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) 495-5127

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 **steps** 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 **Medical Recommendation and Declaration** - and *immediately* 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 *second doctor's signature* (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 **Petition to Reestablish form** - (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)

  Effective 1/29/2018 Reestablishment hearings are held at 1:30 p.m. on Tuesday or Thursday. 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 **Stipulated Order Reappointing Conservator of the Person** (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 **Letters of Conservatorship of the Person** - (see example #5)

  Check box 4(a), if Conservatee does not 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**

** (If you are **mailing** 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

After receiving the stamped filed copies of the Request for Hearing/Notice of Hearing, and Petition of Reestablishment from Court, make **copies** 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 "***Proof of Service by Mail***" - (see example #6)
  The Person signing, dating and mailing the documents *should be someone other than the Conservator.* (Use *Proof of Personal Service* 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 conformed "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 *(these forms are effective one year from the date of the stipulated order).*

  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 criteria 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	Diagnosis
1.		
2.		
3.		
4.		
5.		

EXAMPLE #1

IF PATIENT IS NO LONGER GRAVELY DISABLED

☐ This person is able to provide for his/her basic personal needs for food, clothing or shelter. I recommend that Conservatorship of the person be terminated.

(Doctor's Signature) _____ Date: _____

IF PATIENT CONTINUES TO BE GRAVELY DISABLED

☐ As the result of the above mental disorder, this patient is unable to provide for his/her basic personal needs for food, clothing or shelter. The patient is unwilling or unable to receive treatment voluntarily. If conservatorship is terminated the following behavior would result:

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
- ☐ Unable to obtain ordinary shelter;
- ☐ No realistic plans for obtaining shelter;
- ☐ Does not understand how to locate shelter;
- ☐ Other (explain) _____

CLOTHING
- ☐ Unable to dress self;
- ☐ Unable to wear appropriate clothing;
- ☐ Destroy or give away clothing;
- ☐ Other (explain) _____

☐ I recommend that a Conservatorship of the person be reestablished.

IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	MH:

The recommended level of care which is least restrictive and appropriate for this 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:

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 a motor vehicle;
☐	☐	(c) have the right to enter into contracts;
☐	☐	(d) have the right to refuse or consent to other medical treatment unrelated to the conservatee's being gravely disabled, including treatment for_____.
☐	☐	(e) have the right to refuse or consent to treatment related 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 the forgoing is true and correct and that this medical recommendation for reestablishment of Conservatorship of the person is executed on .

_____

Doctor's Signature

_____ Date: _____

Print Name

I concur with above statements and recommend the reestablishment of the Conservatorship of the person.

_____

Doctor's Signature

_____ Date: _____

Print Name

EXAMPLE #1

DOCTORS PLEASE NOTE: 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 PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	COURT USE ONLY
Private Conservator's Name 1234 Conservator Way City, CA 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 Name of Conservatee	
PETITION TO REESTABLISH CONSERVATORSHIP OF THE PERSON (Welfare & Institutions (W & I) Code §5350 et. seq)	MH:

Petitioner, Conservator's Name alleges:

1. Petitioner was appointed as conservator of the person of the conservatee on DATE APPOINTED
2. That petitioner, Conservator's Name, 1234 Court House Road, San Diego

   and 858-123-4567 is the duly appointed, qualified, and acting conservator of the person of the above-named conservatee;
3. The conservatee is 25 years old, and ☐ resides ☐ previously 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.
5. The names and addresses of the spouse and all relatives within the second degree of the conservatee so far as known to petitioner or, if no known spouse or relative, those persons deemed relatives under Probate Code §1821(b) are:

(Name)	(Address)	(Relationship)

(Other relatives, if any, will be listed on attached page);

6. Petitioner is not a creditor or debtor of the proposed conservatee;
7. The conservator:

should	should not	
☐	☐	(a) have the right to require the proposed conservatee to receive routine medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled which is necessary for treatment of existing or continued medical condition, including treatment for _____
☐	☐	(b) have the following additional powers: _____

EXAMPLE #2

IN THE MATTER OF THE CONSERVATOR OF	MH#

8 The conservatee:

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 conservatee's being gravely disabled.
☐	☐	(e)	have the right to refuse or consent to other medical treatment unrelated to the conservatee's being gravely disabled.
☐	☐	(f)	possess a firearm.
☐	☐	(g)	Pay attorney fees related to this conservatorship.

WHEREFORE, Petitioner requests that:

1. Petitioner be reappointed conservator of the person of the conservatee with the powers as described in number 5 above, to serve as conservator for a one-year period, and that all other necessary and proper orders be made in the premises.

