# SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

CENTRAL COURTHOUSE 1100 UNION STREET SAN DIEGO, CA 92101 (619) 844-2103

Presiding Judge: Honorable Cindy D. Davis

Mailing Address: P.O. BOX 122724 SAN DIEGO, CA 92112-2724

County of San Diego, Public Defender Mental Health Division 450 B Street, Suite 1100 San Diego, CA 92101 Phone: (619) 338-4818

Health and Human Services Agency Public Conservator's Office 5560 Overland Avenue, Room 130 San Diego, CA 92123 Phone: (858) 694-3500

Fax: (858) 799-0801

# INSTRUCTION TO REESTABLISH LPS CONSERVATORSHIP

A notice that conservatorship may terminate is mailed by the Superior Court, 60 days prior to the expiration of the current conservatorship to inform the Conservator and Conservatee that the LPS Conservatorship will terminate if a petition for reestablishment is not filed.

The following instructions outline <u>steps</u> that need to be taken to reestablish the conservatorship of a person. Read the steps carefully before processing the forms.

#### STEP 1: DOCUMENTS TO BE FILED WITH THE COURT FOR REESTABLISHMENT HEARING

- ✓ Medical Recommendation and Declaration for Reestablishment (Med Dec)
- ✓ Petition to Reestablish a Conservator (PC-25)
- ✓ Request for Hearing and Notice of Hearing to Reestablish (PC-29)
- ✓ Stipulated Order Reappointing Conservator of the Person (PC-41a)
- ✓ Letters of Conservatorship of the Person (PC-36)
- ✓ Proof of Service

Complete the top portion of the <u>Medical Recommendation and Declaration</u> - and <u>immediately</u> forward to the treating psychiatrist to complete the form. Make sure the doctor, date and sign on the *first* signature line, and then secure a <u>second doctor's signature</u> (required) on the same form. Request that doctors return the forms to you as soon as possible for you to proceed. (see example #1)

- Complete the <u>Petition to Reestablish form</u> (see example #2)
   Once in receipt of the "Medical Recommendation and Declaration" signed by the doctors, use
  - the information provided on the doctor's statement to complete #5 and #6 on the "Petition to Reestablish form", by checking the boxes under "should", "should not" and "is", "is not" to match the recommendations the doctors marked in the "Medical Recommendation and Declaration" Conservator must then date and sign the petition.
- Complete the Request for Hearing and Notice of Hearing (see example #3)
  - <u>Effective 1/29/2018</u> Reestablishment hearings are held at 1:30 p.m. on <u>Tuesday or Thursday</u>. The requested date should fall on the closest Tuesday or Thursday but before the termination date of the conservatorship. (see example 3, line #2)
  - The Superior Court Mental Health clerk will complete the lower portion of the Notice of Hearing and assign a hearing date (which may be before or after the requested date).
- Complete the <u>Stipulated Order Reappointing Conservator of the Person</u> (see example #4)
   By (typing or clearly printing) the name of the Conservator/Petitioner, the name of Conservatee and the Mental Health number (MH#). The boxes on the form should be marked exactly as it was marked and recommended by the doctor and the Petition as to rights and level of placement. The stipulated order is "in agreement" with the recommendation of the doctor.
- Complete the <u>Letters of Conservatorship of the Person</u> (see example #5)

  Check box 4(a), if Conservatee <u>does not</u> have the right to make any medical decisions. In addition, complete the *right side of the form. Executed on* (today's date), signature of Conservator above the line, address, telephone, and indicate relationship to conservatee.

#### STEP 1 Continued . . .

FILE OR MAIL the Original signed documents along with (1) copy of the following completed forms to Superior Court (see address below)
 Should be filed in court at least 30 days before the current conservatorship terminates

Clerk of the Superior Court, Mental Health Central Court House P.O. Box 122724, San Diego, CA 92112-2724 or 1100 Union Street, San Diego CA 92101

- ✓ Medical Recommendation and Declaration (dated and signed by (2) doctors)
- ✓ Petition to Reestablish a Conservator (dated and signed by the Conservator)
- Request for Hearing and Notice of Hearing to Reestablish (dated and signed by the Conservator)
- ✓ Stipulated Order Reappointing Conservator of the Person
- ✓ Letters of Conservatorship of the Person

<sup>\*\* (</sup>If you are <u>mailing</u> make sure you include a self-addressed stamped envelope with enough postage to return the 5-paged copies) After the Clerk of the Court receives the documents the original document will be placed in the court's file. The Clerk will return a copy, indicating the assigned hearing date as determined by the Court.

## **STEP 2: DISTRIBUTION OF COMPLETED FORM**

<u>After receiving</u> the stamped filed copies of the Request for Hearing/Notice of Hearing, and Petition of Reestablishment from Court, make <u>copies</u> of the completed forms and mail to the following:

### Public Defender, Mental Health Division

450 B Street, Suite 900, San Diego, CA 92101

- ✓ Notice of Hearing
- ✓ Petition to Reestablish Conservatorship of the Person
- ✓ Medical Recommendation and Declaration

#### Public Conservator

5560 Overland Avenue Suite 130, San Diego, CA 92123

- ✓ Notice of Hearing
- ✓ Petition to Reestablish Conservatorship of the Person
- ✓ Medical Recommendation and Declaration.

