



# Petition for Conservatorship (Step 1)

Review the Handbook for Conservators before completing these forms. You can review the Handbook for Conservators at the Public Law Library or on the web at <http://www.courts.ca.gov/documents/handbook.pdf>

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## ASSISTANCE

Conservatorship is a complex legal procedure. If you need help finding an attorney, contact the State Bar ([www.calbar.ca.gov](http://www.calbar.ca.gov)) or the Sacramento County Bar ([www.sacbar.org](http://www.sacbar.org)) before attempting to complete this packet yourself.

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## FILING FEE

The Court must assess a mandatory filing fee. The filing fee amount for the Petition for Conservatorship can be found at <http://www.saccourt.ca.gov/indexes/fees-forms.aspx>.

If you are unable to pay the filing fee, you may request a waiver of the fee by completing a Request to Waive Court Fees (FW-001 GC) and Order on Court Fee Waiver (FW-003 GC) at <https://www.saccourt.ca.gov/fees/fee-waiver.aspx>.

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## ASSESSMENT FEES

An investigation will be completed and an assessment fee will be imposed. For more information about the assessment fee go to <https://www.saccourt.ca.gov/probate/docs/pr-investigation-fee-packet.pdf>.

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## COMPLETE THE ATTACHED FORMS (as appropriate)

**GC-310** – Petition for Appointment of Probate Conservator  
**GC-314** – Confidential Conservator Screening Form  
**PR/E-LP-018** – Confidential Conservator Screening, Additional Page Form  
**GC-312** – Confidential Supplemental Information  
**PR/E-LP-12C** – Notification to Court of Address on Conservatorship



**GC-313** – Attachment Requesting Special Orders Regarding Dementia

**GC-340** – Order Appointing Probate Conservator

**GC-350** – Letters of Conservatorship\*

\*Letters will be issued when the Petition for Conservatorship is granted.

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**COPIES**

Present an original and two copies of the completed documents to the Probate filing counter. The Court will file and keep the original and one copy and return one endorsed copy to you. Bring an endorsed copy to all Court hearings.

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (name): <div style="text-align: right;">(PROPOSED) CONSERVATEE</div>	
<b>PETITION FOR APPOINTMENT OF</b> <input type="checkbox"/> <b>SUCCESSOR</b> <b>PROBATE CONSERVATOR OF THE</b> <input type="checkbox"/> <b>PERSON</b> <input type="checkbox"/> <b>ESTATE</b>  <input type="checkbox"/> <b>Limited Conservatorship</b>	CASE NUMBER:  HEARING DATE AND TIME: DEPT.:

1. **Petitioner (name):**

**requests that**

a. (Name):  
(Address):

(Telephone):

**be appointed**  successor  conservator  limited conservator  
of the PERSON of the (proposed) conservatee and Letters issue upon qualification.

b. (Name):  
(Address):

(Telephone):

**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.**

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

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.  successor \*  
*(Specify orders, powers, and duties in Attachment 1h and complete item 1j.)*
- 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.  successor \*  
*(Specify orders, powers, and duties in Attachment 1i and complete item 1j.)*
- 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 related to dementia placement or treatment as specified in the *Attachment Requesting Special Orders Regarding Dementia* (form GC-313) under Probate Code section 2356.5 be granted. A *Capacity Declaration—Conservatorship* (form GC-335) and *Dementia 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 licensure with at least two years experience diagnosing dementia,  are filed herewith.  will be filed before the hearing.  
 (appointment of successor conservator only) will not be filed because an order relating to dementia placement or treatment was filed on *(date):* . That order has neither expired by its terms nor been revoked.
- l.  other orders be granted. *(Specify in Attachment 1l.)*

2. (Proposed) conservatee is *(name):* *(Telephone):*  
*(Present 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 other 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 <i>(name):</i>	CASE NUMBER:
(PROPOSED) CONSERVATEE	

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

- (1)  a nominee. *(Affix nomination as Attachment 3c(1).)*
- (2)  the spouse of the (proposed) conservatee. *(You must also complete item 6.)*
- (3)  the domestic partner or former domestic partner of the (proposed) conservatee. *(You must also complete item 7.)*
- (4)  a relative of the (proposed) conservatee as *(specify relationship):*
- (5)  a bank.  other 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 <i>(name):</i>  <div style="text-align: right;">(PROPOSED) CONSERVATEE</div>	CASE NUMBER:
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3. g. So far as known to Petitioner, a conservatorship or equivalent proceeding concerning the proposed conservatee
- has not  has been filed in another jurisdiction concerning the proposed conservatee, including a court of an Indian tribe with jurisdiction (see Prob. Code, § 2031(b)).