2. While under the Conservatorship, the conservatee should, or should not, have the privileges and rights as described in number 6, above.

3. 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.

4. 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.

I have read the foregoing petition and it is true of my own knowledge except as to matters stated in it on information and belief, and as to those matters 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 _____TODAY'S DATE_____, in San Diego, California.

_____
Conservator

EXAMPLE #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	
REQUEST FOR HEARING AND NOTICE OF HEARING TO REESTABLISH CONSERVATORSHIP OF THE PERSON (W & I CODE 5350 et. Seq.)	MH:

REQUEST FOR HEARING

Petitioner, JANE DOE, requests a hearing on reappointment of Conservator to be held on TUESDAY OR THURSDAY at 1:30 am/pm in Department 1203 of the Superior Court.

Address of conservatee: 1234 FACILITY STREET, SAN DIEGO 92101

Name and address of conservator: JANE DOE, 5678 HOME AVENUE, SAN DIEGO

NOTICE OF HEARING – *(To Be Filled Out by Superior Court Mental Health Desk)*

Notice is given that on _____, the conservator filed a petition to reestablish conservatorship under Welfare and Institutions Code Section 5361 for a succeeding one-year period, and a hearing on the matter will be held on _____, at _____ am/pm in Department _____ of the Superior Court, 1100 Union Street, San Diego, California. It the conservatee or conservatee's attorney requests it, there shall be a court hearing or a jury trial on the issue of whether the conservatee remains gravely disabled. Such request shall be filed in writing with 15 days of this Notice with the Clerk of 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 conservator's petition.

Date: _____

_____
Conservator's Signature

EXAMPLE #3

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	COURT USE ONLY
Conservator's Name 1234 Conservator's Way City, State, Zip code ATTORNEY FOR (Name):	
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	
STIPULATED ORDER REAPPOINTING CONSERVATOR OF THE PERSON [Welfare and Institutions (W & I) Code §5350 et seq.]	MH:

The petition of _____, Conservator, for reappointment of a Conservator of the person of _____, Conservatee, was presented to The Honorable _____, Judge of the Superior Court in Department _____, on _____, at _____ a.m. the attorney for conservatee _____, Esq, having filed with the court a stipulation to reestablish conservatorship and

GOOD CAUSE APPEARING, on stipulation of Counsel,

IT IS ORDERED THAT:

1. _____ is reappointed Conservator of the Person _____, Conservatee; and that Letters of Conservatorship be issued accordingly when the conservator has taken the oath required by law.

2. The conservator shall have all the powers and duties specified in Section §5350 et seq. of Welfare and 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.

IT IS FURTHER ORDERED THAT:

1. CONSERVATEE

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 a motor vehicle;
☐	☐	(c) have the right to enter into contracts;
☐	☐	(d) have the right to refuse or consent to treatment related specifically to the conservatee being gravely disabled;
☐	☐	(e) have the right to refuse or consent to other medical treatment unrelated to the to conservatee's being gravely disabled;
☐	☐	(f) possess a firearm;
☐	☐	(g) pay attorney fees related to this conservatorship in the amount of $ _____.

EXAMPLE #4

IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	MH:

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;
☐	☐	(b) have the right to require conservatee to receive other medical treatment unrelated to remedying or preventing recurrence of conservatee's being gravely disabled which is necessary for treatment 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
☐ Independent Living Facility
☐ Board and Care Facility
☐ Open Treatment Facility
☐ Closed (locked) Treatment Facility
☐ State Hospital
☐ Other _____

4. The conservator shall, within five days, provide written notice of any more restrictive placement, and the reason therefore to the following:

(a) The Court
(b) The Conservatee's Attorney
(c) The County Patients' Rights Advocate
(d) and _____

EXAMPLE #4

Dated: _____

_____
Judge of the Superior Court

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	COURT USE ONLY
Conservator's Name 1234 Conservator Way City, State, Zip code ATTORNEY FOR (Name):		
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		
LETTERS OF CONSERVATORSHIP OF THE PERSON UNDER THE LANTERMAN-PETRIS-SHORT ACT [Welfare and Institutions (W & I) CODE §5350]		MH:

CALIFORNIA, COUNTY OF SAN DIEGO

1. JANE DOE, is here by reappointed Conservator of the Person of JOHN DOE

2. This appointment shall remain in effect until (One year from executed date), or until otherwise ordered by the court.

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.

