SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

CENTRAL COURTHOUSE 1100 UNION STREET SAN DIEGO, CA 92101

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

County of San Diego, Public Defender Mental Health Division 451 A Street, Suite 900 San Diego, CA 92101 Phone: (619) 338-4617

Health and Human Services Agency Behavioral Health Services Public Conservator's Office 3255 Camino Del Rio South San Diego, CA 92108 Phone: (858) 694-3500

Fax: (858) 799-0801

INSTRUCTION TO REESTABLISH LPS CONSERVATORSHIP

A notice that conservatorship may terminate is mailed by the Superlor 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 *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 <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 <u>Request for Hearing and Notice of Hearing</u> (see example #3)
 Reestablishment hearings are held at 9:00 am or 1:30 p.m. on Mondays. The requested date should fall on the closest Monday 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

^{** (}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

<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.

451 A Street, Suite 900, San Diego, CA 92101

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

Public Conservator

3255 Camino Del Rio South San Diego, CA 92108

- ✓ 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, <u>you</u>, (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	GRAVELYDISABLED
This person is able to provide for Conservatorship of the person be te	rminated.	needs for food, clothing or shelter. I recommend that Date:
As the result of the above mental di	sorder, this patient is un unwilling or unable to	able to provide for his/her basic personal needs for food, o receive treatment voluntarily. If conservatorship is
Eating habits Unable to for	om inappropriate or uns likely to result in malnut m/follow through on real pr)	rition/dehydration; istic plans for obtaining meals;
No realistic pi	tain ordinary shelter; lans for obtaining shelter erstand how to locate sl n)	
	ar appropriate clothing; ve away clothing;	
☐ I recommend that a Conservatorship	of the person be reestal	blished.

IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	
	MH:
The recommended level of care which is least restrictive and appropriate for the	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 (c) have the right to enter into contracts; (d) have the right to refuse or consent to other medical	a motor vahicla:
being gravely disabled, including treatment for (e) have the right to refuse or consent to treatment relationships to the consent to treatment for the consent to treatment for the consent to treatment relationships to the consent to treatment for the consent to treatment relationships to the consent to the consent to the consent to treatment relationships to the consent to the consen	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:	
I concur with above statements and recommend the reestablishment of the Concur's Signature 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	vator'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	'HOUSE, 1100 UI	NION STREET, P.O. BOX 122724, SAN D	IEGO, CA 92112-2724	
	10 m	VATORSHIP OF THE PERSON OF		
Name of Co	nservatee			
		ABLISH CONSERVATORSHI nstitutions (W & I) Code §5356		MH:
Petitioner,	Conservate	or's Name	alleg	Jee:
1. Petitioner	was appointe	ed as conservator of the person	of the conservatee on	DATE APPOINTED
2. That petition	oner, <u>Cons</u>	servator's Name , 12	234 Court House Road,	San Diego
and{conserva	358-123-4567 tee;	is the duly appointed, quali	fied, and acting conserve	etor of the person of the above-named
3. The conse	rvatee is2	25 years old, and ☐ resides	previously resided a	ıt
alcoholism	n, the conserv	a conservator of the person is covatee continues to be a gravely of accepting treatment volunt	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)		(Add	ress)	(Relationship)
	-			
		A		
	A			
(Other relative	es, if any, wil	l be listed on attached page);		
6. Petitioner	is not a credi	itor or debtor of the proposed co	onservatee;	
7 The conse	ervator:			
should	should not	t		
		treatment unrelated to re being gravely disabled	emedying or preventing which is necessary fo	servatee to receive routine medical the recurrence of the conservatee's retreatment of existing or continued
		(b) have the following addition	nui powera.	·····

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:		W.	
	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 corbeing gravely disabled.	nservatee's
			(e)	have the right to refuse or consent to other medical treatment unrelated to the cobeing gravely disabled.	onservatee'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 condictions. der the Conser 6, above. servator be g	nted on nservate	conservator of the person of the conservatee with the powers as described in nuvator for a one-year period, and that all other necessary and proper orders be made torship, the conservatee should, or should not, have the privileges and rights as depower to care for the conservatee by ordering placement in a suitable institution,	le in the escribed , 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. 				
l a	have read nd belief, a	the foregoin and as to thos	g peti se ma	tition and it is true of my own knowledge except as to matters stated in it on info atters I believe it to be true.	rmation
				erjury under the laws of the State of California that the foregoing is true and ecuted on TODAY'S DATE, in San Diego, California.	correct,
				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 SAI	N DIEGO	
CENTRAL COURTHOUSE - 1100 UNION STREET, P. O. BOX 122724, SA		
IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF		
Conservatee's Name Here		
REQUEST FOR HEARING AND NOTICE OF HI		MH:
REESTABLISH CONSERVATORSHIP OF THE PERSON (W	& I CODE 5350 et. Seq.)	
REQUEST FOR HEARING		
NEGOLOT OT MEANITO		
Petitioner, <u>JANE DOE</u>	, requests a hearing c	reappointment of
Conservator to be held on TUESDAY OR THURSDAY at _	1:30 am/pm in Departm	pent 1203 of the Superior Court.
Address of conservatee: 1234 FACILITY STREET, SA		
Address of conservatee	11 DIEGO 92101	
Name and address of conservator:JANE_DOE, 5678 H	OME AVENUE. SAN DIE	GO
) \	
NOTICE OF HEARING - (To Be Filled Out by Superior Count)	Mental Health Desk)	
Notice to alread that are	44	
		filed a petition to reestablish
conservatorship under Welfare and Institutions Code Sect		_
on the matter will be held on	, at am/r	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 iss		
Such request shall be filed in writing with 15 days of this	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	the conservator's petition	-
ine judge may, on the dealth own motion, accept of tojoct	and deriver value a penner	•
Date		
Date:	Conservator'	s Signature
	Ochsol valor	o organization