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

4. **(Proposed) conservatee**

- a.  is  is not 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 <i>(name):</i>  <p style="text-align: right;">(PROPOSED) CONSERVATEE</p>	CASE NUMBER:
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5. c. **(Proposed) conservatee** requires a conservator and is

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

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

CONSERVATORSHIP OF <i>(name):</i>  (PROPOSED) CONSERVATEE	CASE NUMBER:
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5. d.  (Proposed) conservatee voluntarily requests the appointment of a  successor conservator.  
*(Specify facts showing good cause in Attachment 5(d).)*
- e.  Confidential Supplemental Information (form GC-312) is filed with this petition. *(Initial appointment of conservator only. All petitioners must file this form except banks and other entities authorized to do business as a trust company.)*
- f. **(Proposed) conservatee**  is  is not developmentally disabled as defined in Probate Code section 1420. Petitioner is aware of the requirements of Probate Code section 1827.5. *(Specify the nature and degree of the alleged disability in Attachment 5f).*
6.  **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 <i>(name):</i>	CASE NUMBER:
(PROPOSED) CONSERVATEE	

10.  **Temporary conservatorship**

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

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

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

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

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

Continued on Attachment 11.

CONSERVATORSHIP OF <i>(name):</i>  <div style="text-align: right;">(PROPOSED) CONSERVATEE</div>	CASE NUMBER:
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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)

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):   TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF ( <i>Name</i> ): _____  PROPOSED CONSERVATEE	CASE NUMBER: _____
<b>CONFIDENTIAL CONSERVATOR SCREENING FORM</b> <b>Conservatorship of</b> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> 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.*)

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

- 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:

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(TYPE OR PRINT NAME OF PROPOSED CONSERVATOR)	(SIGNATURE OF PROPOSED CONSERVATOR)*
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\*Each proposed conservator must fill out and file a separate screening form.

**CONFIDENTIAL CONSERVATOR SCREENING FORM**  
**Additional Page**

**CASE NUMBER:** \_\_\_\_\_

**HEARING DATE:** \_\_\_\_\_

The Probate Court assigns an Investigator to all Conservatorship petitions. The Investigator will use the information on this page to gather background information related to your petition. You must fully disclose all of the requested information to help expedite your case. Include all the names that every person listed below has ever used.

1. Proposed conservator's name:
  
2. Proposed conservator's employer and address and telephone number of employment:
  
3. Name of proposed conservator's spouse partner:
  
4. Name of all people residing in the proposed conservator's household:

Name:	Date of Birth:	Relationship to proposed Conservator:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you need more space. Put all additional information on Form MC-020.

\*Each proposed guardian must fill out and file a separate CONFIDENTIAL CONSERVATOR SCREENING FORM - Additional Page.

# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CONSERVATORSHIP OF (Name): _____ PROPOSED CONSERVATEE _____		
<b>CONFIDENTIAL SUPPLEMENTAL INFORMATION</b> <b>(Probate Conservatorship)</b> Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship		
1. a. <b>Proposed conservatee (name):</b> b. Date of birth: c. Social security No.:		CASE NUMBER:  HEARING DATE:  DEPT.: _____ TIME: _____

2.  UNABLE TO PROVIDE FOR PERSONAL NEEDS\* The following facts support petitioner's allegation that the proposed conservatee is unable to provide properly for his or her needs for physical health, food, clothing, and shelter (specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns)  Specified in Attachment 2.

\* If this item is not applicable, complete item 8.

(Continued on reverse)

**CONFIDENTIAL**

CONSERVATORSHIP OF (Name):  PROPOSED CONSERVATEE	CASE NUMBER:  
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3.  UNABLE TO MANAGE FINANCIAL RESOURCES\* The following facts support petitioner's allegation that the proposed conservatee is substantially unable to manage his or her financial resources or to resist fraud or undue influence (specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns)  Specified in Attachment 3.

4. RESIDENCE ("Residence" means the place usually described as "home"; for example, owned real property or long-term rental.)  
a. The proposed conservatee is **located** at (street address, city, state)

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

c. **Ability to live in residence\*** The proposed conservatee is  
(1)  **living** in his or her residence and  
(a)  will continue to live there unless circumstances change.  
(b)  will need to be moved after a conservator is appointed (specify supporting facts below in item 4c(3)).  
(c)  other (specify and give supporting facts below in item 4c(3)).

