appointed the conservator of a mentally ill person, it is important that you understand the limitations on a probate conservatorship. For example, a probate conservator cannot commit a conservatee to a mental health facility against the conservatee’s will. If involuntary mental health treatment is needed, it is recommended that you contact the Public Guardian and ask about an LPS conservatorship or about Laura’s Law.

- A conservator of the estate handles the conservatee’s financial matters — like paying bills and collecting a person’s income — if the judge decides the conservatee cannot do it.

Being appointed conservator of the person does NOT automatically make that person the conservator of the estate. If someone wants to be conservator of both the person and the estate, he or she must petition to be appointed as both. If someone is a conservator of the person and later decides that he or she needs to be appointed as conservator of the estate, he or she can file a new petition for conservatorship and, this time, request to be appointed as conservator of the estate. However, if the conservatee’s only estate consists of public benefits, a conservatorship of the estate may not be necessary. In such cases, it is recommended that you contact the public benefits agencies involved and ask about being appointed a “representative payee” before seeking appointment as a conservator of the estate.

The Conservatorship Court Process

Setting up a conservatorship is a long and complex process. Before asking the court to appoint a conservator, the person asking for the conservatorship should be sure this is an appropriate arrangement for the proposed conservatee.

- **Starting the conservatorship.** The process may be started by: the proposed conservator; the proposed conservatee; the spouse, domestic partner, a relative, or a friend of the proposed conservatee; another interested person; or an interested state or local agency, employee of the agency, or public officer. The process starts once all the necessary paperwork is filed with the court.
- **Completing the petition.** The petition must include information about the proposed conservator and conservatee, relatives, and the petitioner (the person filing the case in court), and the reasons why a conservatorship is necessary. It must also explain why the possible alternatives to a conservatorship are not available in this case. Click for Information You Need for a Conservatorship Case—it gives you a list of information and documents to gather before you fill out the petition and other forms.
- **Filing of the petition.** The petitioner files the petition with the court clerk. He or she must pay the filing fee, plus a court investigator fee. A court date will be scheduled by the clerk. If the conservatee is low income, the petitioner can ask the court for a fee waiver. Click here for a copy of the applicable Request to Waive Court Fees, and click here for a copy of the Order on Court Fee Waiver which must be submitted with the Request.
- **Informing the proposed conservatee.** The petitioner must have someone else personally deliver a citation and a copy of the petition to the proposed conservatee.
- **Informing the proposed conservatee's relatives.** The petitioner must have someone else mail a written notice about the court hearing on the conservatorship petition, together with a copy of the petition, to the conservatee's spouse or domestic partner and close relatives.
- **Online examination notes.** An examiner who works for the court will review the petition to make sure it contains all required information and attachments. If the examiner thinks information is missing, he or she will post a note on the court's website. You can access your notes online by clicking here and then typing your case number into the search box
- **Investigation by a court investigator.** A court investigator will visit the proposed conservatee at his or her residence and talk to the proposed conservatee and others who may be familiar with the conservatee's condition. The court will assess the conservatee's estate for the cost of this investigation

unless the court decides that the assessment would be a hardship for the conservatee.

- **Conservatorship orientation session and Handbook for Conservators.** The order appointing a probate conservator will not be signed until the proposed conservator attends a conservatorship orientation session held at the Orange County Central Justice Center. At the session, the proposed conservator will receive an attendance certificate that he or she must then file. The proposed conservator must purchase a copy of the Handbook for Conservators from the court or download it from here.

- **Hearing.** The proposed conservatee must go to the hearing unless he or she is excused because of illness. At the hearing, a judge will determine if everyone has been properly notified and if a lawyer needs to be appointed to represent the proposed conservatee. (In some cases, the court will have appointed an attorney for the conservatee before the hearing.) Once the judge is ready to make a decision, he or she may grant or deny the conservatorship.

- **After the hearing.** If the judge grants the petition, the conservator must submit to the clerk's office a proposed Order Appointing Probate Conservator and Letters of Conservatorship. If there is an estate, a surety bond must be filed unless the court orders the conservatee's bank accounts to be frozen or unless the estate is very small and meets certain conditions. Note that the conservator is required to file other documents after the hearing in addition to submitting a proposed order and Letters of Conservatorship. Please see the Self-Help Center's post-appointment packet for more information on required documents.

- **Post-appointment review hearings.** At the appointment hearing, the judge will set two review hearings. The first will be set three to four months after the date of the appointment. The purpose of this hearing is to make sure that the conservator has properly filed all post-appointment documents required by law. The conservator must attend this hearing unless he or she has submitted all required documents, and the online examination notes for the hearing say, "Recommended off calendar." The second review hearing will be set around one year from the date of appointment. If the conservatorship is for the person only, the conservator does not need to appear at this particular review hearing. But if the conservatorship is for an estate, the conservator will need to appear at the hearing unless the conservator files his or her first accounting at least a week before the hearing date and the online examination notes say, "Recommended off calendar."

A conservator's powers do not become active until the court issues the Letters of Conservatorship. Once the conservator receives back a copy of the Letters, he or she can then assume the powers authorized under the law. Each conservator has an ongoing duty to report to the court for reviews as directed and to meet with the court

investigator. Conservators of the estate also have a duty to file accountings on a regular basis unless the judge has made an order waiving the accountings.

Temporary Conservatorships

A judge may appoint a temporary conservator to take care of a conservatee's more immediate needs that cannot wait until a general conservator is appointed. A temporary conservator may also be appointed by the court to fill in temporarily in between permanent conservatorships, for example, if one conservator is removed and a new one has not yet been appointed.

Temporary conservatorships have a specific end date. A temporary conservator is usually appointed for a fixed period, usually 30 to 60 days. These conservatorships can be of the person, of the estate, or both. The main role of the temporary conservator is to ensure the temporary care, protection, and support of the conservatee. And the temporary conservator of the estate protects the conservatee's finances and property from any loss or damage until a general conservator can take over the management of the estate.

A temporary conservator cannot, without the judge's prior approval:

- Move the conservatee from his or her home (unless it is an emergency) ;
- Sell the conservatee's home, or, if the conservatee is a renter, give up the lease; or
- Sell or give away an estate asset.

Note that the court will not appoint a temporary conservator unless there is also a petition for appointment of a permanent conservator pending.

To ask for the appointment of a temporary conservator on an ex parte basis, you must follow all the rules applicable to ex parte hearings in addition to filing the required forms. Information on the ex parte procedures can be found here on the court's website.

Information You Need for a Conservatorship Case

Your Information (Petitioner, Conservator)

- Full legal name, address, and phone number
- Date of birth, social security number, driver's license number
- Details about any bankruptcy case, if you had one, like the date of the bankruptcy order.
- Details about your criminal history, if you have one, like arrests, charges and convictions.

Helpful Documents Include:

- Social security card
- Driver's license
- Court documents (if any)

For you and anyone else who is asking to be a conservator

Information About the Person Needing Help (Conservatee)

- Full legal name, address, and phone number
- Date of birth, social security number, driver's license number
- Name, address and phone number of these relatives:
  - Parents
  - Brothers and sisters
  - Children
  - Spouse/registered domestic partner
  - Grandparents
  - Grandchildren

  (If the person needing help does not have any of these relatives, you will need information about any step-parents, step-children, aunts, uncles, nephews, or nieces)
- Primary doctor name and address. Include a list of medical services received in the last 12 months.
- List of social services the person received in the last 12 months (such as housing help, public benefits, social work services)
- If the person is a client of a Regional Center, provide the name of Regional Center and case worker.
- Information regarding any power of attorney, trust or other document the person needing help already has.

Helpful Documents Include:

- Birth certificate
- Social security card
- Driver's license (if applicable)
- Regional Center reports (if any)
- Power of attorney or trust documents (if any)

For the person needing help

If you plan to ask the court to waive filing fees

- Financial condition of the person needing help, including public benefits received (like SSI and Medi-Cal).
- If the person receives no public benefits, state the total household income and number of household members.
- If the household income is more than the amount on the fee waiver form, you will need to show total household expenses, including payroll deductions and regular monthly expenses to cover the basic needs of the household.