#### **Doctor and/or Facilities**

- ✓ Notice of Hearing
- ✓ Petition to Reestablish Conservatorship of the Person

### Collaterals/Family member listed on Petition to Reestablish (#4)

- ✓ Notice of Hearing
- ✓ Petition to Reestablish Conservatorship of the Person
- Complete "<u>Proof of Service by Mail"</u> (see example #6)
   The Person signing, dating and mailing the documents <u>should be</u> someone other than the Conservator. (Use <u>Proof of Personal Service</u> form if documents are delivered in person.)
- Mail a copy of the "Proof of Service by Mail" to the address below:

Clerk of the Superior Court, Mental Health Central Courthouse 1100 Union Street, San Diego CA 92101 or P.O. Box 122724, San Diego, CA 92112-2724

#### **STEP 3: AFTER THE HEARING**

Complete and Process the "STIPULATED ORDER REAPPOINTING CONSERVATOR OF PERSON" and LETTERS OF CONSERVATORSHIP

- Upon receipt from the Court of conformed copy of Stipulated Order Reappointing Conservator of the Person, and Letter of Conservatorship, mail copies to:
  - ✓ Conservatee;
  - ✓ Doctor and/or facility providing the conservatee's care and treatment;
  - ✓ Public Defender's Office

Maintain these <u>conformed</u> "Stipulated Order Reappointing Conservator of the Person" and "Letters of Conservatorship of the Person" you receive from Superior Court, these are legal documentation of the conservatorship <u>(these forms are effective one year from the date of the stipulated order).</u>

After mailing the copies above, complete another proof of service and mail forms to: (see example #7)

Clerk of the Superior Court, Mental Health Central Courthouse 1100 Union Street, San Diego CA 92101 and/or P.O. Box 122724, San Diego, CA 92112-2724

#### Note:

Conservator's and Conservatee's changes of addresses and/or notice of death must be reported to Superior Court, Public Defender, and Public Conservator during the year of conservatorship under this order, as required by law.

\*\* If the attorney notifies you that the re-establishment of the conservatorship is being "contested", the Conservatee *legally* challenges remaining on LPS Conservatorship, you (as the Conservator) will need to contact and arrange for the conservatee's psychiatrist and Conservatee to be present in Court for the hearing. The doctor's presence at the hearing is necessary to testify specifically to the <u>criteria</u> that find the Conservatee remains gravely disabled. If the Conservatee is found gravely disabled at the contested hearing, an "Order Reappointing Conservator of the Person" should be submitted to the Court (in place of the "Stipulated" Order.

For more information on becoming a conservator click on link at www.courts.ca.gov/selfhelp-seniors.htm

# MEDICAL RECOMMENDATION & DECLARATION FOR REESTABLISHMENT OF CONSERVATORSHIP

RE:		MH#
Residing at:		
Complete DSM Code and Diagnosis is:	DSM Code	<u>Diagnosis</u>
_	1.	
-	2.	
	3.	
	4.	
	5.	XX '
IF PA	ATIENT IS NO LONGER	GRAVELY DISABLED
This person is able to provide for Conservatorship of the person be te	erminated.	needs for food, clothing or shelter. I recommend that  Date:
	W A	
As the result of the above mental d	unwilling or unable to	GRAVELY DISABLED  able to provide for his/her basic personal needs for food, or receive treatment voluntarily. If conservatorship is
Eating habits Unable to for	rom inappropriate or uns likely to result in malnutr ஙர்வில் through on reali எ)	ition/dehydration; stic plans for obtaining meals;
No realistic p	tain ordinary shelter; lans for obtaining shelter lerstand how to locate sh n)	
	ear appropriate clothing; ve away clothing;	
☐ I recommend that a Conservatorship	of the person be reestab	olished.

IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	
	MH:
The recommended level of care which is least restrictive and appropriate for th	is patient is:
1. Independent Living	
2. Board & Care Facility	
3. Open Treatment Facility (Unlocked SNF/ICF)	
4. Closed (Locked) Treatment Facility (Locked SNF/IMD)	
5. State Hospital	
It is recommended that conservatee:	A
is is not  (a) capable of completing an affidavit of voter registration shall shall not  (b) have the privilege of possessing a license to operate and the contracts;  (d) have the right to refuse or consent to other medical	a motor vahicle:
being gravely disabled, including treatment for  (e) have the right to refuse or consent to treatment relationships to the consent to treatment relationships the consent to treatment the consent to treatment for the consent to the consent to treatment for the consent to the conse	ed specifically to the conservatee's being
gravely disabled;  (f) possess a firearm;	
I declare under penalty of perjury under the laws of the State of California that this medical recommendation for reestablishment of Conservatorship of the pe	
Doctor's Signature	
Print Name  Date:	
Doctor's Signature  Print Name  Date:	

<u>DOCTORS PLEASE NOTE</u>: The Welfare & Institutions Code requires the signatures of two doctors to reestablish a conservatorship. You may be requested to testify in court if the Public Conservator's petition to reestablish conservatorship is contested.

Private Conservate Conservate Conservate Conservate Conservate City, CA Zip co	rvator's Name ator Way	ATTORNEY (Name and Address):	TELEPHONE NO.:	COURT USE ONLY			
ATTORNEY FOR			BAR#				
SUPERIOR O	COURT OF (	CALIFORNIA, COUNTY OF S	AN DIEGO				
CENTRAL COURT	THOUSE, 1100 UI	NION STREET, P.O. BOX 122724, SAN D	EGO, CA 92112-2724				
	100	VATORSHIP OF THE PERSON OF					
Name of Co	nservatee						
		ABLISH CONSERVATORSHII nstitutions (W & I) Code §5350		MH:			
Petitioner,	Conservate	o <u>r's Name</u>	alleg	Jes:			
1. Petitioner	was appointe	d as conservator of the person	of the conservatee on	DATE APPOINTED			
2. That petition	oner, <u>Cons</u>	ervator's Name , 12	34 Court House Road,	San Diego			
and{conserva	358-123-4567 tee;	is the duly appointed, qualif	ied, and acting conserv	etor of the person of the above-named			
3. The conse	ervatee is2	<u>5</u> years old, and ☐ resides	previously resided a	ıt			
alcoholism	n, the conserv	conservator of the person is revatee continues to be a gravely of accepting treatment volunta	disabled person as defir	sult of a mental disorder or chronic ned in W&I Code §5350, and is			
	petitioner or			degree of the conservatee so far as emed relatives under Probate Code			
(Name) (Relationship)							
St. #2.w							
		A 1 /					
(Other relative	es, if any, will	be listed on attached page);					
6. Petitioner	is not a credi	tor or debtor of the proposed co	nservatee;				
7 The conse	ervator:						
should	should not						
		treatment unrelated to re being gravely disabled	emedying or preventing which is necessary fo	servatee to receive routine medical g the recurrence of the conservatee's r treatment of existing or continued			
_	_	,					