4. The conservator shall have the following as marked;

   ☐ a. The right to require the conservatee to receive routine medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled, including, _____

   ☐ b. The following additional powers: _____

ATTEST: _____
Date

MICHAEL RODDY
CLERK OF THE SUPERIOR COURT

By: _____
Deputy

AFFIRMATION

I solemnly affirm that I will perform the duties of my office as Conservator of the Person of JOHN DOE according to law.

Executed on (Today's Date) at San Diego, California.

Signature _____ Relationship _____

Address _____

City, State _____ Zip _____ Telephone _____

CERTIFICATION

I certify that this document 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.

ATTEST: _____
Date

MICHAEL RODDY
CLERK OF THE SUPERIOR COURT

By: _____
Deputy

EXAMPLE #5

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Conservator's Name 1234 Conservator Way City, State, Zip code ATTORNEY FOR (Name):	TELEPHONE NO.:	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO, CA 92112-2724		
PLAINTIFF(S)/(RESPONDENT(S) Conservator Name Here		Judge: Dept:
DEFENDANT(S/(RESPONDENT(S) Conservatee Name Here		Date:
PROOF OF SERVICE BY MAIL **(CCP) 1013a(1) & (3) & Local Rules Division II, Rule 6.7)**		MH:

I, JANE DOE declare that: I am over the age of 18 years 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)

I further declare that I am readily familiar with the business practice for collection and processing of correspondence for mailing with 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 FILED). Please mark the appropriate document(s) being served.

☒ 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 addressee, respectively, as follows: (*For civil cases, specify the name of the party so served, the nature and status of the party's involvement in the case) (i.e. plaintiff, defendant, cross-complainant, etc; and the name, address and phone number of the party's counsel of record, if any)*

Conservatee _____

Doctor _____

Facility _____

Relatives _____

☒ I then sealed each envelope and with postage thereon fully pre-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 business address shown above, the following ordinary business practices.

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: _____

EXAMPLE #6

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	COURT USE ONLY
Conservator's Name 1234 Conservator Way City, State, Zip code ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO, CA 92112-2724	
PLAINTIFF(S)/(RESPONDENT(S) Conservator's Name Here	Judge: Dept:
DEFENDANT(S/(RESPONDENT(S) Conservatee's Name Here	Date: Time: 1:30 pm
PROOF OF SERVICE BY MAIL **(CCP) 1013a(1) & (3) & Local Rules Division II, Rule 6.7)**	MH:

I, JANE DOE declare that: I am over the age of 18 years 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)

☐ I further declare that I am readily familiar with the business practice for collection and processing of correspondence for mailing with 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 FILED).

☒ Stipulated Order Reappointing Conservator of the Person and Letters of Conservatorship of the Person

By placing a true copy of each document in a separate envelope addressed to each addressee, respectively, as follows: (*For civil cases, specify the name of the party so served, the nature and status of the party's involvement in the case) (i.e. plaintiff, defendant, cross-complainant, etc; and the name, address and phone number of the party's counsel of record, if any)*

Attorney for Conservatee OFFICE OF THE PUBLIC DEFENDER, MH, 450 B STREET,STE. 900, SAN DIEGO, CA 92101

Conservatee _____

Facility _____

☒ I then sealed each envelope and with postage thereon fully pre-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 business address shown above, the following ordinary business practices.

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: _____

EXAMPLE #7

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 PATIENT IS NO LONGER GRAVELY DISABLED

☐ This person is able to provide for his/her basic personal needs for food, clothing or shelter. I recommend that Conservatorship of the person be terminated.

(Doctor's Signature)_____ Date:_____

IF PATIENT CONTINUES TO BE GRAVELY DISABLED

☐ As the result of the above mental disorder, this patient is unable to provide for his/her basic personal needs for food, clothing or shelter. The patient is unwilling or unable to receive treatment voluntarily. If conservatorship is terminated the following behavior would result:

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
- ☐ Unable to obtain ordinary shelter;
- ☐ No realistic plans for obtaining shelter;
- ☐ Does not understand how to locate shelter;
- ☐ Other (explain) _____

CLOTHING
- ☐ Unable to dress self;
- ☐ Unable to wear appropriate clothing;
- ☐ Destroy or give away clothing;
- ☐ Other (explain) _____

☐ I recommend that a Conservatorship of the person be reestablished.

IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	MH:

The recommended level of care which is least restrictive and appropriate for this 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:

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 a motor vehicle;
☐	☐	(c) have the right to enter into contracts;
☐	☐	(d) have the right to refuse or consent to other medical treatment unrelated to the conservatee's being gravely disabled, including treatment for_____.
☐	☐	(e) have the right to refuse or consent to treatment related 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 the forgoing is true and correct and that this medical recommendation for reestablishment of Conservatorship of the person is executed on .