Helpful Documents Include:

- Payment stubs from public benefits
- Payment stubs from employment
- Bills for basic expenses and utilities

For the person needing help, his or her spouse or partner and possibly for other household members

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.:	FOR COURT USE ONLY
NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 3390 Harbor Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Costa Mesa, CA 92626 BRANCH NAME: Costa Mesa Justice Complex	
CONSERVATORSHIP OF *(name):* (PROPOSED) CONSERVATEE	
PETITION FOR APPOINTMENT OF ☐ SUCCESSOR PROBATE CONSERVATOR OF THE ☐ PERSON ☐ ESTATE ☐ **Limited Conservatorship**	CASE NUMBER: HEARING DATE AND TIME: DEPT.:

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

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

   be appointed ☐ successor ☐ conservator ☐ limited conservator of the ESTATE of the (proposed) conservatee and Letters issue upon qualification.
   c. (1) ☐ bond not be required ☐ because the proposed ☐ successor conservator is a corporate fiduciary or an exempt government agency. ☐ for the reasons stated in Attachment 1c.
   (2) ☐ bond be fixed at: $ to be furnished by an authorized surety company or as otherwise provided by law. *(Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)*
   (3) ☐ $ in deposits in a blocked account be allowed. Receipts will be filed.
   (Specify institution and location):

   d. ☐ orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed ☐ successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatorship estate. *(Specify orders, powers, and reasons in Attachment 1d.)*
   e. ☐ orders relating to the capacity of the (proposed) conservatee under Probate Code section 1873 or 1901 be granted. *(Specify orders, facts, and reasons in Attachment 1e.)*
   f. ☐ orders relating to the powers and duties of the proposed ☐ successor conservator of the person under Probate Code sections 2351–2358 be granted. *(Specify orders, facts, and reasons in Attachment 1f.)*
   g. ☐ the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed ☐ successor conservator of the person be granted the powers specified in Probate Code section 2355. *(Complete item 9 on page 6.)*

Do NOT use this form for a temporary conservatorship.

Form Adopted for Mandatory Use
Judicial Council of California
GC-310 [Rev. January 1, 2019]

PETITION FOR APPOINTMENT OF PROBATE CONSERVATOR
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 1820, 1821, 2680–2682
www.courts.ca.gov

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

1. h. ☐ *(for limited conservatorship only)* orders relating to the powers and duties of the proposed limited conservator of the person under Probate Code section 2351.5 be granted. *(Specify orders, powers, and duties in Attachment 1h and complete item 1j.)* ☐ successor*

   i. ☐ *(for limited conservatorship only)* orders relating to the powers and duties of the proposed limited conservator of the estate under Probate Code section 1830(b) be granted. *(Specify orders, powers, and duties in Attachment 1i and complete item 1j.)* ☐ successor*

   j. ☐ *(for limited conservatorship only)* orders limiting the civil and legal rights of the (proposed) limited conservatee be granted. *(Specify limitations in Attachment 1j.)*

   k. ☐ orders authorizing placement or treatment for a major neurocognitive disorder (such as dementia) as specified in the *Attachment Requesting Special Orders Regarding a Major Neurocognitive Disorder* (form GC-313) under Probate Code section 2356.5 be granted. A *Capacity Declaration—Conservatorship* (form GC-335) and *Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship* (form GC-335A), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her license with at least two years experience diagnosing major neurocognitive disorders (including dementia), ☐ are filed herewith. ☐ will be filed before the hearing.

   ☐ *(appointment of successor conservator only)* will not be filed because an order relating to placement or treatment for a major neurocognitive disorder (such as dementia) was filed on *(date):* . That order has neither expired by its terms nor been revoked.

   l. ☐ other orders be granted. *(Specify in Attachment 1*l*.)*

2. (Proposed) conservatee is *(name):* *(Telephone):*
   (Current address):

3. a. ☐ **Jurisdictional facts** *(initial appointment only)* The proposed conservatee has no conservator in California and is a
   (1) ☐ resident of California and
      (a) ☐ a resident of this county.
      (b) ☐ not a resident of this county, but commencement of the conservatorship in this county is in the best interests of the proposed conservatee for the reasons specified in Attachment 3a.
   (2) ☐ nonresident of California but
      (a) ☐ is temporarily living in this county, or
      (b) ☐ has property in this county, or
      (c) ☐ commencement of the conservatorship in this county is in the best interest of the proposed conservatee for the reasons specified in Attachment 3a.

   b. **Petitioner** *(answer items (1) and (2) and check all other items that apply)*
   (1) ☐ is ☐ is not a **creditor** or an agent of a creditor of the (proposed) conservatee.
   (2) ☐ is ☐ is not a **debtor** or an agent of a debtor of the (proposed) conservatee.
   (3) ☐ is the proposed ☐ successor conservator.
   (4) ☐ is the (proposed) conservatee. *(If this item is* **not** *checked, you must also complete item 3f.)*
   (5) ☐ is the spouse of the (proposed) conservatee. *(You must also complete item 6.)*
   (6) ☐ is the domestic partner or former domestic partner of the (proposed) conservatee. *(You must also complete item 7.)*
   (7) ☐ is a relative of the (proposed) conservatee as *(specify relationship):*
   (8) ☐ is an interested person or friend of the (proposed) conservatee.
   (9) ☐ is a state or local public entity, officer, or employee.
   (10) ☐ is the guardian of the proposed conservatee.
   (11) ☐ is a bank ☐ is another entity authorized to conduct the business of a trust company.
   (12) ☐ is a professional fiduciary within the meaning of Business and Professions Code section 6501(f) who is licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. Petitioner's license number is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. *(Use form GC-210(A-PF)/GC-310(A-PF) for this attachment. You must also complete item 2 on page 2 of that form and item 3d below.)*

*** See item 5b on page 4.**

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

3. c. **Proposed** ☐ **successor** **conservator** is *(check all that apply)*

(1) ☐ a nominee. *(Affix nomination as Attachment 3c(1).)*
(2) ☐ the spouse of the (proposed) conservatee. *(You must also complete item 6.)*
(3) ☐ the domestic partner or former domestic partner of the (proposed) conservatee. *(You must also complete item 7.)*
(4) ☐ a relative of the (proposed) conservatee as *(specify relationship):*
(5) ☐ a bank. ☐ another entity authorized to conduct the business of a trust company.
(6) ☐ a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
(7) ☐ a professional fiduciary, as defined in Business and Professions Code section 6501(f). His or her statement concerning licensure or exemption is provided in item 1 on page 1 of the attached *Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
(8) ☐ other *(specify):*

d. ☐ Engagement and prior relationship with petitioning professional fiduciary *(complete this item if petitioner is licensed by the Professional Fiduciaries Bureau.)*

(1) ☐ Statements of who engaged petitioner, or how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family or friends, are provided in item 2 on page 2 of the attached *Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*

(2) ☐ A petition for appointment of a temporary conservator is filed with this petition. That petition contains statements of who engaged petitioner, how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family and friends.

e. **Character and estimated value of the property of the estate** *(complete items (1) or (2) and (3), (4), and (5)):*

(1) ☐ *(For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):*
Personal property: $, per Inventory and Appraisal filed in this proceeding on
(specify dates of filing of all inventories and appraisals):

(2) ☐ Estimated value of personal property: $
(3) Annual gross income from
(a) real property: $
(b) personal property: $
(c) pensions: $
(d) wages: $
(e) public assistance benefits: $
(f) other: $
(4) **Total** of (1) or (2) and (3): $
(5) Real property: $
(a) ☐ per Inventory and Appraisal identified in item (1).
(b) ☐ estimated value.

f. ☐ Due diligence *(complete this item if the (proposed) conservatee is not a petitioner):*

(1) Efforts to find the (proposed) conservatee's relatives or reasons why it is not feasible to contact any of them are described on Attachment 3f(1).

(2) Statements of the (proposed) conservatee's preferences concerning the appointment of any (successor) conservator and the appointment of the proposed (successor) conservator or reasons why it is not feasible to ascertain those preferences are contained on Attachment 3f(2).

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

3. g. So far as known to petitioner, a conservatorship or equivalent proceeding concerning the proposed conservatee

☐ has not ☐ has been filed in another jurisdiction, including a court of a federally-recognized Indian tribe with jurisdiction (see Prob. Code, § 2031(b)).

(If you answered "has," identify the jurisdiction and state the date the case was filed):

4. **(Proposed) conservatee**

a. ☐ is ☐ is not a patient in or on leave of absence from a state institution under the jurisdiction of the California Department of State Hospitals or the California Department of Developmental Services *(specify state institution):*

b. ☐ is receiving or entitled to receive ☐ is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs *(estimate amount of monthly benefit payable):*

c. ☐ is ☐ is not, so far as is known to petitioner, a member of a federally recognized Indian tribe.

(If you answered "is," complete items (1)–(4)):

(1) Name of tribe:

(2) Location of tribe *(if the tribe is located in more than one state, the state that is the tribe's principal location):*

(3) The proposed conservatee ☐ does ☐ does not reside on tribal land.*

(4) So far as known to petitioner, the proposed conservatee ☐ owns ☐ does not own property on tribal land.

5. a. ☐ Proposed conservatee *(initial appointment of conservator only)*

(1) ☐ is an adult.
(2) ☐ will be an adult on the effective date of the order *(date):*
(3) ☐ is a married minor.
(4) ☐ is a minor whose marriage has been dissolved.

b. ☐ Vacancy in office of conservator *(appointment of successor conservator only. A petition for appointment of a limited conservator after the death of a predecessor is a petition for initial appointment. (Prob. Code, § 1860.5(a)(1).)*

There is a vacancy in the office of conservator of the ☐ person ☐ estate for the reasons ☐ specified in Attachment 5b. ☐ specified below.