PETITION TO REESTABLISH CONSERVATORSHIP OF THE PERSON

LPS PC-25 (Revised 3/16) Page 1 of 2

	INTHE	MATTER OF TH	E CON	NSERVATOR OF MH#	
3	The cons	ervatee:			
	is	Is not			
			(a)	capable of completing an affidavit of voter registration	
	should	should not			
			(b)	have the privilege of possessing a license to operate a motor vehicle.	
			(c)	have the rights to enter into contracts	
			(d)	have the right to refuse or consent to treatment related specifically to the conservate being gravely disabled.	e's
			(e)	have the right to refuse or consent to other medical treatment unrelated to the conservate being gravely disabled.	ee's
			(f)	possess a firearm.	
			(g)	Pay attorney fees related to this conservatorship.	
1	Petitione above, to premises  While un in number.	o serve as constant of the Con	nted on nservate ervate	conservator of the person of the conservatee with the powers as described in number 5 ator for a one-year period, and that all other necessary and proper orders be made in the orship, the conservatee should, or should not, have the privileges and rights as described power to care for the conservatee by ordering placement in a suitable institution, facility, to authorize care and/or restraint of the conservatee, and have other powers according to	
	proof.		and t	to dutility and the desired and the desired value, and have dutility powers adderening to	
4	The consideration being grades	servatee shou avely disable	uld no	of have the right to refuse or consent to treatment related specifically to the conservatee's have other disabilities according to proof.	
l a	have read nd belief, a	the foregoin and as to thos	g peti se ma	ition and it is true of my own knowledge except as to matters stated in it on information iters I believe it to be true.	
	I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and this verification was executed on <a href="https://example.com/normal/normal/">TODAY'S DATE</a> , in San Diego, California.				
				Conservator	

LPS PC-25 (Rev. 3/16) Page 2 of 2

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.	COURT USE ONLY
PRIVATE CONSERVATOR'S NAME ADDRESS OF CONSERVATOR		
CITY, STATE AND ZIP CODE		
ATTORNEY FOR (Name):	BAR#	_
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN	DIEGO	
CENTRAL COURTHOUSE - 1100 UNION STREET, P. O. BOX 122724, SAN	DIEGO, CA 92112-2724	
IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF		
Conservatee's Name Here		
	<u> </u>	
REQUEST FOR HEARING AND NOTICE OF HE		MH:
REESTABLISH CONSERVATORSHIP OF THE PERSON (W	K I CODE 5350 et. Seq.)	
REQUEST FOR HEARING		
NEGOLOT ON THE MINIO		
Petitioner, JANE DOE	, requests a hearing o	n reappointment of
Conservator to be held on TUESDAY OR THURSDAY at	1:30 am/om in Departr	pent 1203 of the Superior Court.
Address of conservatee: 1234 FACILITY STREET, SA		
Address of conservatee	N DIEGO 32101	
Name and address of conservator:	ME AVENUE, SAN DIE	GO
	<b>Y</b>	
NOTICE OF HEARING - (To Be Filled Out by Superior Court M	ental Health Desk)	
Notice is given that on	<b>4</b> ha	Filed a matthew to annually to
		filed a petition to reestablish
conservatorship under Welfare and Institutions Code Section		_
on the matter will be held on	, at am/	pm in Department of
the Superior Court, 1100 Union Street, San Diego, Californ		
it, there shall be a court hearing on a jury trial on the issu		
Such request shall be filed in writing with 15 days of this N	lotice with the Clerk of t	the Superior Court, Mental Health
Division, 1100 Union Street, P.O. Box 122724, San Diego,	California 92112-2724.	If no request for hearing is filed,
the judge may, on the Court's own motion, accept or reject the	he conservator's petition	1.
	- <b>-</b>	
Date:		
	Conservator	s Signature

			HONE NO.:	COURT USE ONLY	
	vator's Na onservator				
	ate, Zip co		~		
ATTORNE	Y FOR Mana	k≅			
	EY FOR (Name RIOR COU	RT OF CALIFORNIA, COUNTY OF SAN DIEGO	)		
CENTRAL	COURTHOUS	E, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO, CA 921	12-2724		
INTHE	MATTER OF	THE CONSERVATORSHIP OF THE PERSON OF			
CONS	SERVATI	EE'S NAME HERE			
STIPU		RDER REAPPOINTING CONSERVATOR OF TRATE and Institutions (W & I) Code §5350 et seq.]		MH:	
The pet	ition of	, Conse	ervator, for rea	ppointment of a Conservator of the	
person	of		-176	e was presented to The Honorable	
		. Judge o		outt in Department, on	
		, at a.m. the attorney for conser		, Esq,	
having	filed with th	e court a stipulation to reestablish conservators		, 204,	
		o court a disputation to recording to consolvators	The state of the s		
GOOD	CAUSE AI	PPEARING, on stipulation of Counsel,			
IT IO O	nnenen i	TIAT.	1		
11 15 0	RDERED 1	HAI:			
1			is reapp	pointed Conservator of the Person	
			, Conserva	tee; and that Letters of	
Conse	rvatorship	be issued accordingly when the conservator has	taken the oat	h required by law.	
2 The	conseniati	or shall have all the powers and duties specified	in Section 853	50 at seg. of Welfare and	
		The second second	_	•	
Institutions (W&I) Code including the power to place conservatee in a suitable institution specified in Section §5350					
of the Welfare and Institution Code; and that the conservator shall act as Conservator of the Person for the period of one year from the date on this order.					
one yea	ir from the	date on this order			
IT IS FI	IRTHER C	RDERED THAT			
	NSERVAT				
is	is not	(a) capable of completing an affidavit of voter re	agistration:		
		(a) capable of completing an amount of voter it	agiadadon,		
shall	shall not	(h) have the privilege of possessing a license to	operate a ma	tor vehicle:	
	<ul> <li>(b) have the privilege of possessing a license to operate a motor vehicle;</li> <li>(c) have the right to enter into contracts;</li> </ul>				
]	(d) have the right to refuse or consent to treatment related specifically to the conservates being				
		gravely disabled;		·	
		<ul><li>(e) have the right to refuse or consent to conservatee's being gravely disabled;</li></ul>	otner medic	ai treatment unrelated to the to	
		(f) possess a firearm;			
		(g) pay attorney fees related to this conservato	rship in the am	ount of \$	