\* If this item is not applicable, complete item 8.

(Continued on page three)

**CONFIDENTIAL**

CONSERVATORSHIP OF (Name):  <div style="text-align: right; padding-right: 20px;">PROPOSED CONSERVATEE</div>	CASE NUMBER:  
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4. c. (continued)
- (2)  **not living** in his or her residence and
- (a)  will return by (date): *(specify supporting facts below in item 4c(3)).*
- (b)  will not return to live there *(specify supporting facts below in item 4c(3)).*
- (c)  other *(specify and give supporting facts below in item 4c(3)).*
- (3)  Supporting facts *(specify if required)*;       Specified in Attachment 4c.

5. ALTERNATIVES TO CONSERVATORSHIP\* Petitioner has considered the following alternatives to conservatorship and found them to be unsuitable or unavailable to the proposed conservatee*(specify the alternatives considered and the reason or reasons each is unsuitable or unavailable)*     Reasons specified in Attachment 5.

- a. Voluntary acceptance of informal or formal assistance*(give reason this is unsuitable or unavailable)*
  
  
  
  
  
  
  
  
  
  
- b. Special or limited power of attorney *(give reason this is unsuitable or unavailable)*
  
  
  
  
  
  
  
  
  
  
- c. General power of attorney *(give reason this is unsuitable or unavailable)*
  
  
  
  
  
  
  
  
  
  
- d. Durable power of attorney for     health care     estate management    *(give reason this is unsuitable or unavailable)*
  
  
  
  
  
  
  
  
  
  
- e. Trust *(give reason this is unsuitable or unavailable)*
  
  
  
  
  
  
  
  
  
  
- f. Other alternatives considered *(specify and give reason each is unsuitable or unavailable)*

6. SERVICES PROVIDED\* *(complete a or b, or both a and b)*
- a.  During the year before this petition was filed,
- (1) **health services**     were provided     were not provided    to the proposed conservatee*(explain)*:  
       Explained in Attachment 6a(1).
- (2) **social services**     were provided     were not provided    to the proposed conservatee*(explain)*:  
       Explained in Attachment 6a(2).

**CONFIDENTIAL**

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

6. a. *(continued)*

(3) **estate management assistance**  was provided  was not provided to the proposed conservatee *(explain)*:

Explained in Attachment 6a(3).

b.  Petitioner has **no knowledge** of what  social services  health services  estate management assistance was provided to the proposed conservatee during the year before this petition was filed. Petitioner has no reasonable means of determining what services were provided.

7. SUPPORTING FACTS (AFFIDAVITS) The information provided above is stated

- a. Item 1:  on petitioner's own knowledge  in an affidavit (declaration) by another person attached as Attachment 1a.
- b. Item 2:  on petitioner's own knowledge  in an affidavit (declaration) by another person attached as Attachment 2a.
- c. Item 3:  on petitioner's own knowledge  in an affidavit (declaration) by another person attached as Attachment 3a.
- d. Item 4:  on petitioner's own knowledge  in an affidavit (declaration) by another person attached as Attachment 4a.
- e. Item 5:  on petitioner's own knowledge  in an affidavit (declaration) by another person attached as Attachment 5a.
- f. Item 6:  on petitioner's own knowledge  in an affidavit (declaration) by another person attached as Attachment 6a.

8. ITEMS NOT APPLICABLE The following items on this form were not applicable to the proposed conservatee:

2  3  4b  4c  5  6 *(specify reasons each item is not applicable)*

Reasons specified in Attachment 8.