*** "Tribal land" is land that is, with respect to a specific Indian tribe and the members of that tribe, "Indian country," as defined in 18 U.S.C. § 1151.**

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

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

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

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

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

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

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

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

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

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

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

      (1) ☐ a ☐ successor conservator be appointed.

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

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

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

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

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

      (1) ☐ a ☐ successor conservator be appointed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. ☐ **Temporary conservatorship**

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

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

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

a. ☐ listed below.

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

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

☐ Continued on Attachment 11.

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

12. ☐ **Confidential conservator screening form**
Submitted with this petition is a *Confidential Conservator Screening Form* (form GC-314) completed and signed by the proposed ☐ successor conservator. *(Required for all proposed conservators except banks and trust companies.)*

13. ☐ **Court investigator**
Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330).

14. Number of pages attached:

Date:

(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER) ▶ (SIGNATURE OF ATTORNEY FOR PETITIONER)

(All petitioners must also sign (Prob. Code, § 1020; Cal. Rules of Court, rule 7.103).)

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

Date:

(TYPE OR PRINT NAME OF PETITIONER) ▶ (SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER) ▶ (SIGNATURE OF PETITIONER)

SHORT TITLE:	CASE NUMBER:

ATTACHMENT *(Number):* 3f(1)

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

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

SHORT TITLE:	CASE NUMBER:

ATTACHMENT *(Number):* 3f(2)

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

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

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

ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING A MAJOR NEUROCOGNITIVE DISORDER

☐ **Petition for Appointment of Probate Conservator (form GC-310)**
☐ **Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380)**

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

Form Adopted for Mandatory Use
Judicial Council of California
GC-313 [Rev. January 1, 2019]

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

CONFIDENTIAL

GC-335

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	*FOR COURT USE ONLY* *FILE IN CONFIDENTIAL FOLDER*
NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (*name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(name):* ☐ CONSERVATEE ☐ PROPOSED CONSERVATEE		CASE NUMBER:
CONFIDENTIAL CAPACITY ASSESSMENT AND DECLARATION—PROBATE CONSERVATORSHIP		HEARING DATE: TIME: DEPT. or ROOM:

This form is intended to record the results of a capacity assessment of the person named in item 2, to describe the assessing clinician's conclusions about the person's mental functioning and capacity, and to submit the results and conclusions under oath to the court. The petitioner completes items 1 and 2 to give instructions to the clinician. The clinician completes the remainder of the form.

PETITIONER'S INSTRUCTIONS TO CLINICIAN

1. **Assessments requested.** In addition to completing Parts I and II (pages 2–4), please complete the following items in Part III (pages 5–6) to assess the person's ability to perform the action or capacity to make the decision indicated *(check all that apply):*
   a. ☐ Item 20: Give or withhold informed consent to medical treatment specified in the petition. (Prob. Code §§ 811, 813, 2357.)
   b. ☐ Item 21: Give or withhold informed consent to medical treatment generally. (*Id.,* §§ 811, 1880–1891, 2355.)
   c. ☐ Item 22: Give or withhold informed consent to placement in a secured-perimeter (locked) residential care facility for the elderly. (*Id.,* §§ 811, 2356.5.)
   d. ☐ Item 23: Give or withhold informed consent to administration of medication appropriate for care and treatment of major neurocognitive disorders (e.g., dementia). (*Id.,* §§ 811, 813, 2356.5.)

   Note to petitioner: Provide a copy of the petition to the clinician who will be assessing the person named in item 2 for the clinician's reference. Do ***not*** attach *Confidential Supplemental Information* (form GC-312).

2. **Person to be assessed**
   Name:
   Address:
   Telephone number: Email address:
   Date of birth:
   Highest level of education completed *(grade or degree):*
   Marital or partnership status: ☐ single ☐ married/partnered ☐ dissolved ☐ widowed
   Preferred language: ☐ speaks ☐ reads ☐ writes

TO THE CLINICIAN: Provide your contact and license information below.

3. a. Name:
   b. Office address:
   Telephone number: Email address:

4. a. ☐ I am a California-licensed physician. License no:
   b. ☐ I am a California-licensed psychologist practicing within the scope of my license. License no:
   ☐ I have at least two years' experience diagnosing major neurocognitive disorders (including dementia).
   c. I have been practicing as a licensed physician or psychologist for years.

Form Adopted for Mandatory Use
Judicial Council of California
GC-335 [Rev. January 1, 2025]

Probate Code, §§ 811–813, 1880–1891, 2356.5, 2357
www.courts.ca.gov

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

Information about the assessment

5. a. The person named in item 2 ☐ is ☐ is ***not*** a patient under my continuing care and treatment.
   b. I have known this person for *(specify length of time in months or years):*

6. a. Date of the examination on which this assessment is based or, if based on multiple examinations, the date I most recently examined the person:
   b. Time spent in most recent examination:

7. My responses to the questions and prompts on this form are based on *(check all that apply):*
   a. ☐ My examination of this person for the purpose of assessing the person's abilities and capacities.
   b. ☐ Multiple examinations of this person for purposes of general health care and medical treatment.
   c. ☐ Administration of standardized examinations or tools that measure the person's mental functioning. All tests administered and dates of administration are listed ☐ below ☐ in Attachment 7c.
   d. ☐ My review of the person's medical records.
   e. ☐ Discussions with other practitioners responsible for providing health care to the person. These discussions are described ☐ below ☐ in Attachment 7e.
   f. ☐ Discussions with team members or other professionals who participated in the person's assessment. These discussions are described ☐ below ☐ in Attachment 7f.
   g. ☐ Discussions with the person's family or friends; names and relationships are given ☐ below ☐ in Attachment 7g.
   h. ☐ Other sources of information, which are described ☐ below ☐ in Attachment 7h.

REPORT OF ASSESSMENT

If a question or prompt does not apply to an ability or capacity checked in item 1 or your assessment does not address a question or prompt, please check the appropriate box in that item or, if there is no box, leave the item blank. Secure or destroy your copy of the petition. Do not send it to the court.

PART I. GENERAL PHYSICAL AND MENTAL HEALTH This part describes the general state of the physical and mental health of the person named in item 2. ☐ Information focused on the effect of the person's health on their mental function is given in items 16–18.

8. **Physical health**
   a. Overall physical health is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ I don't know
   b. Overall physical health is likely to: ☐ Improve ☐ Remain stable ☐ Deteriorate ☐ I don't know
      ☐ The person should be reevaluated in weeks.
   c. Chronic conditions that require ongoing care and treatment are listed ☐ below ☐ in Attachment 8c.

9. **Mental health**
   a. Overall mental health is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ I don't know
   b. Overall mental health is likely to: ☐ Improve ☐ Remain stable ☐ Deteriorate ☐ I don't know
      ☐ The person should be reevaluated in weeks.
   c. All known diagnosed mental health disorders (current *Diagnostic and Statistical Manual of Mental Disorders*) are listed ☐ below ☐ in Attachment 9c.

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

PART II. MENTAL FUNCTIONING This part documents the existence and extent of any deficits found by my assessment of the mental functioning of the person described in item 2. Deficits are indicated in items 10–14 as follows:

a = no deficit; **b** = mild deficit; **c** = moderate deficit; **d** = major deficit or no function; **e** = not applicable or not assessed

10. **Alertness and attention** (ability to recognize and react to a stimulus)
    a. Level of arousal or consciousness (deficit may be shown by lethargy, lack of response without constant stimulation, or stupor) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    b. Orientation to:
       (1) Time (When? Year, month, day, hour) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
       (2) Place (Where? State, city, address) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
       (3) Person (Who? Name, relationship) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
       (4) Situation (What? How? Why?) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    c. Ability to attend to and concentrate on tasks (ability to attend to a stimulus; concentrate on a stimulus over brief time periods) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**

    Notes:

11. **Information processing**
    a. Memory
       (1) Immediate recall ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
       (2) Short-term memory and learning (the ability to encode, store, and retrieve information) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
       (3) Long-term memory (ability to remember information from the past) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    b. Understanding (the ability to receive and accurately process information given in written, spoken, visual, or other media) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    c. Communication (the ability to express oneself and indicate preferences in speech, writing, signs, pictures, etc.) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    d. Visual-spatial reasoning (recognition of familiar objects; spatial perception, problem solving, and design) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    e. Quantitative reasoning (the ability to understand basic quantities and make simple calculations) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    f. Verbal reasoning (the ability to compare options, to reason using abstract concepts, and to reason logically about outcomes) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    g. Executive functioning (the ability to plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**

    Notes:

12. **Thought processes**
    a. Organization of thinking (deficit may be demonstrated by severely disorganized, nonsensical, or incoherent thinking) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    b. Correspondence of thoughts to reality (deficit may be demonstrated by hallucinations or delusions) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    c. Control of thoughts (deficit may be demonstrated by uncontrollable, repetitive, or intrusive thoughts) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**

    Notes:

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

a = no deficit; **b** = mild deficit; **c** = moderate deficit; **d** = major deficit or no function; **e** = not applicable or not assessed

13. **Ability to modulate mood and affect** (deficit may be demonstrated by pervasive and persistent or recurrent mood or affect inappropriate in kind or degree to the circumstances) ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    Notes:

14. **Ability to accept and cooperate with appropriate care or assistance** (deficit may be demonstrated by inability to acknowledge illness or disorder, acting without regard for consequences, or inability or refusal to accept appropriate care)
    ☐ **a** ☐ **b** ☐ **c** ☐ **d** ☐ **e**
    Notes:

15. **Variation** (some or all of the deficits noted above vary in frequency, severity, or duration):
    ☐ Yes ☐ No ☐ I don't know Variation of deficits is described ☐ below ☐ in Attachment 15.