STIPULATED ORDER REAPPOINTING CONSERVATOR OF THE PERSON

IN THE I	MATTER OF T	HE CONSERVATORSHIP OF THE P	ERSON OF	
			MH:	
2. Th	IE CONSER	RVATOR		
shall	shall no	t		
			e conservatee to receive treatment related specifically to remedying rence of conservatee's being gravely disabled;	
		remedying or preventi	rire conservatee to receive other medical treatment unrelated to ng recurrence of conservatee's being gravely disabled which is at of an existing or continued medical condition.	
	e least restr		necessary to achieve the purpose of treatment for the conservatee is:	
	•	•		
	•	Living Facility	☐ State Hospital	
□ 0 4. Th	pen Treatme e conservaterefore to the	ent Facility or shall, within five days, provi	Otherde written notice of any more restrictive placement, and the reason	
LEI		e following.		
(a	,			
(b (c	•	onservatee's Attorney ounty Patients' Rights Advocat	e	
(d		_		
Dated: _		at the		
Dated: _			Judge of the Superior Court	

LPS PC-41a (Updated 6/17) Page 2 of 2

12	TORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): onservator's Name 234 Conservator Way ty, State, Zip code	TELEPHONE NO.:	COURT USE ONLY
	TORNEY FOR (Name): JPERIOR COURT OF CALIFORNIA, COUNTY OF SAN D	DIEGO	
CE	NTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO,	CA 92112-2724	
IN	THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF		
C	ONSERVATEE'S NAME HERE		
	LETTERS OF CONSERVATORSHIP OF THE PER THE LANTERMAN-PETRIS-SHORT AC [Welfare and Institutions (W & I) CODE §5:	T	MH:
CA	LIFORNIA, COUNTY OF SAN DIEGO	State	AFFIRMATION
1.		I solemnly affirm that as Conservator of the to law.	will perform the duties of my office Person of JOHN DOEaccording
2.	This appointment shall remain in effect until (One year from executed date), or until otherwise ordered by the court.	Executed on \(\frac{\text{YToday's}}{}	s Date) at San Diego, California.
3.	The conservator, pursuant to W & I Code §5358 shall have the power to order the conservatee to be placed in a suitable facility, institution, hospital, or home, and shall have the power to require conservatee to receive mental health treatment related specifically to remedying or preventing the recurrence of the conservatee's being gravely disabled.	Signature Address	Relationship
4.	The conservator shall have the following as marked;	City, State	Zip Telephone
	a. The right to require the conservates to receive routine medical treatment unrelated to remedying or preventing the recorrence of the conservatee's being gravely disabled, including,	on file in my office, an	CERTIFICATION  ment is a correct copy of the original d that the letters issued to the person on not been revoked, annulled, or set all force and effect.
	b. The following additional powers:		
	ATTEST:  Date  MICHAEL RODDY CLERK OF THE SUPERIOR COURT  By:  Deputy	Court of Cou	ATTEST:  Date  MICHAEL RODDY CLERK OF THE SUPERIOR COURT  By:  Deputy

ATTORNEY OR PARTY WITHOUT Conservator's Name 1234 Conservator Way City, State, Zip code	JT ATTORNEY (Name and Address):	TELEPHONE NO.:	COURT USE ONLY
	F CALIFORNIA, COUNTY OF SA	N DIEGO	1
CENTRAL COURTHOUSE, 1100	UNION STREET, P.O. BOX 122724, SAN DIE	GO, CA 92112-2724	
PLAINTIFF(S)/(RESPONDE	NT(S)		
			Judge:
Conservator Name Her DEFENDANT(S/(RESPOND)			— Dept:
			Date:
Conservatee Name He	re		
	PROOF OF SERVICE BY M	A1L	
	13a(1) & (3) & Local Rules Division		MH:
I,JANE DOE employed in, or am resider			ars and not a party to the case; I am , and my business/residence address is:
(No., Street)	(City)	(State)	(Zip)
United States Postal Service the ordinary course busine I caused to be served the for Please mark the appropriation to Reestable Request for Hearing By placing a true copy of each specify the name of the party	ce; and that the correspondence shall ss.  following document(s): (SET FORTH the document(s) being served.  ish Conservator of the Person  g and Notice of Hearing to Reestablish  th document in a separate envelope as so served, the nature and status of the net, address and phone number of the	be deposited with the United THE EXACT TITLE OF THE Conservatorship ddressed to each addressed to each addressed to party's involvement in the	
I then sealed each en	velope and with postage thereon fully	pre-paid, I deposited each in	n the United States Postal Service at
I placed each for depo ordinary business prac		this same day, at my busine	ess address shown above, the following
I declare under penalty of	perjury under the laws of the State of	California that the foregoing	is true and correct.
Executed on(TODAY'S	DATE)	Signature:	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Conservator's Name 1234 Conservator Way City, State, Zip code	TELEPHONE NO:	COU	RT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SA	AN DIEGO		
CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIE	GO, CA 92112-2724		— 11 100
PLAINTIPP(S)(RESPONDENT(S)		Judge:	
Conservator's Name Here  DEFENDANT(S/(RESPONDENT(S))		Dept:	
DEL ENDANTONINEON ONDERNIO)		Date:	Time: 1:30 pm
Conservatee's Name Here			
PROOF OF SERVICE BY M (CCP) 1013a(1) & (3) & Local Rules Division		MĤ:	
I, declare tha	t: I am over the age of	18 years and not a party t	o the case; I am
employed in, or am resident of 🗌 County of San Diego, Californ		X	
where the mailing occurs; and my business/residence address i	s:	1	
(No., Street) (City)	(State)	(Zip)	
. I fourth our deployed that I am spendilly formities with the housiness of		<b>/</b>	
I further declare that I am readily familiar with the business			_
with United States Postal Service; and that the correspondence in the ordinary course business.	snall be deposited with	n the United States Postal	Service this same day
I caused to be served the following document(s): (SETFORTH	THE EVACT TITLE OF	E THE DOCUMENT(S) SI	EDVED AND EILED
✓ Stipulated Order Reappointing Conservator of the Person an	No. of	, ,	ERVED AND FILED).
By placing a true copy of each document in a separate envelope a specify the name of the party so served, the nature and status of the complainant, etc; and the name, address and phone number of the	addressed to each addr he party's involvement	ressee, respectively, as foin the case) (i.e. plaintiff.	
Attorney for Conservatee OFFICE OF THE PUBLIC DEFENDER, MH, 45	50 B STREET,STE, 900, 5	SAN DIEGO, CA 92101	
Conservatee			
Facility			
☑ I then sealed each envelope and with postage thereon fully	pre-paid, I deposited e	each in the United States	Postal Service at
☑ I placed each for deposit in the United State Postal Service ordinary business practices.	, this same day, at my	business address shown	above, the following
I declare under penalty of perjury under the laws of the State of	California that the fore	going is true and correct.	
Executed on(Today's Date) Signa	iture:		