_____
Doctor's Signature

_____ Date: _____
Print Name

I concur with above statements and recommend the reestablishment of the Conservatorship of the person.

_____
Doctor's Signature

_____ Date: _____
Print Name

DOCTORS PLEASE NOTE: 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 PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:	*COURT USE ONLY*
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	
PETITION TO REESTABLISH CONSERVATORSHIP OF THE PERSON (Welfare & Institutions (W & I) Code §5350 et. seq)	MH:

Petitioner, _____ alleges:

1. Petitioner was appointed as conservator of the person of the conservatee on _____

2. That petitioner, _____, _____

   and _____is the duly appointed, qualified, and acting conservator of the person of the above-named conservatee;

3. The conservatee is _____ years old, and ☐ resides ☐ previously 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.

5. The names and addresses of the spouse and all relatives within the second degree of the conservatee so far as known to petitioner or, if no known spouse or relative, those persons deemed relatives under Probate Code §1821(b) are:

(Name) (Address) (Relationship)

_____

_____

_____

_____

_____

(Other relatives, if any, will be listed on attached page);

6. Petitioner is not a creditor or debtor of the proposed conservatee;

7 The conservator:

should	should not	
☐	☐	(a) have the right to require the proposed conservatee to receive routine medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled which is necessary for treatment of existing or continued medical condition, including treatment for _____
☐	☐	(b) have the following additional powers: _____

8 The conservatee:

is	Is not	
☐	☐	(a) capable of completing an affidavit of voter registration

IN THE MATTER OF THE CONSERVATOR OF	MH#

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 conservatee's being gravely disabled.
☐	☐	(e) have the right to refuse or consent to other medical treatment unrelated to the conservatee's being gravely disabled.
☐	☐	(f) possess a firearm.
☐	☐	(g) Pay attorney fees related to this conservatorship.

WHEREFORE, Petitioner requests that:

1. Petitioner be reappointed conservator of the person of the conservatee with the powers as described in number 5 above, to serve as conservator for a one-year period, and that all other necessary and proper orders be made in the premises.

2. While under the Conservatorship, the conservatee should, or should not, have the privileges and rights as described in number 6, above.

3. 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.

4. 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.

I have read the foregoing petition and it is true of my own knowledge except as to matters stated in it on information and belief, and as to those matters 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 _____, in San Diego, California.

_____
Conservator

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.	*COURT USE ONLY*
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	
REQUEST FOR HEARING AND NOTICE OF HEARING TO REESTABLISH CONSERVATORSHIP OF THE PERSON (W & I CODE 5350 et. Seq.)	MH:

REQUEST FOR HEARING

Petitioner, _____, requests a hearing on reappointment of Conservator to be held on _____ at _____ am/pm in Department _____ of the Superior Court.

Address of conservatee: _____

_____

Name and address of conservator: _____

_____

NOTICE OF HEARING – *(To Be Filled Out By Superior Court Mental Health Desk)*

Notice is given that on _____, the conservator filed a petition to reestablish conservatorship under Welfare and Institutions Code Section 5361 for a succeeding one-year period, and a hearing on the matter will be held on _____, at _____ am/pm in Department _____ of the Superior Court, 1100 Union Street, San Diego, California. It the conservatee or conservatee's attorney requests it, there shall be a court hearing or a jury trial on the issue of whether the conservatee remains gravely disabled. Such request shall be filed in writing with 15 days of this Notice with the Clerk of 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 conservator's petition.

Date: _____

_____
Conservator's Signature

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:	*COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO **CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 12274, SAN DIEGO, CA 92112-2724**	
IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	
STIPULATED ORDER REAPPOINTING CONSERVATOR OF THE PERSON [Welfare and Institutions (W & I) Code §5350 et seq.]	MH:

The petition of _____, Conservator, for reappointment of a Conservator of the person of _____, Conservatee, was presented to The Honorable _____, Judge of the Superior Court, in Department _____, on _____, at _____ A.M/P.M. the attorney for conservatee _____, Esq, having filed with the court a stipulation to reestablish conservatorship and

GOOD CAUSE APPEARING, on stipulation of Counsel,

IT IS ORDERED THAT:

1. _____ is reappointed Conservator of the Person _____, Conservatee; and that Letters of Conservatorship be issued accordingly when the conservator has taken the oath required by law.

2. The conservator shall have all the powers and duties specified in Section §5350 et seq. of Welfare and 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.

