

# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

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

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

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

(Continued on reverse)

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

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

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

c. **Ability to live in residence\*** The proposed conservatee is

(1)  **living** in his or her residence and

(a)  will continue to live there unless circumstances change.

(b)  will need to be moved after a conservator is appointed (specify supporting facts below in item 4c(3)).

(c)  other (specify and give supporting facts below in item 4c(3)).

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

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CONSERVATORSHIP OF (Name):	CASE NUMBER:
PROPOSED CONSERVATEE	

4. c. (continued)

- (2)  **not living** in his or her residence and
- (a)  will return by (date): *(specify supporting facts below in item 4c(3)).*
- (b)  will not return to live there *(specify supporting facts below in item 4c(3)).*
- (c)  other *(specify and give supporting facts below in item 4c(3)).*
- (3)  Supporting facts *(specify if required):*       Specified in Attachment 4c.

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

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

6. SERVICES PROVIDED\* *(complete a or b, or both a and b)*

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

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

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CONSERVATORSHIP OF <i>(Name)</i> : <div style="text-align: right; padding-right: 20px;">PROPOSED CONSERVATEE</div>	CASE NUMBER:
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6. a. *(continued)*

(3) **estate management assistance**  was provided  was not provided to the proposed conservatee *(explain)*:  
 Explained in Attachment 6a(3).

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

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

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

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

2  3  4b  4c  5  6 *(specify reasons each item is not applicable)*:  
 Reasons specified in Attachment 8.

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

**DECLARATION**

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

Date:

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

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