# MEDICAL RECOMMENDATION & DECLARATION FOR REESTABLISHMENT OF CONSERVATORSHIP

RE:			MH#
Residing at:			
Complete DSM Code and Diagnosis is:		DSM Code	Diagnosis
		1.	
	•	2.	
	·	3.	
		4.	
		5.	
	IF P	ATIENT IS NO LONGER	GRAVELY DISABLED
This person is a Conservatorship			needs for food, clothing or shelter. I recommend that
(Doctor's Signature) Date:			Date:
	IF PATI	ENT CONTINUES TO BE	GRAVELY DISABLED
	er. The patient	is unwilling or unable to	able to provide for his/her basic personal needs for food, o receive treatment voluntarily. If conservatorship is
FOOD	FOOD  Obtain food from inappropriate or unsanitary sources; Eating habits likely to result in malnutrition/dehydration; Unable to form/follow through on realistic plans for obtaining meals; Other (explain)		
SHELTER	☐ No realistic	otain ordinary shelter; plans for obtaining shelter derstand how to locate sh ain)	
CLOTHING		ear appropriate clothing; jive away clothing;	
I recommend that	a Conservatorshi	p of the person be reestab	olished.

IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF				
IN THE MATTER OF THE CONSERVATI	ORSHIP OF THE PERSON OF	MH:		
The recommended level of care v	which is least restrictive and appropriate for th	is patient is:		
☐ 1. Independent Living				
2. Board & Care Facility				
3. Open Treatment Facility	(Unlocked SNF/ICF)			
4. Closed (Locked) Treatm	ent Facility (Locked SNF/IMD)			
5. State Hospital				
It is recommended that conservat	dee:			
shall shall not  (b) have the control (c) have the control (d) have the control (d) have the control (e) have the gravely (f) possess  I declare under penalty of perjure	of completing an affidavit of voter registration of privilege of possessing a license to operate eright to enter into contracts; a right to refuse or consent to other medical ravely disabled, including treatment for right to refuse or consent to treatment related disabled; a firearm; a firearm; y under the laws of the State of California that reestablishment of Conservatorship of the periods.	a motor vehicle;  treatment unrelated to the conservatee's ed specifically to the conservatee's being  t the forgoing is true and correct and that		
Doctor's Signature				
Print Name	Date:			
I concur with above statements a	and recommend the reestablishment of the Co	onservatorship of the person.		
Doctor's Signature				
Print Name	Date:			
THETTORIO				

<u>DOCTORS PLEASE NOTE</u>: The Welfare & Institutions Code requires the signatures of two doctors to reestablish a conservatorship. You may be requested to testify in court if the Public Conservator's petition to reestablish conservatorship is contested.