Possible Temporary or Reversible Causes of Mental Function Deficits

16. **Medications**
    a. Is the person currently taking any medication—prescription or nonprescription—that may impair the person's mental functioning?
    ☐ Yes ☐ No ☐ I don't know ☐ Not applicable
    If *yes,* each of those medications, with dosage and treatment indications, is listed ☐ below ☐ in Attachment 16a.

Name	Dosage/Schedule	Indications

    b. ☐ Each medication listed in item 16a can impair a person's mental functioning as explained
    ☐ below ☐ in Attachment 16b.

17. **Reversible causes** Have temporary or reversible causes of mental impairment been considered, assessed, diagnosed, or treated?
    ☐ Yes ☐ No ☐ I don't know All causes considered are discussed ☐ below ☐ in Attachment 17.

18. **Physical or emotional factors** Are there physical or emotional factors (e.g., hearing, vision, or speech impairment; bereavement; or others) present that could diminish the person's capabilities and that could improve with time, treatment, or assistive devices?
    ☐ Yes ☐ No ☐ I don't know
    ☐ Applicable physical or emotional factors are described ☐ below ☐ in Attachment 18.

Effect on Ability to Perform Everyday Activities

19. In my professional opinion, the mental function deficits, if any, identified in items 10–14 ☐ will ☐ will not significantly impair the person's ability to perform some or all activities of daily living (e.g., eating, cooking, toileting, bathing, dressing) or instrumental activities of daily living (e.g., shopping, scheduling appointments, paying bills, using a credit card or checks, taking medication). More details about specific activities and reasons for my opinion are given *(check all that apply):*
    ☐ below ☐ in Attachment 19 ☐ in the attached *Everyday Activities Attachment* (form GC-335A).

    ☐ I do not have enough information to form an opinion on this issue.

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

PART III. CAPACITY TO GIVE OR WITHHOLD INFORMED CONSENT This part documents my professional conclusions about each issue checked in item 1. The conclusions are based on my assessment of the level of the person's mental functions described in Part II.

20. ☐ **Capacity to give or withhold informed consent to medical treatment specified in the petition** (Probate Code, § 2357.)

The following medical treatment has been recommended for the person *(describe):*

Based on my assessment of the person's applicable mental functions and abilities, it is my professional opinion that:

a. ☐ The person ***has*** the capacity to give or withhold informed consent to the recommended medical treatment because the person can do ***all*** of the following: (1) respond knowingly and intelligently to questions about the treatment; (2) participate in the treatment decision by means of a rational thought process; and (3) understand (A) the nature and seriousness of the diagnosed disorder, (B) the nature of the recommended treatment, (C) the probable degree and duration of and benefits and risks of the recommended treatment, (D) the consequences of lack of treatment, and (E) the nature, risks, and benefits of any reasonable alternatives to the recommended treatment.

b. ☐ The person ***lacks*** the capacity to give or withhold informed consent to the recommended medical treatment because the person ***cannot do at least one*** of the following: (1) respond knowingly and intelligently to questions about the treatment, (2) participate in the treatment decision by means of a rational thought process, or (3) understand at least one of the following: (A) the nature and seriousness of the diagnosed disorder, (B) the nature of the recommended treatment, (C) the probable degree and duration of and benefits and risks of the recommended treatment, (D) the consequences of lack of treatment, or (E) the nature, risks, and benefits of any reasonable alternatives to the recommended treatment.

☐ These conclusions are further explained ☐ below ☐ in Attachment 20b.

c. ☐ I do not have enough information to form an opinion on this issue.

21. ☐ **Capacity to give or withhold informed consent to medical treatment generally** (Probate Code, §§ 811, 1881.)

Based on my assessment of the person's applicable mental functions and abilities, it is my professional opinion that:

a. ☐ The person ***has*** the capacity to give or withhold informed consent to medical treatment because the person can do ***all*** of the following: (1) respond knowingly and intelligently to questions about at least some forms of medical treatment; (2) participate in at least some treatment decisions by means of a rational thought process; and (3) understand (A) the nature and seriousness of some diagnosed disorders, (B) the nature of some recommended treatments, (C) the probable degree and duration of and benefits and risks of at least some forms of treatment, (D) the consequences of lack of at least some forms of treatment, and (E) the nature, risks, and benefits of any reasonable alternatives to at least some forms of treatment.

b. ☐ The person ***lacks*** the capacity to give or withhold informed consent to any form of medical treatment because ***either*** (1) the person is unable to respond knowingly and intelligently to questions about their medical treatment ***or*** (2) the person is unable to participate in treatment decisions by means of a rational thought process, which means the person cannot understand at least one of the following: (A) the nature and seriousness of any illness, disorder, or defect that they have or may develop; (B) the nature of any medical treatment that is or may be recommended by their health-care providers; (C) the probable degree and duration of any benefits and risks of any medical intervention that is or may be recommended by the person's health-care providers and the consequences of lack of treatment; or (D) the nature, risks, and benefits of any reasonable alternatives.

The person's lack of capacity to give or withhold informed consent is linked to one or more mental function deficits described in Part II.

☐ These conclusions are further explained ☐ below ☐ in Attachment 21b.

c. ☐ I do not have enough information to form an opinion on this issue.

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

22. ☐ **Capacity to give or withhold informed consent to placement in a secured-perimeter residential facility for persons with major neurocognitive disorders** (Probate Code, § 2356.5.)
    a. ☐ The person has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders.* See Part I of this form for more information.
    b. ☐ The person needs or would benefit from placement in a restricted and secure environment for the reasons (for example, wandering, violence, or rejecting care) explained ☐ below ☐ in Attachment 22b.

    c. Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:
        (1) ☐ The person ***has*** the capacity to give or withhold informed consent to this placement.
        (2) ☐ The person ***lacks*** the capacity to give or withhold informed consent to this placement. The mental function deficit or deficits described in Part II significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to placement in a restricted, secured-perimeter residential facility.
            ☐ These conclusions are further explained ☐ below ☐ in Attachment 22c.

    d. ☐ The proposed placement in a locked or secured-perimeter facility ☐ is ☐ is ***not*** the least restrictive environment appropriate to the person's needs.
    e. ☐ I do not have enough information to form an opinion on this issue.

23. ☐ **Capacity to give or withhold informed consent to administration of medication for treatment of major neurocognitive disorders** (Probate Code, § 2356.5.)
    a. ☐ The person has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders.* See Part I of this form for more information.
    b. ☐ The person needs or would benefit from appropriate medications for the care and treatment of major neurocognitive disorders (including dementia). Any medications and the need or potential benefit of each are described
        ☐ below ☐ in Attachment 23b.

    c. Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:
        (1) ☐ The person ***has*** the capacity to give or withhold informed consent to the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia).
        (2) ☐ The person ***lacks*** the capacity to give or withhold informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The mental function deficit or deficits described in Part III 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).
            ☐ These conclusions are further explained ☐ below ☐ in Attachment 23c.

    d. ☐ I do not have enough information to form an opinion on this issue.

24. ☐ Other information regarding my assessment of the person's mental functions, any deficits in those functions, and any resulting significant impairments to the person's ability to understand and appreciate the consequences of acts or decisions is given in Attachment 24.

25. 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)

CONFIDENTIAL

GC-335A

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

EVERYDAY ACTIVITIES ATTACHMENT TO CONFIDENTIAL CAPACITY ASSESSMENT AND DECLARATION—PROBATE CONSERVATORSHIP (FORM GC-335)

This form is for optional use in a probate conservatorship proceeding, in conjunction with *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335), to indicate the ability of the person described in item 1 to perform activities of daily living and instrumental activities of daily living.

The person whose abilities are described on this form

1. a. Name:
   b. Address:
   Telephone number: Email address:
   Date of birth:

The person who is completing this form

2. a. Name:
   b. Office address:
   Telephone number: Email address:

3. a. ☐ I am a California-licensed ☐ physician ☐ psychologist ☐ nurse practitioner ☐ physician assistant ☐ registered nurse ☐ clinical social worker ☐ occupational therapist ☐ other licensed professional *(specify profession):*
   b. My license number is:

4. *Check the box or boxes that apply to you.*
   a. ☐ I am the clinician who conducted the assessment of the person named in item 1 documented on the *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335) to which this form is attached, and I completed that form. The conclusions and opinions given in this form are based on the same assessment.
   b. ☐ I work or consult with the clinician who completed the *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335) to which this form is attached, and I participated in that clinician's assessment of the person named in item 1. The conclusions and opinions in this form are based on my participation in that assessment.
   c. ☐ The conclusions and opinions given in this form are based on the application of my knowledge, experience, and training to my personal observations of the person named in item 1, as described below.