9. Number of pages attached: \_\_\_\_\_

**DECLARATION**

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

NAME AND ADDRESS OF Petitioner or Attorney  :  <b>SUPERIOR COURT OF CALIFORNIA COUNTY OF SACRAMENTO</b>  <input type="checkbox"/> Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of:  Name: _____	TELEPHONE/FAX NO:  _____  _____	FOR COURT USE ONLY          CASE NUMBER _____
<b>NOTIFICATION TO COURT OF ADDRESS ON CONSERVATORSHIP</b>		

**Conservatee**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Marital Status \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Attends Yes   
Program No

Program Name/School \_\_\_\_\_

Program/School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Program/School Schedule \_\_\_\_\_

Is Conservatee verbal? Yes  No  Will an interpreter be required, and if so, what type? \_\_\_\_\_

**Attorney for Conservatee**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

**Conservator**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Work Number ( ) \_\_\_\_\_ Other Contact Numbers ( ) \_\_\_\_\_

**Attorney for Conservator**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

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

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

1. Petitioner **requests** 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 and which has a care plan that meets the requirements of California Code of Regulations, title 22, section 87724.
  - b.  to authorize the administration of medications appropriate for the care and treatment of dementia.
2. The conservatee or proposed conservatee has dementia as defined in the current *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 licensure with at least two years experience in diagnosing 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.  *Dementia medications.* The conservatee needs or would benefit from medications appropriate to the care and treatment of dementia. The conservatee lacks capacity to give informed consent to the administration of those medications.



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

9.  The conservatee has dementia as defined in Probate Code section 2356.5, and the court finds all other facts required to make the orders specified in item 28.
10.  Attorney *(name):* \_\_\_\_\_ has been appointed by the court as legal counsel to represent the conservatee in these proceedings. The cost for representation is: \$  
 The conservatee has the ability to pay  all  none  a portion of this sum *(specify):* \$
11.  The conservatee need not attend the hearing.
12.  The appointed court investigator is *(name):* \_\_\_\_\_  
*(Address and telephone):* \_\_\_\_\_
13.  *(For limited conservatorship only)* The limited conservatee is developmentally disabled as defined in Probate Code section 1420.
14.  The  successor conservator is a professional fiduciary as defined by Business and Professions Code section 6501(f).
15.  The  successor conservator holds a valid, unexpired, unsuspended license as a professional fiduciary issued by the Professional Fiduciaries Bureau of the California Department of Consumer Affairs under chapter 6 (commencing with section 6500) of division 3 of the Business and Professions Code.  
 License no.: \_\_\_\_\_ Issuance or last renewal date: \_\_\_\_\_ Expiration date: \_\_\_\_\_
16. *(Either a, b, or c must be checked):*
- a.  The  successor conservator is not the spouse of the conservatee.
- b.  The  successor conservator is the spouse of the conservatee and is not a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage.
- c.  The  successor conservator is the spouse of the conservatee and is a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage.  
 It is in the best interest of the conservatee to appoint the spouse as  successor conservator.
17. *(Either a, b, or c must be checked):*
- a.  The  successor conservator is not the domestic partner or former domestic partner of the conservatee.
- b.  The  successor conservator is the domestic partner of the conservatee and has neither terminated nor intends to terminate their domestic partnership.
- c.  The  successor conservator is the domestic partner or former domestic partner of the conservatee and intends to terminate or has terminated their domestic partnership. It is in the best interest of the conservatee to appoint the domestic partner or former domestic partner as  successor conservator.

**THE COURT ORDERS**

18. a. *(Name):* \_\_\_\_\_ *(Telephone):* \_\_\_\_\_  
*(Address):* \_\_\_\_\_
- is appointed**  successor  conservator  limited conservator of the PERSON of *(name):* \_\_\_\_\_  
 and *Letters of Conservatorship* shall issue upon qualification. *(Telephone):* \_\_\_\_\_
- b. *(Name):* \_\_\_\_\_  
*(Address):* \_\_\_\_\_
- is appointed**  successor  conservator  limited conservator of the ESTATE of *(name):* \_\_\_\_\_  
 and *Letters of Conservatorship* shall issue upon qualification.
19.  The conservatee need not attend the hearing.
20. a.  Bond is not required.
- b.  Bond is fixed at: \$ \_\_\_\_\_ to be furnished by an authorized surety company or as otherwise provided by law.
- c.  Deposits of: \$ \_\_\_\_\_ are ordered to be placed in a blocked account at *(specify institution and location):* \_\_\_\_\_

and receipts shall be filed. No withdrawals shall be made without a court order.  
 Additional orders in attachment 20c.

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

20. (cont.)

d.  The  successor conservator is not authorized to take possession of money or any other property without a specific court order.

21.  For legal services rendered,  conservatee  conservatee's estate shall pay the sum of: \$  
to *(name):*

forthwith  as follows *(specify terms, including any combination of payors):*

Continued in attachment 21.

22.  The conservatee is disqualified from voting.

23.  The conservatee lacks the capacity to give informed consent for medical treatment and the  successor conservator of the person is granted the powers specified in Probate Code section 2355.