ATTORNEY OR PA	ARTY WITHOUT AT	TTORNE	Y (Name and Address):	Т	ELEPHONE NO.:	COURT USE ONLY
ATTORNEY FOR (	(Name):			BAR#		
·		ALIFO	PRNIA, COUNTY O	F SAN DIE	GO	_
CENTRAL COURT	THOUSE, 1100 UNI	ION STR	EET, P.O. BOX 122724, S	AN DIEGO, CA	92112-2724	
IN THE MATTER O	OF THE CONSERVA	ATORSI	HIP OF THE PERSON OF			
			I CONSERVATORS			MH:
Petitioner,				alle	eges:	
	• •		·			
2. That petition	oner,		,		-	
and conserva		is t	he duly appointed, q	jualified, and	dacting conse	vator of the person of the above-named
3. The conse	ervatee is	ye	ars old, and 🗌 resid	des 🗌 previ	ously resided	at
4. The reappointment of a conservator of the person is required because, as a result of a mental disorder or chronic alcoholism, the conservatee continues to be a gravely disabled person as defined in W&I Code §5350, and is unwilling or incapable of accepting treatment voluntarily.						
unwilling o	or iricapable o	n acce	spung treatment voi	iuntarily.		
5. The name	es and address petitioner or,	ses of	the spouse and all	relatives wi	thin the secon	d degree of the conservatee so far as eemed relatives under Probate Code
5. The name known to	es and address petitioner or,	ses of if no	the spouse and all	relatives wi	thin the seconose persons o	d degree of the conservatee so far as semed relatives under Probate Code (Relationship)
5. The name known to §1821(b) a	es and address petitioner or,	ses of if no	the spouse and all known spouse or	relatives wi	thin the seconose persons o	eemed relatives under Probate Code
5. The name known to §1821(b) a	es and address petitioner or,	ses of if no	the spouse and all known spouse or	relatives wi	thin the seconose persons o	eemed relatives under Probate Code
5. The name known to §1821(b) a	es and address petitioner or,	ses of if no	the spouse and all known spouse or	relatives wi	thin the seconose persons o	eemed relatives under Probate Code
5. The name known to §1821(b) a	es and address petitioner or,	ses of if no	the spouse and all known spouse or	relatives wi	thin the secons of	eemed relatives under Probate Code
5. The name known to §1821(b) a (Name)	es and address petitioner or, are:	ses of if no (Add	the spouse and all known spouse or ress)	relatives wi	thin the seconose persons o	eemed relatives under Probate Code
5. The name known to §1821(b) a (Name)	es and address petitioner or, are:	ses of if no (Add	the spouse and all known spouse or	relatives wi	thin the secons of	eemed relatives under Probate Code
5. The name known to §1821(b) a (Name)	es and address petitioner or, are:	ses of if no (Add	the spouse and all known spouse or ress)	relatives wi relative, tho	ose persons o	eemed relatives under Probate Code
5. The name known to §1821(b) a (Name)	es and address petitioner or, are:  es, if any, will t is not a credito	ses of if no (Add	the spouse and all known spouse or incress)	relatives wi relative, tho	ose persons o	eemed relatives under Probate Code
5. The name known to §1821(b) a (Name)  (Other relative 6. Petitioner	es and address petitioner or, are:  es, if any, will t is not a credito	ses of if no (Add	the spouse and all known spouse or incress)	relatives wi relative, tho	ose persons o	eemed relatives under Probate Code
5. The name known to §1821(b) a (Name)  (Other relative 6. Petitioner 7 The conse	es and address petitioner or, are:  es, if any, will to is not a creditorervator:	ses of if no (Add	the spouse and all known spouse or in the spouse or in the spouse or in the spouse or in the spouse of the propose that the right to in the spouse of the sp	relatives wi relative, tho	ee;	eemed relatives under Probate Code (Relationship)
5. The name known to §1821(b) a (Name)  (Other relative 6. Petitioner 7 The conse	es and address petitioner or, are:  es, if any, will to is not a creditorervator:	ses of if no (Add	the spouse and all known spouse or of the propose that the right to propose the propose that the propose the right to propose the propose that the propose the right to propose the propose the right to propose the propose that the propose the propose the propose that the propose the propose that the propose that the propose the propose that the	relatives wi relative, tho e); ed conservative require the d to remedyibled which	ee; proposed cing or preven is necessary	eemed relatives under Probate Code  (Relationship)  onservatee to receive routine medicating the recurrence of the conservatee's for treatment of existing or continued
5. The name known to §1821(b) a (Name)  (Other relative 6. Petitioner 7 The conse	es and address petitioner or, are:  es, if any, will to is not a creditorervator:	ses of if no (Add	the spouse and all known spouse or in ress)  ed on attached page ebtor of the propose the right to increatment unrelated being gravely disable medical condition, in	relatives wi relative, tho relative, tho e); ad conservate require the d to remedy bled which notuding tre	ee;  proposed c ing or preven is necessary	eemed relatives under Probate Code  (Relationship)  onservatee to receive routine medicating the recurrence of the conservatee's
5. The name known to §1821(b) a (Name)  (Other relative)  6. Petitioner  7 The consesshould	es and address petitioner or, are:  es, if any, will to is not a creditorervator:  should not	ses of if no (Add	the spouse and all known spouse or in ress)  ed on attached page ebtor of the propose the right to increatment unrelated being gravely disable medical condition, in	relatives wi relative, tho relative, tho e); ad conservate require the d to remedy bled which notuding tre	ee;  proposed c ing or preven is necessary	eemed relatives under Probate Code  (Relationship)  onservatee to receive routine medical ing the recurrence of the conservatee's for treatment of existing or continued
5. The name known to §1821(b) a (Name)  (Other relative 6. Petitioner 7 The consessionald	es and address petitioner or, are:  es, if any, will to is not a creditorervator:  should not	ses of if no (Add	the spouse and all known spouse or in ress)  ed on attached page ebtor of the propose the right to increatment unrelated being gravely disable medical condition, in	relatives wi relative, tho relative, tho e); ad conservate require the d to remedy bled which notuding tre	ee;  proposed c ing or preven is necessary	eemed relatives under Probate Code  (Relationship)  onservatee to receive routine medical ing the recurrence of the conservatee's for treatment of existing or continued
5. The name known to §1821(b) a (Name)  (Other relative 6. Petitioner 7 The consessional	es and address petitioner or, are:  es, if any, will to is not a creditorervator: should not	be listed or or defined (a)	the spouse and all known spouse or in ress)  ed on attached page ebtor of the propose the right to increatment unrelated being gravely disable medical condition, in	relatives wi relative, tho e); ed conservate require the I to remedy bled which including tre dditional pov	ee;  proposed cing or preven is necessary eatment forwers:	eemed relatives under Probate Code  (Relationship)  onservatee to receive routine medicating the recurrence of the conservatee's for treatment of existing or continued