Items 5–11 describe my conclusions about the ability of the person named in item 1 to perform activities in each of the listed categories based on information gathered as described in item 4.

Activities of Daily Living (care of self and related activities)

5. **Maintain adequate hygiene** (for example, bathing, grooming, dressing, caring for teeth, going to the toilet)
   ☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know
   Comments ☐ below ☐ in Attachment 5.

Form Approved for Optional Use
Judicial Council of California
GC-335A [New January 1, 2025]

Probate Code, §§ 1800.3, 1801, 1872–1873, 2351, 2351.5, 2450
www.courts.ca.gov

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

Activities of Daily Living (care of self and related activities)

6. **Prepare meals and eat for adequate nutrition**

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 6.

7. **Identify abuse or neglect and protect self from harm**

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 7.

Instrumental Activities of Daily Living

8. **Financial** *(if appropriate, note dollar limits)*

a. Protect and spend small amounts of cash

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 8a.

b. Manage and use checks; pay monthly bills

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 8b.

c. Enter into a contract (including, for example, to buy, sell, or lease real property or to obtain and use a credit card)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 8c.

9. **Resist fraud or undue influence** (for example, has a history of being a victim of fraud or undue influence)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 9.

10. **Medical**

a. Choose and direct caregivers

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 10a.

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

10. b. Admit self to health-care facility

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 10b.

c. Manage own medication (take proper dose as scheduled; refill or renew prescriptions as needed)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 10c.

d. Contact help if ill or in an emergency

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 10d.

11. **Home and community life**

a. Maintain a reasonably safe and clean home or other living environment; arrange for home maintenance or repair

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 11a.

b. Recognize and avoid common hazards (for example, a hot stove or poisons)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 11b.

c. Access transportation (for example, drive a car or use public transportation)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 11c.

d. Initiate and follow a schedule of daily activities

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 11d.

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

12. ☐ Other information regarding my assessment of the person's ability to perform activities of daily living or instrumental activities of daily living, including any significant impairments to that ability, is given ☐ below ☐ in Attachment 12.

13. 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)

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	*FOR COURT USE ONLY*
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR (*name*):		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE
STREET ADDRESS: 3390 Harbor Boulevard
MAILING ADDRESS: 3390 Harbor Boulevard
CITY AND ZIP CODE: Costa Mesa 92626
BRANCH NAME: Costa Mesa Justice Complex

CONSERVATORSHIP OF *(name):*

PROPOSED CONSERVATEE

CASE NUMBER:

HEARING DATE:

DEPT.: TIME:

CONFIDENTIAL SUPPLEMENTAL INFORMATION

☐ **Limited Conservatorship of the** ☐ **Person** ☐ **Estate**

1. a. **Proposed conservatee *(name):***
   b. Date of birth: c. Age:
   d. Social security number:
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.

Form Adopted for Mandatory Use
Judicial Council of California
GC-312 [Rev. January 1, 2024]

Probate Code, §§1800, 1800.3, 1801, 1821
www.courts.ca.gov

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

4. ☐ **ABILITY TO MANAGE OWN FINANCIAL RESOURCES*** The following facts and circumstances supplement and support the petition's assertions that the proposed conservatee is substantially unable to manage that person's own financial resources or to resist fraud or undue influence *(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. Financial resources *(give examples of the proposed conservatee's substantial inability to manage money or property):*

      ☐ Continued in Attachment 4a.

   b. Fraud or undue influence *(give examples of the proposed conservatee's substantial inability to resist fraud or undue influence):*

      ☐ Continued in Attachment 4b.

* If any part of item 4 does not apply to the proposed conservatorship, skip it, check box 4 in item 10, and explain why it does not apply.

5. **RESIDENCE** *(A "residence" is the place a person would tend to describe as "home," for example, an owned or rented single-family house or an apartment in a multiunit building, or an assisted-living, board-and-care, skilled-nursing, or other long-term care facility.)*

   a. The proposed conservatee's **residence** is a *(nature of residence; see above for examples):*

   b. The proposed conservatee's **residence** is located at *(street address, city, state):*

   c. The proposed conservatee is **currently located** at ☐ the residence in item 5b ☐ other *(street address, city, state):*

   d. The proposed conservatee's **current location** is a *(nature of current location; see above for examples):*

   e. **Ability to live in residence** The proposed conservatee is
      (1) ☐ **living** in the residence, and
         (a) ☐ is able to continue living there unless circumstances change.
         (b) ☐ will need to be moved after a conservator is appointed *(give specific reasons in item 5f).*
         (c) ☐ other *(specify and give reasons in item 5f)*.
      (2) ☐ **not living** in the residence, and
         (a) ☐ will be able to return home by *(date):* *(explain in item 5f).*
         (b) ☐ will not return to live there *(give specific reasons in item 5f).*
         (c) ☐ other *(specify and give reasons in item 5f)*.

   f. Specific reasons supporting the determination in item 5e about the proposed conservatee's ability to live in the residence:

      ☐ Continued in Attachment 5f.

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

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.

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

7. **HEALTH OR SOCIAL SERVICES PROVIDED** *(complete all that apply)*:

a. ☐ In the year immediately before the petition was filed, the proposed conservatee received the following **health services,** for example, doctor's visits, medical testing, hospitalizations, surgeries, administration of medication, wound care, or therapy. *(describe the services and the circumstances in which they were provided; if none were provided, state "none"):*

☐ Continued in Attachment 7a.

b. ☐ In the year immediately before the petition was filed, the proposed conservatee received the following **social services,** for example, companionship, assistance with personal hygiene, housekeeping, shopping, cooking, or assistance managing finances. *(describe the services and the circumstances in which they were provided; if none were provided, state "none"):*

☐ Continued in Attachment 7b.

c. ☐ I do not know, and cannot reasonably find out, what, if any, ☐ health services ☐ social services were provided to the proposed conservatee in the year immediately before the petition was filed.

8. **KNOWLEDGE AND PREFERENCES** The proposed conservatee *(check all that apply)*

a. ☐ knows about ☐ does not know about the proposed conservatorship. ☐ I don't know.

b. ☐ agrees with ☐ does not agree with the proposed conservatorship. ☐ I don't know. ☐ Not applicable.

9. **SOURCE OF INFORMATION** The facts, circumstances, and conclusions stated on this form are based, *(check all that apply)*

a. in item 3, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 3.

b. in item 4, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 4.

c. in item 5, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 5.

d. in item 6, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 6.

e. in item 7, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 7.

f. in item 8, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 8.

10. **ITEMS THAT DO NOT APPLY** The following items on this form, or parts of those items, do not apply to the proposed conservatorship. *(for each item checked, explain why that item or part of an item does not apply):* ☐ 3 ☐ 4

☐ Continued on Attachment 10.

11. Number of pages attached: _____

DECLARATION

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

CONFIDENTIAL SUPPLEMENTAL INFORMATION
(Probate Conservatorship)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form Save this form Clear this form

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-314

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 3390 Harbor Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Costa Mesa, CA 92626 BRANCH NAME: Costa Mesa Justice Complex	
CONSERVATORSHIP OF *(Name):* PROPOSED CONSERVATEE	CASE NUMBER:
CONFIDENTIAL CONSERVATOR SCREENING FORM **Conservatorship of** ☐ **Person** ☐ **Estate** ☐ **Limited Conservatorship**	HEARING DATE AND TIME: / DEPT.:

The proposed conservator must complete and sign this form. The person requesting appointment of a conservator must submit the completed and signed form to the court with the conservatorship petition.

This form must remain confidential.

How This Form Will Be Used

This form is **confidential** and will not be a part of the public file in this case. Each proposed conservator must complete and sign a separate copy of this form under rule 7.1050 of the California Rules of Court. The information provided in this form will be used by the court and by the persons and agencies designated by the court to assist the court in determining whether to appoint the proposed conservator as conservator. The proposed conservator **must** respond to each item.

1. a. **Proposed conservator *(name):***
   b. Date of birth:
   c. Social security number: d. Driver's license number: State:
   e. Telephone numbers: Home: Work: Other:

2. a. ☐ I am related to the proposed conservatee as *(specify relationship):*
   b. ☐ I have personally known the proposed conservatee for: years, months.

3. ☐ I was ☐ I was not nominated as conservator of the ☐ person ☐ estate of the proposed conservatee, by ☐ the proposed conservatee. ☐ the spouse or registered domestic partner of the proposed conservatee. ☐ a parent of the proposed conservatee. *(If you checked "I was," provide documentation in Attachment 3.)*

4. a. ☐ I am the spouse of the proposed conservatee. ☐ I have ☐ I have not filed for legal separation, dissolution of marriage, annulment, or adjudication of nullity of the marriage. *(If you checked "I have," explain in Attachment 4.)*
   b. ☐ I am not the spouse of the proposed conservatee.

