

## Santa Clara County Public Guardian Office - LPS Temporary Conservatorship Referrals

Submit all the necessary documents as follows:

### ORIGINAL & SIGNED referral sent to:

Office of the County Counsel LPS Conservatorship Referrals  
373 West Julian Street (3<sup>rd</sup> Floor)  
San Jose, CA 95110-2335

### FAX / SCAN - EMAIL ATTACHEMENT to:

Santa Clara County Public Guardian Office:  
Attn: LPS Conservatorship Referrals  
Fax: (408) 669-231-2810

Email: [Kerrick.Lee@ssa.sccgov.org](mailto:Kerrick.Lee@ssa.sccgov.org) or [Bill.Griffith@ssa.sccgov.org](mailto:Bill.Griffith@ssa.sccgov.org)

Contacts:

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#### Public Guardian / Conservator

Kerrick Lee (408) 755-7636  
Lead Deputy Public Guardian

Bill Griffith: (408) 755-7626  
Supervising Deputy Public Guardian

#### County Counsel:

Mark Gonzales: (408) 758-4217  
Deputy County Counsel

Legal Secretary: (408) 758-4254

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**As we receive over 30 LPS conservatorship referrals each month, copies of the Referral packet must be received by the Public Guardian Office at least 3-4 business days PRIOR to the end of the 5250 "14- day" hold for review. This provides us time to address any clinical or clerical issues with the referral.**

**County Counsel, must receive the ORIGINAL LPS Referral (preferably signed in BLUE INK) by the last day of the 5250 "14 day hold". Any non-original or late referrals to County Counsel CANNOT legally be filed.**

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#### Referral Packet

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1. **Referral Letter** - on facility letter head and signed by Medical Director or designee (see enclosed guide)
2. **Five-Day Notice** (Notice of Proposed Appointment of Temporary Conservatorship) Client must be served with this document – 5 days prior to the end of their 14 day Hold (5250).

*Example – A client's 14 Day Hold expires on 1/10/12 – they must have been served by 1/5/12, or else a conservatorship cannot be filed. Giving the client a "5 Day notice", is ONLY notifying them of the possibility of filing a conservatorship not the actuality or a binding document. It is not uncommon for facilities to give the "5 Day Notice" within the first days after the 5250 hold.*

3. **Recommendation for Conservatorship** - signed by Medical Director or designee
4. **Addendum to Request for Conservatorship**
5. **Recommended Plan of Treatment for Temporary Conservatorship**
6. **Proof of Personal Service**

## LPS Temporary Conservatorship Referral Letter Checklist

- Full name of patient. (Spelled correctly with all known aliases)
- Current Address: Client **MUST** be a Santa Clara County resident - See below cities:  
**Campbell, Cupertino, Gilroy, Los Altos, Los Altos Hills, Los Gatos, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, and Sunnyvale.**  
***\*\*Redwood City, Menlo Park, and East Palo Alto are within San Mateo County \*\****  
***If the client is totally transient – we base their residency on where exactly their 5150 was placed. Thus although a client may be admitted to a SCC hospital – if they were placed on a 5150 whilst in another county, we ask you to refer their case to said county.***
- Type of address: RCH, board and care, apartment, own home, family home, etc...
- Demographics: DOB, SSN, Gender, Marital Status, Ethnicity, Language preference
- 5150 & 5250 expiration date.
- Any Hearings held with dates: Writ? Riese Hearing? Certification Review?
- Current evidence of grave disability (lack of ability to provide food, clothing, or shelter due to a mental illness)
  1. Description of symptoms: Paranoia? Mania? Delusions? Psychosis? Aggression?
  2. Description of appearance hygiene, orientation, and insight level.
- Five-axis diagnoses (**with special attention to Axis I - Schiz, Bipolar, SAD, etc**)
- All medications - psychiatric and medical.
- Any Past psychiatric treatment - previous 5150, acute hospitalization, IMD, Crisis Residential, etc...
- History of previous LPS conservatorships?
- All Relatives to the 2nd degree (grandparents, parents, siblings, spouse, children)
  1. **Names, Address, and phone MUST be included.** (This is for legal notice of the LPS proceedings)
- Financial information:
  1. Income received – SSA? SSI? VA? Pension? No income?
  2. Any real or significant personal property (house, bank accounts? car?)
  3. Medical insurance - Medi-cal, Medicare, VA, Uninsured? Private - Blue Cross, Kaiser?
  4. Representative payee address and phone.
- Community Services: Community Case Manager? Private therapist? Psychiatrist?
- Any known legal issues: Parole? Probation? Recent incarceration?
- Discharge plan – (Locked setting? IMD? SNF? Crisis Program? Continued intensive inpatient?)
- Firearms clause and "Penalty of Perjury" clause.
- Signed and dated by Medical Director or designee of the psychiatric facility.

