

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): <hr style="width: 20px; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (<i>Name</i>): _____ PROPOSED CONSERVATEE	
<p align="center">CONFIDENTIAL SUPPLEMENTAL INFORMATION (Probate Conservatorship)</p> Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship	CASE NUMBER: _____
1. a. Proposed conservatee (<i>name</i>): b. Date of birth: c. Social security No.:	HEARING DATE: _____ DEPT.: _____ TIME: _____

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

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

(Continued on reverse)

CONFIDENTIAL

CONSERVATORSHIP OF (Name): <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.

(Continued on page three)

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CONSERVATORSHIP OF (Name): _____ <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)