5. a. ☐ I am the registered domestic partner of the proposed conservatee. ☐ I do not ☐ I do intend to terminate my domestic partnership with the proposed conservatee. *(If you checked "I do," explain in Attachment 5.)*
   b. ☐ I am a former domestic partner of the proposed conservatee. My domestic partnership with the proposed conservatee was terminated on *(date):* . *(Explain circumstances in Attachment 5.)*
   c. ☐ I am neither a current nor former domestic partner of the proposed conservatee.

6. a. ☐ I do ☐ I do not owe money or have a financial obligation to the proposed conservatee. *(If you checked "I do," explain in Attachment 6.)*
   b. The proposed conservatee ☐ does ☐ does not owe money or have a financial obligation to me. *(If you checked "does," explain in Attachment 6.)*
   c. ☐ I am ☐ I am not an agent for a creditor of the proposed conservatee. *If you checked "I am," explain in Attachment 6.)*

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

CONFIDENTIAL CONSERVATOR SCREENING FORM
(Probate—Guardianships and Conservatorships)

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

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

7. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years. *(If you checked "I have," explain in Attachment 7.)*
8. ☐ I have ☐ I have not been convicted of a felony or had a felony expunged from my record. *(If you checked "I have," explain in Attachment 8.)*
9. ☐ I have ☐ I have not been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property. *(If you checked "I have," explain in Attachment 9.)*
10. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information. *(If you checked "I have," explain in Attachment 10.)*
11. ☐ I have ☐ I have not been charged with, arrested for, or convicted of any form of elder abuse or neglect. *(If you checked "I have," explain in Attachment 11.)*
12. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years. *(If you checked "I have," explain in Attachment 12.)*
13. ☐ I am ☐ I am not required to register as a sex offender under California Penal Code section 290. *(If you checked "I am," explain in Attachment 13.)*
14. ☐ I have ☐ I have not previously been appointed conservator, executor, or fiduciary in another proceeding. *(If you checked "I have," explain in Attachment 14.)*
15. ☐ I have ☐ I have not been removed or resigned as a conservator, guardian, executor, or fiduciary in any other case. *(If you checked "I have," explain in Attachment 15.)*
16. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator. *(If you checked "I have or may have," explain in Attachment 16.)*
17. ☐ I am ☐ I am not a private professional fiduciary, as defined in Business and Professions Code section 6501(f). *(If you checked "I am," respond to item 18. If you checked "I am not," go to item 19.)*
18. ☐ I am ☐ I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as conservator in this matter. *(Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 3c(7) of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
19. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation):*

    a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)*
20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
    ☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)*

DECLARATION

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

Date:

(TYPE OR PRINT NAME OF PROPOSED CONSERVATOR)

(SIGNATURE OF PROPOSED CONSERVATOR)*

*Each proposed conservator must fill out and file a separate screening form.

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.:	FOR COURT USE ONLY
NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 3390 Harbor Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Costa Mesa, CA 92626 BRANCH NAME: Costa Mesa Justice Complex	
CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE of *(name)*: PROPOSED CONSERVATEE	
CITATION FOR CONSERVATORSHIP ☐ **Limited Conservatorship**	CASE NUMBER:

THE PEOPLE OF THE STATE OF CALIFORNIA,

To *(name)*:

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

   a. Date: Time: ☐ Dept.: ☐ Room:

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

   and to give any legal reason why, according to the verified petition filed with this court, you should not be found to be ☐ unable to provide for your personal needs ☐ unable to manage your financial resources and by reason thereof, why the following person should not be appointed ☐ conservator ☐ limited conservator of your ☐ person ☐ estate *(name)*:

2. A conservatorship of the person may be created for a person who is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter. A conservatorship of the property (estate) may be created for a person who is unable to resist fraud or undue influence, or who is substantially unable to manage his or her own financial resources. "Substantial inability" may not be proved solely by isolated incidents of negligence or improvidence.

3. At the hearing a conservator may be appointed for your ☐ person ☐ estate.
   The appointment may affect or transfer to the conservator your right to contract, to manage and control your property, to give informed consent for medical treatment, to fix your place of residence, and to marry.

4. You may be disqualified from voting if you are found to be incapable of communicating, with or without reasonable accommodations, a desire to participate in the voting process. You will not be disqualified from voting on the basis that you do, or would need to do, any of the following to complete an affidavit of voter registration:
   a. Sign the affidavit of voter registration with a mark or a cross, pursuant to Section 2150(b) of the Elections Code;
   b. Sign the affidavit of voter registration by means of a signature stamp pursuant to Section 354.5 of the Elections Code;
   c. Complete the affidavit of voter registration with the assistance of another person pursuant to Section 2150(d) of the Elections Code; or
   d. Complete the affidavit of voter registration with reasonable accommodations.

5. The judge or the court investigator will explain to you the nature, purpose, and effect of the proceedings and answer questions concerning the explanation.

CONTINUED ON PAGE 2. THE CLERK'S SEAL IS ALSO ON THAT PAGE.

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

6. You have the right to appear at the hearing and oppose the petition. You have the right to hire an attorney of your choice to represent you. The court will appoint an attorney to represent you if you are unable to retain one. You must pay the cost of that attorney if you are able. You have the right to a jury trial if you wish.
7. *(For limited conservatorship only)* In addition to the rights stated in item 6 above, you have the right to oppose the petition in part by objecting to any or all of the requested duties or powers of the limited conservator.

Date: Clerk, by _____, Deputy

(SEAL)

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

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

PROOF OF SERVICE

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

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

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

   c. Address *(specify)*:

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

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

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

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

Date:

▶ _____
(SIGNATURE OF PERSON SERVING)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 3390 Harbor Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Costa Mesa, CA 92626 BRANCH NAME: Costa Mesa Justice Complex	
☐ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* ☐ MINOR ☐ (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER:

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

1. NOTICE is given that *(name):*
   (representative capacity, if any):
   has filed *(specify):*

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

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

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

   a. Date: Time: ☐ Dept.: ☐ Room:

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

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

Form Adopted for Mandatory Use
Judicial Council of California
GC-020 [Rev. July 1, 2005]

NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 1264, 1460–1469, 1511, 1822
www.courtinfo.ca.gov

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

NOTE: *

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

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

* *(This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C),* Clerk's Certificate of Posting Notice of Hearing—Guardianship or Conservatorship. *(See Prob. Code, § 2543(c).)*

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is *(specify):*

3. I served the foregoing *Notice of Hearing—Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
   a. ☐ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
   b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date mailed: b. Place mailed *(city, state):*

5. ☐ I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date:

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person served	Address *(number, street, city, state, and zip code)*
1.		
2.		
3.		
4.		

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

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 3390 Harbor Boulevard MAILING ADDRESS: CITY AND ZIP CODE: Costa Mesa, CA 92626 BRANCH NAME: Costa Mesa Justice Complex	
CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* CONSERVATEE	
DUTIES OF CONSERVATOR **and Acknowledgment of Receipt of *Handbook for Conservators***	CASE NUMBER:

DUTIES OF CONSERVATOR

When you are appointed by the court as a conservator, you become responsible to the court and assume certain duties and obligations. All of your actions as conservator are subject to review by the court. You should clearly understand the information on this form. You will find additional information in the Judicial Council's *Handbook for Conservators,* receipt of which, in addition to a copy of this form, you are required by law to acknowledge.

I. THE CONSERVATEE'S RIGHTS

Conservatees do not lose all rights or all voice in important decisions affecting their lives. All conservatees have the right to be treated with understanding and respect, the right to have their wishes considered, and the right to be well cared for by their conservators. Conservatees generally keep the right to (1) control their own wages or salary from employment, (2) make or change a will, (3) marry, (4) receive personal mail, (5) be represented by a lawyer, (6) ask a judge to change conservators, (7) ask a judge to end the conservatorship, (8) vote, unless a judge decides they are not capable of exercising this right, (9) control personal spending money if a judge has authorized an allowance, and (10) make their own medical decisions, unless a judge has taken away that right and given it exclusively to their conservators.

II. CONSULT WITH YOUR ATTORNEY

Your attorney will advise you on your duties, the limits of your authority, the conservatee's rights, your dealings with the court, all other topics discussed in this form, and many other matters. He or she will tell you when you must ask for prior court approval to take an action, when you may do so (and why it might be a good idea), and when prior court approval is not required. All legal questions should be discussed with your attorney, not the court staff, which is not permitted to give legal advice.

Your attorney will also help prepare your inventories, accountings, petitions, and all other documents to be filed with the court; and will see that the persons entitled to be notified of your actions are given proper notice. He or she will also advise you about legal limits on estate investments, leases and sales of estate assets, loans, lawsuits against others involving the conservatee or his or her property, and many other matters, and can prepare or review documents needed in these matters. You should communicate frequently and cooperate fully with your attorney at all times. **When in doubt, contact your attorney.**

Other questions may be answered by calling on local community resources. (To find these resources, see the *Handbook for Conservators* and the local supplement distributed by the court.)