3	IN THE M	ATTER OF THE	CON	SERVATOR OF	Ť	MH#
					*	
	should	should not				,e-
			(b)	have the privilege of possessing a license	о оре	erate a motor vehicle.
			(c)	have the rights to enter into contracts	Ţ.	2)
			(d)	have the right to refuse or consent to treat being gravely disabled.	nent r	related specifically to the conservatee's
			(e)	have the right to refuse or consent to other n being gravely disabled.	edica	I treatment unrelated to the conservatee's
			(f)	possess a firearm.		
			(g)	Pay attorney fees related to this conservator	hip.	
WF	IEREFOR	RE, Petitioner	requ	uests that:		
		serve as cons		onservator of the person of the conservatee tor for a one-year period, and that all other new		
	While under the Conservatorship, the conservatee should, or should not, have the privileges and rights as described in number 6, above.					
	<ol> <li>The conservator be given power to care for the conservatee by ordering placement in a suitable institution, facility, home or environment and to authorize care and/or restraint of the conservatee, and have other powers according to proof.</li> </ol>					
	I. The conservatee should not have the right to refuse or consent to treatment related specifically to the conservatee's being gravely disabled, and have other disabilities according to proof.					
			•	ion and it is true of my own knowledge exce ters I believe it to be true.	pt as	to matters stated in it on information
				rjury under the laws of the State of Californuted on		
				Conservator		

LPS PC-25 (Rev. 3/16)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address);	TELEPHONE NO.	COURT USE ONLY
ATTORNEY FOR (Name):	BAR#	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN CENTRAL COURTHOUSE - 1100 UNION STREET, P. O. BOX 122724, SAN DIE		
IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	GO, CA 92112-2/24	-
REQUEST FOR HEARING AND NOTICE OF HE REESTABLISH CONSERVATORSHIP OF THE PERSON (W		MH:
REQUEST FOR HEARING		
Petitioner,	, requests a hearing o	n reappointment of
Conservator to be held on at	am/pm in Departmen	t of the Superior
Court.		
Address of conservatee:		
Name and address of conservator:  NOTICE OF HEARING – (To Be Filled Out By Superior Court M.		
Notice is given that on	the conservator	filed a petition to reestablish
conservatorship under Welfare and Institutions Code Section		
on the matter will be held on		•
the Superior Court, 1100 Union Street, San Diego, Californ		
it, there shall be a court hearing or a jury trial on the issu	ue of whether the conse	rvatee remains gravely disabled
Such request shall be filed in writing with 15 days of this N	Notice with the Clerk of t	he Superior Court, Mental Health
Division, 1100 Union Street, P.O. Box 122724, San Diego,	, California 92112-2724.	If no request for hearing is filed
the judge may, on the Court's own motion, accept or reject to	the conservator's petition	
Date:		
Date:	Conservator's	s Signature

ATTORNE	Y OR PARTY V	NITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	COURT USE ONLY
			2
	Y FOR (Name)		_
SUPER	IOR COU	RT OF CALIFORNIA, COUNTY OF SAN DIEGO	
CENTRAL	COURTHOUS	E, 1100 UNION STREET, P.O. BOX 12274, SAN DIEGO, CA 92112-2724	
IN THE M	MATTER OF 1	THE CONSERVATORSHIP OF THE PERSON OF	
STIPUI		RDER REAPPOINTING CONSERVATOR OF THE PERSON fare and Institutions (W & I) Code §5350 et seq.]	MH:
The peti	ition of	, Conservator, for rea	ppointment of a Conservator of the
		, Conservatee, was presented to The	
		rior Court, in Department, on	
		rvatee, Esq, having	
			filled with the court a supulation to
reestabl	ish conser	vatorship and	
GOOD	CAUSE AF	PPEARING, on stipulation of Counsel,	
IT IS OF	RDERED T	'HAT:	
1			is reconsisted Consequetor of the
,		* 1	
Conse	rvatorship	be issued accordingly when the conservator has taken the oa	th required by law.
2 The	conservate	or shall have all the powers and duties specified in Sect	ion 85350 et seg of Welfare and
			·
		Code including the power to place conservatee in a suitable i	•
of the W	elfare and	Institution Code; and that the conservator shall act as Conse	rvator of the Person for the period of
one yea	r from the	date on this order.	
IT IS FL	JRTHER C	RDERED THAT:	
1. COI	NSERVAT	EE	
is	is not		
Ö		(a) capable of completing an affidavit of voter registration;	
shall	shall not		
		(b) have the privilege of possessing a license to operate a me	otor vehicle;
		(c) have the right to enter into contracts;	,
		(d) have the right to refuse or consent to treatment related s	pecifically to the conservatee being
_	_	gravely disabled; (e) have the right to refuse or consent to other media	cal treatment unrelated to the to
		conservatee's being gravely disabled;	
		(f) possess a firearm;	
		(g) pay attorney fees related to this conservatorship in the ar	nount of \$

STIPULATED ORDER REAPPOINTING CONSERVATOR OF THE PERSON

LPS PC-34 (Updated 6/17) Page 1 of 2

IN THE MATTER OF THE CONSERVATORSHIP OF THE PE	RSON OF				
	MH:				
	175 07%				
2. THE CONSERVATOR					
shall shall not					
	(a) have the right to require conservatee to receive treatment related specifically to remedying or preventing the recurrence of conservatee's being gravely disabled;				
remedying or preventing	e conservatee to receive other medical treatment unrelated to g recurrence of conservatee's being gravely disabled which is of an existing or continued medical condition.				
3. The least restrictive placement available and	necessary to achieve the purpose of treatment for the conservatee is:				
☐ Independent Living	Closed (locked) Treatment Facility				
☐ Independent Living Facility	☐ State Hospital				
☐ Board and Care Facility	☐ Other				
☐ Open Treatment Facility					
The conservator shall, within five days, provide for such placement, to the following:	le written notice of any more restrictive placement, and the reason				
(a) The Court					
<ul><li>(b) The Conservatee's Attorney</li><li>(c) The County Patients' Rights Advocate</li><li>(d) and</li></ul>					
Dated:					
	Judge of the Superior Court				

