CONFIDEN	TIAL (DO NOT ATTACH TO	PETITION)	GC-312
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, stat	te bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO. (Optional):		
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COU	NTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
CONSERVATORSHIP OF (Name):			
	PROPOSED CONSERVATEE		
(Probate 0	PLEMENTAL INFORMATION Conservatorship)	CASE NUMBER:	
Conservatorship of Person	Estate Limited Conservatorship		
		HEARING DATE:	
1. a. Proposed conservatee (name):			
b. Date of birth:		DEPT.: TIME:	
c. Social security No.:			
2 LINARI E TO PROVIDE EOR DEI	DSONAL NEEDS* The following facts support net	ritioner's allegation that the prope	nead

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.

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	CONSERVATORSHIP OF (Name): PROPOSED CONSERVATEE CASE NUMBER:
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*
	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)).
*	f this item is not applicable, complete item 8.

(Continued on page three)

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	CON	SERVATORSHIP OF (Name):		CASE NUMBER:
Ļ		(()	PROPOSED CONSERVATEE	
4.	C.	(continued) (2) not living in his or her residence and (a) will return by (date): (b) will not return to live there (specify) (c) other (specify and give supporting) (3) Supporting facts (specify if required):	fy supporting facts below in item	
5.	the eac	TERNATIVES TO CONSERVATORSHIP* Petitione m to be unsuitable or unavailable to the proposed or ch is unsuitable or unavailable): Reasons sp Voluntary acceptance of informal or formal assistan	onservatee (specify the alternation occified in Attachment 5.	ves considered and the reason or reasons
	b.	Special or limited power of attorney (give reason thi	is is unsuitable or unavailable):	
	C.	General power of attorney (give reason this is unsu	uitable 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 read	son each is unsuitable or unava	ilable):
6.	SE a.	RVICES PROVIDED* (complete a or b, or both a ar During the year before this petition was filed, (1) health services were provided Explained in Attachment 6a(1).		the proposed conservatee (explain):
		(2) social services were provided Explained in Attachment 6a(2).	were not provided to	the proposed conservatee (explain):
*	f this	item is not applicable, complete item 8.		

(Continued on page four)

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C	CON	ISERVATORSHIP OF (Name):	CASE NUMBER:
		PROPOSED CONSERVATEE	
6.	a.	(3) estate management assistance was provided was not processed was provided Explain): Explained in Attachment 6a(3).	ovided to the proposed
	b.	Petitioner has no knowledge of what social services health assistance was provided to the proposed conservatee during the year before to reasonable means of determining what services were provided.	services estate management his petition was filed. Petitioner has no
7.		Item 2: On petitioner's own knowledge Item 3: On petitioner's own knowledge Item 4: On petitioner's own knowledge Item 5: On petitioner's own know	another person attached as Attachment 1a. another person attached as Attachment 2a. another person attached as Attachment 3a. another person attached as Attachment 4a. another person attached as Attachment 5a. another person attached as Attachment 6a.
8.	ITE	EMS NOT APPLICABLE The following items on this form were not applicable to the 2 3 4b 4c 5 6 (specify reasons each item i Reasons specified in Attachment 8.	
9.	Nu	umber of pages attached:	
		DECLARATION	
		DECLARATION	
l d	ecla	are under penalty of perjury under the laws of the State of California that the foregoing	is true and correct.
Da	te:		
		<u> </u>	
		(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)