IT IS FURTHER ORDERED THAT:

1. CONSERVATEE

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 a motor vehicle;
☐	☐	(c) have the right to enter into contracts;
☐	☐	(d) have the right to refuse or consent to treatment related specifically to the conservatee being gravely disabled;
☐	☐	(e) have the right to refuse or consent to other medical treatment unrelated to the to conservatee's being gravely disabled;
☐	☐	(f) possess a firearm;
☐	☐	(g) pay attorney fees related to this conservatorship in the amount of $ _____.

IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	MH:

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;
☐	☐	(b) have the right to require conservatee to receive other medical treatment unrelated to remedying or preventing recurrence of conservatee's being gravely disabled which is necessary for treatment 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
☐ Independent Living Facility
☐ Board and Care Facility
☐ Open Treatment Facility
☐ Closed (locked) Treatment Facility
☐ State Hospital
☐ Other _____

4. The conservator shall, within five days, provide written notice of any more restrictive placement, and the reason for such placement, to the following:

(a) The Court
(b) The Conservatee's Attorney
(c) The County Patients' Rights Advocate
(d) and _____

Dated: _____

_____
Judge of the Superior Court

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:	*COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
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	
LETTERS OF CONSERVATORSHIP OF THE PERSON UNDER THE LANTERMAN-PETRIS-SHORT ACT [Welfare and Institutions (W & I) CODE §5350]	MH:

CALIFORNIA, COUNTY OF SAN DIEGO

1. _____, is here by reappointed Conservator of the Person of _____

2. This appointment shall remain in effect until (_____), or until otherwise ordered by the court.

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.

4. The conservator shall have the following as marked;

   ☐ a. The right to require the conservatee to receive routine medical treatment unrelated to remedying or preventing the recurrence of the conservatee's being gravely disabled, including, _____

   ☐ b. The following additional powers: _____

ATTEST: _____
Date

MICHAEL RODDY
CLERK OF THE SUPERIOR COURT

By: _____
Deputy

AFFIRMATION

I solemnly affirm that I will perform the duties of my office as Conservator of the Person of _____ according to law.

Executed on _____ at San Diego, California.

_____ _____
Signature Relationship

_____
Address

_____ _____ _____
City, State Zip Telephone

CERTIFICATION

I certify that this document 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.

ATTEST: _____
Date

MICHAEL RODDY
CLERK OF THE SUPERIOR COURT

By: _____
Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:	*COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO **CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO, CA 92112-2724**	
PLAINTIFF(S)/(RESPONDENT(S)	Judge:
DEFENDANT(S/(RESPONDENT(S)	Dept: Date:
PROOF OF SERVICE BY MAIL **(CCP) 1013a(1) & (3) & Local Rules Division II, Rule 6.7)**	MH:

I, JANE DOE declare that: I am over the age of 18 years 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)

☐ I further declare that I am readily familiar with the business practice for collection and processing of correspondence for mailing with 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 FILED).
☐ **Stipulated Order Reappointing Conservator of the Person and Letters of Conservatorship of the Person**

By placing a true copy of each document in a separate envelope addressed to each addressee, respectively, as follows: (*For civil cases, specify the name of the party so served, the nature and status of the party's involvement in the case) (i.e. plaintiff, defendant, cross-complainant, etc; and the name, address and phone number of the party's counsel of record, if any)*

Attorney for Conservatee _____

Conservatee _____

Facility _____

☐ I then sealed each envelope and with postage thereon fully pre-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 business address shown above, the following ordinary business practices.

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

Executed on _____ Signature: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:	*COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO **CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO, CA 92112-2724**	
PLAINTIFF(S)/(RESPONDENT(S)	Judge:
DEFENDANT(S/(RESPONDENT(S)	Dept: Date:
PROOF OF SERVICE BY MAIL **(CCP) 1013a(1) & (3) & Local Rules Division II, Rule 6.7)**	MH:

I, _____ declare that: I am over the age of 18 years 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)

I further declare that I am readily familiar with the business practice for collection and processing of correspondence for mailing with 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 FILED). Please mark the appropriate document(s) being served.

☐ 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 addressee, respectively, as follows: (*For civil cases, specify the name of the party so served, the nature and status of the party's involvement in the case) (i.e. plaintiff, defendant, cross-complainant, etc; and the name, address and phone number of the party's counsel of record, if any)*

Conservatee _____

Doctor _____

Facility _____

Relatives _____

☐ I then sealed each envelope and with postage thereon fully pre-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 business address shown above, the following ordinary business practices.

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

Executed on _____ Signature: _____