LPS PC-34 (Updated 6/17) Page 2 of 2

ΔΤ	TORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEBUONE NO	COURTING OWY
^'	TORNET OR PARTT WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	COURT USE ONLY
		Š.	
АТ	TORNEY FOR (Name):		
ŞI	UPERIOR COURT OF CALIFORNIA, COUNTY OF SAN D	DIEGO	
CE	NTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO,	CA 92112-2724	
IN	THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	T.	-
	LETTERS OF CONSERVATORSHIP OF THE PER	SON UNDER	
	THE LANTERMAN-PETRIS-SHORT AC		MH:
	[Welfare and Institutions (W & I) CODE §5:	350]	<u> </u>
CA	ALIFORNIA, COUNTY OF SAN DIEGO		AFFIRMATION
1.	, is here by reappointed	I solemnly affirm that	I will perform the duties of my office
	Conservator of the Person of	<ul> <li>as Conservator of the according to law.</li> </ul>	Person of
		according to law.	
2.			
	(), or until otherwise ordered by the court.	Executed on	at San Diego, California.
3.	The conservator, pursuant to W & I Code §5358 shall		
	have the power to order the conservatee to be placed in a suitable facility, institution, hospital, or home, and	200	
	shall have the power to require conservatee to receive		
	mental health treatment related specifically to remedying or preventing the recurrence of the	Signature	Relationship
	conservatee's being gravely disabled.		
4	The consequence shall have the following as well ad-	Address	
4.	The conservator shall have the following as marked;		
	a. The right to require the conservatee to receive	City, State	Zip Telephone
	routine medical treatment unrelated to remedying or preventing the recurrence of the		
	conservatee's being gravely disabled,		CERTIFICATION
	including,		
			ment is a correct copy of the original and that the letters issued to the person
	□ b. The following additional powers:	appointed above have	e not been revoked, annulled, or set
		aside and are still in fu	ull force and effect.
	ATTECT.		5
	ATTEST: Date		
	MICHAEL RODDY		ATTEST:
	CLERK OF THE SUPERIOR COURT	Nei Court of Cally	Date
			MICHAEL RODDY
	By:		CLERK OF THE SUPERIOR COURT
		C. C. Site	Bv:
		of San	By:Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	COURT USE ONLY
, and the second	TEEL HONE (YOU	33371 332 3721
ATTOPNEY FOR (Alama):		
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN	N DIEGO	-
CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEG		
PLAINTIFF(S)/(RESPONDENT(S)	<u> </u>	
		Judge:
DÉFENDANT(S/(RESPONDENT(S)		Dept:
DEFENDANT(S/(NESF GIDENT(S)		Date
		Date:
PROOF OF SERVICE BY MAIL		MH:
(CCP) 1013a(1) & (3) & Local Rules Division	ll, Rule 6.7)	1711 1.
		rs and not a party to the case; I am
employed in, or am resident of County of San Diego, California		
where the mailing occurs; and my business/residence address is:		
(No., Street) (City)	(State)	(Zip)
(oity)	(State)	(21)
☐ I further declare that I am readily familiar with the business pra	actice for collection and proc	essing of correspondence for mailing with
	·	
United States Postal Service; and that the correspondence shall t	be deposited with the United	States Postal Service this same day in
the ordinary course business.		
I caused to be served the following document(s): (SET FORTH T	HE EXACT TITLE OF THE	DOCUMENT(S) SERVED AND FILED).
☐ Stipulated Order Reappointing Conservator of the Person	and Letters of Conservato	orship of the Person
By placing a true copy of each document in a separate envelope cases, specify the name of the party so served, the nature and st.		
cross-complainant, etc; and the name, address and phone number		
Attorney for Conservatee		
Conservatee		
Facility		<u> </u>
I then sealed each envelope and with postage thereon fully p	re-paid, I deposited each in	the United States Postal Service at:
☐ I placed each for deposit in the United State Postal Service,	this same day, at my busine	ss address shown above, the following
ordinary business practices.		
I declare under penalty of perjury under the laws of the State of C	ailtornia that the foregoing is	s true and correct.
Executed on Signate	ure:	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.;	COURT USE ONLY
	100	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SA	N DIEGO	7
CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIE	GO, CA 92112-2724	
PLAINTIFF(S)/(RESPONDENT(S)		
		Judge:
DETENDANTO//DEODONDENT/O		Dept:
DEFENDANT(S/(RESPONDENT(S)		Data
		Date:
PROOF OF SERVICE BY MA	All	
(CCP) 1013a(1) & (3) & Local Rules Division		MH:
(OOI ) 1010a(1) & (O) & Cocal Nules Division		
I, declare that	: I am over the age of 18 vea	irs and not a party to the case; I am
employed in, or am resident of County of San Diego, Californ		
	,	, 220
(No., Street) (City)	(State)	(Zip)
I further declare that I am readily familiar with the business practi	•	
United States Postal Service; and that the correspondence shall	be deposited with the United	States Postal Service this same day in
the ordinary course business.		
I caused to be served the following document(s): (SET FORTH	THE EXACT TITLE OF THE	DOCUMENT(S) SERVED AND EU ED)
Please mark the appropriate document(s) being served.		DOGGINE ((C) CERVED AND FIEED).
_		
Petition to Reestablish Conservator of the Person		
Request for Hearing and Notice of Hearing to Reestablish	Conservatorship	
By placing a true copy of each document in a separate envelope	addressed to each address:	ee respectively as follows: (For civil
cases, specify the name of the party so served, the nature and s	tatus of the party's involveme	ent in the case) (i.e. plaintiff, defendant,
cross-complainant, etc; and the name, address and phone numb	per of the party's counsel of r	ecord, if any)
Conservatee		
Doctor		100 00 00 00 00 00
Facility		
Relatives		
The second of th		
I then sealed each envelope and with postage thereon fully	pre-paid, i deposited each in	the United States Postal Service at
United and seek feed and in the Heiter Older Destel One in	463	
1 placed each for deposit in the United State Postal Service,	this same day, at my busine	ss address snown above, the following
ordinary business practices.		
I declare under penalty of perjury under the laws of the State of	California that the foregoing i	s true and correct.
		E
Executed on	Signature:	