

To:

COUNTY CONSERVATORSHIP INVESTIGATOR

Conservatorship is recommended for \_\_\_\_\_  
(Name of Patient)

who is in my care. It has been determined that this person is gravely disabled as defined by the Welfare and

Institutions Code Section 5008 (h)

\* (a) as a result of a mental disorder

\* (b) by impairment of chronic alcoholism

and is

\* (a) unwilling to accept treatment voluntarily

\* (b) Incapable of accepting treatment voluntarily

\* (Strike out Inapplicable classification)

Attachments: Medical Record Summary  
Including diagnosis, prognosis and reasons  
for recommending conservatorship

SIGNATURE OF PROFESSIONAL PERSON IN CHARGE OF AN AGENCY OR FACILITY PROVIDING COMPREHENSIVE EVALUATION OF INTENSIVE TREATMENT

DATE

RECOMMENDATION FOR CONSERVATORSHIP

Confidential Patient/Client Information  
See Welfare & Institutions Code Section 5328

MH 1765 (10/89)  
Ref: Section 5352 W & I Code

Patient name: \_\_\_\_\_

**ADDENDUM TO REQUEST FOR CONSERVATORSHIP**  
**DECLARATION REGARDING CAPACITY TO ACCEPT TREATMENT**

I, \_\_\_\_\_, a licensed physician declare:

- 1) The diagnoses and symptomatology of the patient are described in the attached request for conservatorship.
- 2) In my professional opinion, the patient would benefit from the administration of the following psychotropic medications:

Name of Medication

Maximum Daily Dosage

- 3) I have explained to the patient the risks, benefits, possible side effects and treatment alternatives including those set forth in the standard consent forms relation to the medication in Paragraph 2.
- 4) The patient is not able to give informed consent to the recommended medication. The patient is unable to understand and knowingly and intelligently act upon information regarding the proposed treatment. In this regard,

a) The patient  does  
 does not acknowledge his/her mental disorder because

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b) The patient  is able  
 is not able to understand the risks or benefits of medication or alternate treatments because

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c) The patient  is able  
 is not able to rationally understand and evaluate information regarding consent, and otherwise participate in the treatment decisions because

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- 5) Medication must be administered immediately in order to alleviate the acuteness of the patient's current symptomatology, the impact on other patients, and the risk to staff and other patients.

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

Executed on \_\_\_\_\_ at \_\_\_\_\_, California.

Declarant:

  

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Patient Name: \_\_\_\_\_

MENTAL HEALTH ACUTE SERVICES

RECOMMENDED PLAN OF TREATMENT  
FOR TEMPORARY CONSERVATORSHIP

LPS Conservatorship may be petitioned for the above named person. The *California Welfare and Institutions Code*, § 5352.6 states that "...within 10 days after the conservatorship has been established... there shall be an individualized treatment plan..." What follows is the Plan of Treatment by the physician who has petitioned for conservatorship of the above referenced person:

PROBLEM(S)	GOALS(S) OF TREATMENT	TREATMENT TO BE PROVIDED
PSYCHIATRIC, SOCIAL Unable to care for self due to: (List problems)		
MEDICAL		
OTHER		

DATE \_\_\_\_\_

\_\_\_\_\_ M.D.

1 ORRY P. KORB, County Counsel (S.B. #114399)  
2 MARK A. GONZALEZ, Deputy County Counsel (S.B. #178649)  
3 OFFICE OF THE COUNTY COUNSEL  
4 373 West Julian Street, Suite 300  
5 San Jose, California 95110-2319  
6 Telephone: (408) 758-4200  
7 Facsimile: (408) 758-4292

8 Attorneys for Petitioner  
9 PUBLIC GUARDIAN OF SANTA CLARA  
10 COUNTY

11 SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

12 In the Matter of the Conservatorship of

13 \_\_\_\_\_,  
14 Proposed Conservatee.

15 NOTICE OF PROPOSED  
16 APPOINTMENT OF TEMPORARY  
17 CONSERVATORSHIP

18 [Welf. & Inst. Code § 5350 et seq.,  
19 Probate Code § 2250[c]]

20 TO: \_\_\_\_\_ proposed conservatee:

21 Please take Notice that on or about \_\_\_\_\_, the Public Guardian  
22 for the County of Santa Clara may petition the Superior Court to be appointed as the Temporary  
23 Conservator of your person and estate on the basis that you are gravely disabled as the result of a  
24 mental disorder. A person is gravely disabled if they cannot provide for their food, clothing, or  
25 shelter as a result of a mental disorder. The petition for temporary conservatorship will request that  
26 the Public Guardian for the County of Santa Clara be appointed as your conservator. The purpose of  
27 a conservatorship is to provide for your individualized treatment, supervision and placement. A  
28 temporary conservator would take steps to arrange for your food, shelter, and care pending a  
conservatorship determination. The temporary conservator must give preference to arrangements for  
you to return home or to the home of family and friends. If necessary, the temporary conservator  
may require your detention in a facility. The temporary conservator would also control and manage  
your finances and estate. The temporary conservatorship would last for 30 days but could be

1 extended up to a period of six months.

2 If the temporary conservatorship is established, you have a right to request a hearing before a  
3 Superior Court Judge to object to the temporary conservatorship. If you have any questions or want  
4 to request a court hearing to object to the temporary conservatorship, you should immediately  
5 contact a Patients' Rights Advocate at (800) 248-6427, or the Office of the Public Defender at (408)  
6 299-7152. Unless you contact a Patients' Rights Advocate or the Office of the Public Defender to  
7 request a court hearing within five days of receipt of this notice, the Public Guardian may become  
8 your temporary conservator.

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10 DATED: \_\_\_\_\_ Name of Person Delivering Notice

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13 \_\_\_\_\_  
Title of Person Delivering Notice

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PROOF OF PERSONAL SERVICE

On \_\_\_\_\_, at \_\_\_\_\_ .m., I served the following document:

NOTICE OF PROPOSED APPOINTMENT OF TEMPORARY CONSERVATORSHIP

on patient \_\_\_\_\_ by handing a copy to the patient.

The service occurred at:

Address \_\_\_\_\_

(City) \_\_\_\_\_, California.

I am over the age of 18 and not a party to any action involving the patient. I am not a registered process server.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on \_\_\_\_\_, at \_\_\_\_\_, California.

\_\_\_\_\_  
Signature

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_