		WITHOUT ATTORNEY (Name and Address): TELEPHON	E NO.:	COURT USE ONLY
	vator's Na onservator			
	ate, Zip co	•		
ATTORNE	Y FOR Mana	h.≅		
	EY FOR (Name RIOR COU	RT OF CALIFORNIA, COUNTY OF SAN DIEGO		
CENTRAL	COURTHOUS	SE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO, CA 92112-27	724	
INTHE	MATTER OF	THE CONSERVATORSHIP OF THE PERSON OF		
		The state of the s		
CONS	SERVATI	EE'S NAME HERE		
STIPU		RDER REAPPOINTING CONSERVATOR OF THE fare and Institutions (W & I) Code §5350 et seq.]	PERSON	MH:
The pet	ition of	, Conserva	tor, for rea	ppointment of a Conservator of the
person	of			e was presented to The Honorable
				Count in Department, on
		, at a.m. the attorney for conservate		, Esq,
having	filed with th	e court a stipulation to reestablish conservatorship	281	, 234,
		is court a supulation to residential control valorating	1	
GOOD	CAUSE AI	PPEARING, on stipulation of Counsel,		
IT IO O	nnenen i	TIAT.	1	
11 15 0	RDERED 1	HAI:		
1			<u> is reap</u> p	pointed Conservator of the Person
			, Conserva	itee; and that Letters of
Conse	rvatorship	be issued accordingly when the conservator has tal	ken the oat	h required by law.
2 The	conseniati	or shall have all the powers and duties specified in S	Section 853	50 et seg. of Welfare and
		Code including the power to place conservatee in a	_	•
	-	A V Y		•
		Institution Code; and that the conservator shall act	as Conser	vator of the Person for the period of
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 regis	tration:	
		(a) capable of completing an amount of voter regis	uadon,	
shall	shall not	(b) have the privilege of possessing a license to op	orato a ma	tor vehicle:
		(c) have the right to enter into contracts;	rerate a mic	noi venicie,
]	_	(d) have the right to refuse or consent to treatmen	it related si	pecifically to the conservatee being
		gravely disabled;		·
		(e) have the right to refuse or consent to of conservatee's being gravely disabled;	iner medic	ai treatment unrelated to the to
		(f) possess a firearm;		
		(g) pay attorney fees related to this conservatorshi	p 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		AFFIRMATION
1.		I solemnly affirm that as Conservator of the to law.	will perform the duties of my office Person of JOHN DOE _according
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 anrelated 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 a 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 ATTORNEY (Name and Address): Conservator's Name 1234 Conservator Way City, State, Zip code ATTORNEY FOR (Name):	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	1
CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN DIEGO, CA 92112-2724	
PLAINTIFF(S)/(RESPONDENT(S)	
	Judge:
Conservator Name Here DEFENDANT(S/(RESPONDENT(S)	Dept:
	Date:
Conservatee Name Here	
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 year employed in, or am resident of County of San Diego, California, where the mailing occurr, a	
(No., Street) (City) (State)	(Zip)
I further declare that I am readily familiar with the business practice for collection and processin. United States Postal Service; and that the correspondence shall be deposited with the United of the ordinary course business. I caused to be served the following document(s): (SET FORTH THE EXACT TITLE OF THE EXAC	States Postal Service this same day in DOCUMENT(S) SERVED AND FILED). respectively, as follows: (For civil cases, ase) (i.e. plaintiff, defendant, cross-ny)
I then sealed each envelope and with postage thereon fully pre-paid, I deposited each in t	he United States Postal Service at
I placed each for deposit in the United State Postal Service, this same day, at my business ordinary business practices.	s 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	TELEPHONE NO.	COURT USE ONLY
1234 Conservator Way		
City, State, Zip code		
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF S	AN DIECO	C
CENTRAL COURTHOUSE, 1100 UNION STREET, P.O. BOX 122724, SAN D PLAINTIFF(S)/(RESPONDENT(S)	NEGO, CA 92112-2724	
- Dantin (Optice) Onderties		Judge:
Conservator's Name Here		Dept:
DEFENDANT(S/(RESPONDENT(S)		
The Control of the Co		Date: Time: 1:30 pm
Conservatee's Name Here		
PROOF OF SERVICE BY I	MAIL	MĤ:
(CCP) 1013a(1) & (3) & Local Rules Division	on II, Rule 6.7)	WITT.
		[,]
	9140	are and not a party to the case; I am
employed in, or am resident of County of San Diego, Califo		\
where the mailing occurs; and my business/residence address	is:	
(No., Street) (City)	(State)	(Zip)
	1	
I further declare that I am readily familiar with the business	s practice for collection and pr	ocessing of correspondence for mailing
with United States Postal Service; and that the correspondence	e shall be deposited with the l	United States Postal Service this same day
in the ordinary course business.		
I caused to be served the following document(s): (SET FORT	H THE EXACT TITLE OF THE	DOCUMENT(S) SERVED AND FILED).
Stipulated Order Reappointing Conservator of the Person a	and Letters of Conservatorship	of the Person
By placing a true copy of each document in a separate envelope specify the name of the <u>party</u> so served, the nature and status of complainant, etc; and the name, address and phone number of t	the party's involvement in the	case) (i.e. plaintiff, defendant, cross-
Attorney for Conservatee OFFICE OF THE PUBLIC DEFENDER, MH,	450 B STREET,STE, 900, SAN D	IEGO, CA 92101
Conservatee		192 to 19 12 to 19 1
- doiny		
I then sealed each envelope and with postage thereon ful	ly pre-paid, I deposited each i	n the United States Postal Service at
I placed each for deposit in the United State Postal Service ordinary business practices.	e, this same day, at my busin	ess address shown above, the following
I declare under penalty of perjury under the laws of the State of	of California that the foregoing	is true and correct,
Executed on(Today's Date) Sign	nature:	