III. CONSERVATOR OF THE PERSON

If the court appoints you as conservator of the person, you are responsible for the conservatee's care and protection. You must decide, within certain limits, where the conservatee will live; and you must arrange for the conservatee's health care, meals, clothing, personal care, housekeeping, transportation, and recreation.

A. DETERMINE THE APPROPRIATE LEVEL OF CARE FOR THE CONSERVATEE

You must determine the conservatee's appropriate level of care. Your determination must be in writing, signed under penalty of perjury, must be filed with the court within 60 days of the date of the court's order appointing you as conservator, and must include:

Form Adopted for Mandatory Use
Judicial Council of California
GC-348 [Rev. January 1, 2011]

Probate Code, § 1834
www.courts.ca.gov

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

III. A. 1. An evaluation of the level of care existing when the petition for your appointment as a conservator was filed and the measures that would be necessary to keep the conservatee in his or her **personal residence.**

*(Note: The conservatee's **personal residence** is the residence the conservatee understood or believed to be his or her permanent residence on (1) the date the petition for appointment of a conservator was filed in this matter, or (2) on the last earlier date the conservatee could form or communicate an understanding or belief about a permanent residence, whether or not he or she was living there when the appointment petition was filed. See Cal. Rules of Court, rule 7.1063(b).)*

2. A plan to return the conservatee to his or her **personal residence** or an explanation of the limitations or restrictions on a return of the conservatee to that residence in the foreseeable future if the conservatee was not living there when the petition for appointment of a conservator was filed.

3. A reevaluation after a material (important) change in circumstances affecting the conservatee's needs for placement and care after your initial determination.

4. If the conservatee is a limited conservatee who is developmentally disabled, special rules may apply to the determination of his or her level of care and residential placement. See item **VI** below.

B. DECIDE WHERE THE CONSERVATEE WILL LIVE

1. You must decide where the conservatee will live. You may choose a residence in California without prior approval of the court, but you must choose the least restrictive appropriate residence that is available and necessary to meet the conservatee's needs and that is in his or her best interests.

2. You must file a written notice of any change of the conservatee's residence with the court within 30 days of the move, and you must mail copies of the notice to the conservatee's attorney, the conservatee's spouse or registered domestic partner, and the conservatee's relatives who were mailed copies of the petition for your appointment as conservator, unless the court excuses you from the mailing to prevent harm to the conservatee. (There is a court form you must use for this notice and another form you may use to prove that you have mailed it. The forms are the *Post-Move Notice of Change of Residence of Conservatee or Ward* (form GC-080) and the *Attachment to Post-Move Notice, etc.* (form GC-080(MA). These forms refer to a "post-move notice" because the notice may be filed and mailed after the date of the move.)

3. The law presumes that the conservatee's **personal residence** (see item **IIIA**) is the conservatee's least restrictive appropriate residence. There must be a reason supported by sufficient evidence to justify a change of residence from the conservatee's personal residence (including a move from a care facility or other temporary placement to a residence that is not the conservatee's personal residence).

4. If you want to move the conservatee from his or her **personal residence,** in addition to the post-move notice described in item 2, you must mail a notice of your intent to change the conservatee's residence to the conservatee, the conservatee's attorney, if any, and to each other person or entity entitled to notice of the hearing on the petition for your appointment as conservator; and then you must file with the court proof that the notice was mailed. Unless there is an emergency requiring a shorter period of notice, this notice must be mailed at least 15 days before the date of the proposed move. (There is a court form you must use for this notice and another form you may use to prove that you have mailed it. The forms are the *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward* (form GC-079) and the *Attachment to Pre-Move Notice, etc.* (form GC-079(MA). These forms refer to a "pre-move notice" because the notice must be mailed before the move.)

5. If you want to establish the conservatee's residence outside California, you must petition the court for permission before the move. Notice of the court hearing on this petition, together with a copy of the petition, must be mailed to the conservatee and the other persons and entities that were entitled to notice of the hearing on the petition for your appointment as conservator. There is a court form for this petition, the *Petition to Fix Residence Outside the State of California* (form GC-085). Notice of the hearing and proof of its mailing is given on another court form, the *Notice of Hearing—Guardianship or Conservatorship* (form GC-020).

6. You may not place the conservatee involuntarily in a mental health treatment facility unless he or she has been determined to be gravely disabled as the result of a mental disorder or impairment by chronic alcoholism, you have been appointed as conservator under the Lanterman-Petris-Short Act (Welf. & Inst. Code, § 5350 et seq.), and then only if the court has authorized the placement. If the court has authorized you to place the conservatee in a secured-perimeter residential care facility or a locked and secured nursing facility because he or she suffers from dementia, you must be sure that the placement is the least restrictive placement appropriate to the conservatee's needs.

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III. C. PROVIDE MEDICAL CARE FOR THE CONSERVATEE

You are responsible for making sure that the conservatee's health care needs are met. But there are special rules you must follow to meet these needs. Two of the most important rules are as follows:

1. Unless the court has given you exclusive authority to consent to the conservatee's medical treatment because the court has determined that the conservatee has lost the capacity to make sound medical decisions, your consent or refusal to consent to such treatment is not sufficient if the conservatee disagrees (except in certain emergency situations). If you do have exclusive medical consent authority, you should be sure that all medical treatment and medications are appropriate.
2. If the conservatee has dementia and has lost the capacity to give an informed consent to the administration of medications for its treatment and care, you must be given specific authority by the court to consent to the administration of these medications. If you do have this authority, you should be sure that the medications are appropriate.

D. WORK WITH THE PERSON(S) RESPONSIBLE FOR MANAGING THE CONSERVATEE'S PROPERTY

If other persons are handling the conservatee's property, such as his or her estate conservator, the conservatee's spouse or registered domestic partner in possession of the couple's marital or partnership property, or the trustee of a trust created for the management of the conservatee's property and for his or her support, you must work together to be sure that the conservatee can afford the care you arrange. Purchases you make for the conservatee must be approved by the person(s) responsible for managing the conservatee's assets or you may not be reimbursed or your reimbursement may be delayed.

IV. CONSERVATOR OF THE ESTATE

The conservatee's property or assets and income are known as the conservatee's "estate." If the court appoints you as conservator of the estate, you will manage the conservatee's finances, protect the conservatee's income and property or assets, make an inventory of the conservatee's property or assets, make sure the conservatee's bills are paid, invest the conservatee's money, see that the conservatee receives all the income and benefits to which he or she is entitled, ensure that the conservatee's tax returns are filed on time and all taxes paid, keep accurate financial records, and regularly report the conservatee's financial condition to the court. *(Note: Property or assets and income in a trust for the conservatee's support and maintenance are usually not considered as part of the conservatee's estate, particularly if the trust was created and funded before the appointment of a conservator. Unless the conservatee's spouse or registered domestic partner consents to its inclusion in the conservatee's estate, the community property of the conservatee and his or her spouse or registered domestic partner under the management and control of the spouse or partner is also not part of the conservatee's estate.)*

A. MANAGING THE ESTATE

1. **Prudent management for the benefit of the conservatee; prudent investments**

   You must manage the estate's property or assets and income for the benefit of the conservatee and with the care of a prudent person dealing with someone else's property. You must not make unreasonably risky investments of money or property of the estate.

2. **Prior court approval required for fees, borrowing, loans, and gifts**

   You must ask and receive the court's permission, after full disclosure of all relevant facts, before you may pay from the conservatee's estate fees to yourself for your services as conservator and to your attorney for his or her services to you; borrow money for or loan money from the conservatee's estate (to yourself or anyone else); or make gifts of estate assets or property.

3. **Keep estate money and property separate from your or anyone else's money or property**

   You must keep the money and property of the conservatee's estate separate from your money or property or from the money or property of any other person. Never deposit estate funds in your personal bank account or otherwise mix them with your or anyone else's funds, even for brief periods. Title to individual stocks, bonds, or other securities; securities broker accounts; mutual funds; and accounts with banks and other financial institutions must show that these assets are property of the conservatorship estate and not your or anyone else's property.

4. **Interest-bearing accounts and other investments**

   Except for a checking account intended for payment of ordinary expenses, estate bank accounts must earn interest. You may deposit estate funds in one or more insured accounts in financial institutions, but you should not put more than the FDIC insurance limit, currently $250,000, in any single institution. You have authority to make some investments without court approval. Other investments may be made only after court approval has been obtained. Consult with an attorney before making any investments, even those you have authority to make without court approval.