The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).

24.  The  successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in attachment 24  subject to the conditions provided.

25.  Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in attachment 25 are granted.

26.  Orders relating to the powers and duties of the  successor conservator of the person under Probate Code sections 2351–2358 as specified in attachment 26 are granted. *(Do not include orders under Probate Code section 2356.5 relating to dementia.)*

27.  Orders relating to the conditions imposed under Probate Code section 2402 on the  successor conservator of the estate as specified in attachment 27 are granted.

28.  a.  The  successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).

b.  The  successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).

29.  Other orders as specified in attachment 29 are granted.

30.  The probate referee appointed is *(name and address):*

31.  *(For limited conservatorship only)* Orders relating to the powers and duties of the  successor limited conservator of the person under Probate Code section 2351.5 as specified in attachment 31 are granted.

32.  *(For limited conservatorship only)* Orders relating to the powers and duties of the  successor limited conservator of the estate under Probate Code section 1830(b) as specified in attachment 32 are granted.

33.  *(For limited conservatorship only)* Orders limiting the civil and legal rights of the limited conservatee as specified in attachment 33 are granted.

34.  This order is effective on the  date signed  date minor attains majority *(specify):*

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

36. Number of pages attached:

Date:

\_\_\_\_\_  
JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, address, and State Bar number):  
After recording return to:  
  
TEL NO.: FAX NO. (optional):  
E-MAIL ADDRESS (optional):  
ATTORNEY FOR (name):

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

FOR RECORDER'S USE ONLY

CONSERVATORSHIP OF (name):  
  
CONSERVATEE

CASE NUMBER:

LETTERS OF CONSERVATORSHIP

Person  Estate  Limited Conservatorship

FOR COURT USE ONLY

1.  (Name): \_\_\_\_\_ is the appointed  
 conservator  limited conservator of the  person  estate  
of (name): \_\_\_\_\_
2.  (For conservatorship that was on December 31, 1980, a guardianship of an adult or of  
the person of a married minor) (Name): \_\_\_\_\_  
was appointed the guardian of the  person  estate by order dated  
(specify): \_\_\_\_\_ and is now the conservator of the  person  
 estate of (name): \_\_\_\_\_
3.  Other powers have been granted or conditions imposed as follows:
  - a.  Exclusive authority to give consent for and to require the conservatee to receive  
medical treatment that the conservator in good faith based on medical advice  
determines to be necessary even if the conservatee objects, subject to the limitations  
stated in Probate Code section 2356.
    - (1)  This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call  
for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of  
the conservatorship.
    - (2)  (If court order limits duration) This medical authority terminates on (date): \_\_\_\_\_
  - b.  Authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
  - c.  Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in  
Probate Code section 2356.5(c).
  - d.  Powers to be exercised independently under Probate Code section 2590 are specified in Attachment 3d (specify powers,  
restrictions, conditions, and limitations).
  - e.  Conditions relating to the care and custody of property under Probate Code section 2402 are specified in Attachment 3e.
  - f.  Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358  
are specified in Attachment 3f.
  - g.  (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section 2351.5 are  
specified in Attachment 3g.
  - h.  (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section 1830(b) are  
specified in Attachment 3h.
  - i.  Other powers granted or conditions imposed are specified in Attachment 3i.

(SEAL)

4.  The conservator is **not** authorized to take possession of money or any other property without a  
specific court order.

5. Number of pages attached:

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

Date:

Clerk, by \_\_\_\_\_, Deputy

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

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

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

When these *Letters of Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the conservator of the estate (1) to take possession or control of an asset of the conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is [www.courts.ca.gov/forms/](http://www.courts.ca.gov/forms/). Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter or may be filled out online and printed out ready for signature and filing.

An *institution* under California Probate Code section 2890(c) is an insurance company, agent, or broker; an investment company; an investment bank; a securities broker-dealer; an investment advisor; a financial planner; a financial advisor; or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, a trust, a savings and loan association, a savings bank, an industrial bank, or a credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

**LETTERS OF CONSERVATORSHIP**

**AFFIRMATION**

I solemnly affirm that I will perform according to law the duties of  conservator  limited conservator.

Executed on (date): \_\_\_\_\_, at (place): \_\_\_\_\_



\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF APPOINTEE)

**CERTIFICATION**

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date:

Clerk, by \_\_\_\_\_, Deputy