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.	
	IF P	ATIENT IS NO LONGER	GRAVELY DISABLED
	able to provide fo of the person be t		needs for food, clothing or shelter. I recommend that
(Doctor's Signature)_			Date:
	IF PATI	ENT CONTINUES TO BE	GRAVELY DISABLED
clothing or shelf		is unwilling or unable to	able to provide for his/her basic personal needs for food, o receive treatment voluntarily. If conservatorship is
FOOD	☐ Eating habit ☐ Unable to fo		
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 CONSERVAT	OBSUID OF THE BEDSON 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 that the propose the propose that the propose that the propose that the propose	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

IN	N THE MATTER	OF THE COM	ISERVATOR OF		MH#		
				*			
sh	ould shou	ld not					
		(b)	have the privilege of	possessing a license to o	perate a motor vehicle.		
		(c)	have the rights to ent	er into contracts	120		
] [] (d)	have the right to refu being gravely disabl		t related specifically to the conservatee's		
		☐ (e)	have the right to refuse being gravely disable		cal treatment unrelated to the conservatee's		
] [possess a firearm.				
] [] (g)	Pay attorney fees rela	y attorney fees related to this conservatorship.			
WHE	REFORE, Pe	titioner req	uests that:				
ab					the powers as described in number 5 sary and proper orders be made in the		
	While under the Conservatorship, the conservatee should, or should not, have the privileges and rights as described in number 6, above.						
ho	 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.						
			tion and it is true of m tters I believe it to be to		s to matters stated in it on information		
				of the State of California t	hat the foregoing is true and correct, San Diego, California.		
				Conservator			

LPS PC-25 (Rev. 3/16)

	* _	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.	COURT USE ONLY
	54	
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 the	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 t	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	1
CENTRAL	COURTHOUS	E, 1100 UNION STREET, P.O. BOX 12274, SAN DIEGO, CA 92112-2724	
IN THE M	NATTER 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 stipulation to
reestabl	ish conser	vatorship and	
GOOD	CAUSE AF	PPEARING, on stipulation of Counsel,	
IT IS OF	RDERED T	THAT:	
1			is reappointed Conservator of the
,			
		, (
Conse	rvatorship I	be issued accordingly when the conservator has taken the oat	th required by law.
2 The	conservato	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 in	•
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 O	RDERED THAT:	
1. CO	NSERVAT	EE	
ic	is not		
is	IS TIOL	(a) capable of completing an affidavit of voter registration;	
shall	shall not	, , ,	
SI IGII		(b) have the privilege of possessing a license to operate a me	otor vahiolo:
			biol verilcie,
		(c) have the right to enter into contracts;	positically to the concentrates being
		(d) have the right to refuse or consent to treatment related s gravely disabled;	
		(e) have the right to refuse or consent to other media conservatee's being gravely disabled;	cal treatment unrelated to the to
		(f) possess a firearm;	
		(g) pay attorney fees related to this conservatorship in the an	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					
(b) The Conservatee's Attorney(c) The County Patients' Rights Advocate(d) and					
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	17	-
	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	 as Conservator of the according to law. 	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
	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/(NESFONDENT(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.		DOGGINERATION CERTAIN THE PROPERTY.
_		
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:	