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IV. A. 5. Claims against others on behalf of the conservatee

Pursue claims against others on behalf of the conservatee's estate when it is in the best interests of the conservatee or his or her estate to do so. The court may require you to be represented by a lawyer to proceed with litigation on behalf of the conservatee's estate. Consider requesting prior court authority to pursue or compromise large or complex claims, particularly those that might require litigation and the assistance of legal counsel and those that might result in an award of attorney fees for the other party against the conservatee's estate if you are unsuccessful. You may sign a contingent fee agreement with legal counsel on behalf of the conservatee's estate if such agreements are customary for the type of case involved, but the court must approve the agreement before it is enforceable. You may ask for court approval of a contingent fee agreement before signing it and before legal counsel performs any services under it.

6. Defend against claims against the conservatee's estate

Defend against actions or claims against the conservatee or his or her estate when it is in the best interest of the conservatee or the estate to do so. The court may require you to be represented by a lawyer for your defense of a lawsuit against the conservatee's estate. You may request court approval or instructions concerning the defense or compromise of such a lawsuit.

7. Public and insurance benefits

You must learn about and collect all public and insurance benefits for which the conservatee is eligible.

8. Evaluate the conservatee's ability to manage cash and other assets

You should evaluate the conservatee's ability to manage cash or other assets and take appropriate action, including asking for prior court approval when necessary or appropriate, to enable the conservatee to do so to the level of his or her ability.

9. Locate the conservatee's estate planning documents

You should undertake, as soon as possible after your appointment and qualification as conservator, to locate and take reasonable steps to ensure the safety of the conservatee's estate planning documents, including wills and codicils, living trusts, powers of attorney for health care and finances, life insurance policies, and pension records.

10. Preserve property mentioned in the conservatee's estate planning documents

Make reasonable efforts to identify, locate, and preserve property mentioned in the conservatee's estate planning documents.

11. Guard against inappropriate disclosure of the conservatee's financial information

Subject to your duty of full disclosure to the court and persons entitled under the law to receive it, you must closely guard against unnecessary or inappropriate disclosure of the conservatee's financial information.

12. Conservatee's tangible personal property

If you plan to dispose of any of the conservatee's tangible personal property, inform the conservatee's family members in advance and give them an opportunity to acquire the property, with approval or confirmation of the court.

13. Factors to consider when deciding whether to dispose of any of the conservatee's property

In deciding whether it is in the best interest of the conservatee to dispose of property of his or her estate, consider the following factors, among others, as appropriate in the circumstances:

(A) The likely benefit or improvement of the conservatee's life that disposing of the property would bring;

(B) The likelihood that the conservatee would need or benefit from the property in the future;

(C) The previously expressed or current desires of the conservatee concerning the property, unless accommodating those desires would violate your fiduciary duty to the conservatee or impose an unreasonable expense on the estate;

(D) The provisions of the conservatee's estate plan concerning the property;

(E) The tax consequences of disposing of the property;

(F) The impact of disposition on the conservatee's eligibility for public benefits;

(G) The condition of the entire estate;

(H) The likelihood that the property will deteriorate or be subject to waste if kept in the estate; and

(I) The benefit versus the cost or liability of maintaining the property in the estate.

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IV. A. 14. Property, casualty, and liability insurance

Determine the appropriate kinds and adequate levels of property, casualty, and liability insurance covering the property, assets, risks, and potential liabilities of the conservatee and his or her estate. Maintain the insurance in force during the entire period of the administration (except for assets after they are sold).

15. Communicate with conservator of the person and trustee

You should communicate as necessary and appropriate with the conservator of the conservatee's person, if any, and with the trustee of any trust of which the conservatee is a beneficiary.

16. Other limitations or restrictions

There are many limitations or restrictions on your authority to deal with estate assets not mentioned here. If you do not obtain the court's permission when it is required before taking an action, you may be removed as conservator or you may be required to reimburse the estate from your own personal funds, or both.

B. INVENTORY OF ESTATE PROPERTY

1. Locate and take possession of the estate's property and prepare an inventory

You must identify, locate, take possession of, and protect all the conservatee's property, assets, and income that will be or become part of the conservatorship estate. You must change the record title or ownership of most property and assets of the estate to reflect the conservatorship. You must record a copy of your *Letters of Conservatorship* (form GC-350) with the county recorder in each county where the conservatee owns real property. You must then prepare an inventory, or a list, of all of the real and personal property of the estate. There are court forms that must be used for the inventory. These consist of a two-page cover sheet, *Inventory and Appraisal* (form DE-160/GC-040) and one or more pages to be attached to the cover sheet containing the list of property, *Inventory and Appraisal Attachment* (form DE-161/GC-041). The property is separated into two categories, cash and cash-equivalent items, listed on Attachment 1; and all other types of real and personal property, listed on Attachment 2.

2. Determine the value of the estate's property

You must arrange to have a **probate referee** appointed by the court appraise, or determine the fair market value of, the noncash property of the estate shown in Attachment 2 of your inventory unless the referee's appointment is waived by the court. You, rather than the referee, may appraise the value of the cash and cash-equivalent items of property listed in Attachment 1, such as bank accounts.

3. File and mail copies of the inventory and appraisal and notice of how to object

Within 90 days after your appointment as conservator, unless the court gives you more time, you must file with the court your inventory containing the appraisals of estate property, signed by you and, if the probate referee has appraised assets, by the referee. You must also mail copies of the completed inventory and appraisal to the conservatee, the conservatee's attorney, if any, and the conservatee's spouse or registered domestic partner, parents, and children, and must give them written notice of how to file an objection to the inventory and appraisal. There is a court form that must be used for this notice, the *Notice of Filing of Inventory and Appraisal and How to Object to the Inventory or the Appraised Value of Property* (form GC-042).

C. RECORD KEEPING AND ACCOUNTING

1. Keep records and prepare accountings

You must keep complete and accurate records of each financial transaction affecting the estate, including all receipts of income, changes in assets or property held in the estate, and expenditures. The checkbook for the conservatorship checking account is your indispensable tool for keeping records of income and expenditures. You should also save original bills or invoices paid, records of property sale transactions, receipts for money spent, and bank or other institutions' statements showing income received and money spent. You must prepare periodic accountings of all money and property you have received, what you have spent, the date of each transaction, and its purpose. Your accountings must describe in detail what you have left after you pay the estate's expenses. There are court forms you may, or in some situations must, use for your accountings. You will have to file original statements from banks and other institutions with your accountings.

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

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

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

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

VI. LIMITED CONSERVATOR (for the developmentally disabled only)

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

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

B. DUTY TO HELP LIMITED CONSERVATEE DEVELOP SELF-RELIANCE

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

C. DETERMINATION OF LEVEL OF CARE FOR CERTAIN LIMITED CONSERVATEES

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

VII. TEMPORARY CONSERVATOR

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

Sign the *Acknowledgment of Receipt* on page 7.

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

VIII. JUDICIAL COUNCIL FORMS

This form identifies a number of Judicial Council forms used for court filings in conservatorship proceedings. This form, the petition for your appointment as conservator, and the order that appoints you as conservator are examples of Judicial Council forms. Judicial Council forms are either mandatory or optional. If a mandatory form applies to a situation or proposed action, it must be used. Optional forms may be used, at the option of the person preparing and filing the form or, in some situations, at the option of the court. Each form is identified on the bottom left side of its first page as optional or mandatory. Judicial Council forms are not available for every situation where a document may or must be filed with the court, but the forms address the most common and important matters that occur during a conservatorship. The *Handbook for Conservators* has additional information about Judicial Council conservatorship forms.

Your attorney will select and prepare the appropriate Judicial Council forms. However, if you do not have an attorney, you can prepare them yourself. All Judicial Council forms are posted on the California courts' public website, *www.courts.ca.gov*. Select "Forms" at the top of the site's home page, then select the form group in the drop-down menu in the middle of the page. All conservatorship forms are collected in the Probate—Guardianships and Conservatorships form group. They are designated with the prefix "GC," followed by a three-digit number. Forms shown in the drop-down list with an asterisk are mandatory forms.

The forms are posted on the website in both unfillable and fillable versions, as PDF files. The unfillable versions are designed to be completed by typewriter or, in some cases, by hand. Fillable forms may be filled out online, then printed out ready for signing and filing with the court, and they may also be saved to your computer and completed in more than one sitting. Go to the "Forms and Information" page at the Web site's Self-Help Center for more information on accessing the forms.

ACKNOWLEDGMENT OF RECEIPT
of *Duties of Conservator* and *Handbook for Conservators*
(Probate Code, § 1834)

I acknowledge that I have received this statement of the duties and liabilities of the office of conservator, the *Duties of Conservator* (form GC-348), and the *Handbook for Conservators* adopted by the Judicial Council.

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

Date:

(TYPE OR PRINT NAME)

▶ (SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

(TYPE OR PRINT NAME)

▶ (SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

(TYPE OR PRINT NAME)

▶ (SIGNATURE OF (PROPOSED) CONSERVATOR)

NOTICE

This statement of duties and liabilities is a summary and is not a complete statement of the law. Your conduct as a conservator is governed by the law itself and not by this summary or by the Judicial Council's *Handbook for Conservators.* When in doubt, consult your attorney.