If information is unknown, state that clearly and document efforts to obtain it. Inaccurate or incomplete information may cause delays in filing. Referrals also may be returned or not filed if they are inaccurate or incomplete.

Facility Letterhead



Dedicated to the Health of the Whole Community

Acute Psychiatric Services  
Legal Department  
Barbara Arons Pavilion  
820 Enborg Ct.  
San Jose, CA 95128-2643  
Tel: (408) 885-6041  
Fax: (408) 885-3547

November 27, 2019

Social Services Agency  
Department of the Public Administrator Guardian/Conservator  
P.O. Box 760  
San Jose, CA 95106-0760

Attention: William Griffith/Kerrick Lee

Re: [Redacted]  
SCVHHS# [Redacted]

Demographic Information

A.K.A.: [Redacted]  
SSN: [Redacted]  
Unicare #: [Redacted]  
DOB: [Redacted]

General summary of 5150

Dear Sir:

Client Name

We are requesting conservatorship for the above-named person, who is currently an inpatient at Barbara Arons Pavilion Unit 400. He was brought in on 11/27/2019. 5150 DTO, + utox methamphetamine, methamphetamine induced psychotic behavior. Medication non-compliant. Brought to EPS by police because he appeared "manic". Hx of Bipolar Disorder told police he was going to kill others.

Due to being gravely disabled, patient is not able to provide food, clothing and shelter for himself. This was manifested by "manic" threatening to kill others, agitated, needs frequent redirection, 1:1 sitter. Can assume aggressive threatening posturing with staff.

5250 Expiration date

Presently, the patient is on a 14-day certification, which terminates on 12/03/19. Certification review hearing was held on 11/21/19. Patient was on 5150 hold on 11/17/19.

**IDENTIFYING INFORMATION:**

The patient is a 35-year-old single, English speaking Asian male born in Texas on [Redacted] 3. At the time of admission to Barbara Arons Pavilion, patient had been living at: [Redacted] Santa Clara, CA 95050.

Recent Address Santa Clara County

**CURRENT EVIDENCE OF GRAVE DISABILITY:**

The patient remains disorganized, delusional, and aggressive. Cannot process information coherently. Believes he is God, screams naked in the courtyard. Laughs and talks to himself and to unseen others. Hears voices, punches in the arm as he approaches patients and staff. His immediate plan is get a PHD in History.

General statement of Grave Disability

**CURRENT MEDICATIONS:** Haldol, Ativan, Zyprexa

Medications

The patient consented to medication on 11/17/19, 11/18/19, 11/19/19

RIESE PETITION: N/A ← Riese status

PAST PSYCHIATRIC TREATMENT:

Our records since 2004  
Numerous centers BAP, PHF, IMD, Crisis Res.  
Past BAP 3/9/2018  
Previous BAP 7/28/2017

APPROXIMATE ADMISSION TO FACILITIES:

20

YEARS OF FIRST TREATMENT:

Approximately 2004

LAST TREATMENT PRIOR TO THIS PRESENT ONE:

BAP 3/9/2018

HISTORY OF PREVIOUS CONSERVATORSHIP:

Yes

DIAGNOSIS:

Schizoaffective Disorder

Psychiatric diagnosis

General D/C Plan

CURRENT DISCHARGE PLAN:

IMD

Family Names with address  
(Required for legal notice)

RELATIVES AND OTHERS:

[REDACTED] 3  
[REDACTED]  
[REDACTED]  
[REDACTED] 3

Community Provider

COMMUNITY SERVICES:

Telecare  
Case Manager: [REDACTED]

Financial & Insurance

FINANCIAL INFORMATION:

Medi-Cal  
SSI

LEGAL HOLDS/LEGAL ISSUES: Placed on 5250 on 11/19/19.

Request for Conservatorship for: [REDACTED]

Firearm Clause

It is my opinion that possession of a firearm or any other deadly weapon by him would present a danger to the safety of himself or to others. The patient should not have the right to carry firearms nor to drive a car. The patient was examined by Ariel Troncoso, M.D. It is our opinion that [REDACTED] is gravely disabled by his mental disorder.

We certify under penalty of perjury that the foregoing is true and correct.  
Signed at San Jose, California on 11/27/2019

Penalty Perjury Clause

Sincerely,

*A. Troncoso, MD*

Ariel Troncoso, M.D. Staff Psychiatrist

Medical Director Signature

*[Handwritten Signature]*

Raymond Fabic, M.D. Designated Medical Director

Patient Name: [REDACTED]

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

Ariel Troncoso, MD VMC#:G30831, licensed physician declare:

- 1) The diagnosis 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:

<u>Name of Medication</u>	<u>Maximum Daily Dosage</u>
Ativan	10 mg daily
Invega Sustenna	234 mg every 28 days
Zyprexa	20 mg / daily

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

The patient denies having a mental disorder

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

The Patient cannot process information coherently

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

The patient is influenced by delusions & disorganized thinking and cannot make rational decisions

- 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 11/27/19 at San Jose, California.

Declarant:

Ariel Troncoso, M.D.  
 Ariel Troncoso, MD Staff Psychiatrist

Patient Name: [REDACTED]

## 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 OF TREATMENT	TREATMENT TO BE PROVIDED
<b>PSYCHIATRIC, SOCIAL</b>		
Psychosis	Decrease psychotic symptoms	Antipsychotic medications
<b>MEDICAL</b>		
<b>OTHER</b>		
Substance Abuse	Stop	Cessation Counseling

DATE: 11/27/19

*Ariel Troncoso, MD*

Ariel Troncoso, M.D. Staff Psychiatrist

SCCPAG 10/2010

State of California-Health and Welfare Agency

Department of Mental Health

TO:

COUNTY CONSERVATORSHIP INVESTIGATOR

Conservatorship is recommended for: [REDACTED]

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

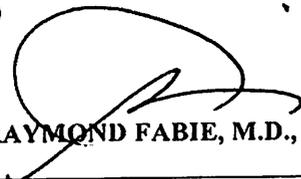
~~\*(a) unwilling to accept treatment voluntarily~~

\*(b) incapable of accepting treatment voluntarily

\*(Strike out inapplicable classification)

Attachments: Medical Records Summary  
Including diagnosis, prognosis and reason  
For recommending conservatorship

Medical Director Signature

<p>(SIGNATURE OF PROFESSIONAL PERSON IN CHARGE OF AN AGENCY OR FACILITY PROVIDING COMPREHENSIVE EVALUATION OF INTENSIVE TREATMENT)</p>  <p>RAYMOND FABIE, M.D., DESIGNATED MEDICAL DIRECTOR</p>	<p>DATE</p> <p>11/27/2019</p>
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<p>RECOMMENDATION FOR CONSERVATORSHIP</p> <p>Confidential Patient/Client Information See Welfare &amp; Institutions Code Section 5328</p> <p>MH 1766 (1089) Ref.: Section 5362 W&amp;I Code</p>	
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1 ORRY P. KORB, County Counsel (S.B. #114399)  
MARK A. GONZALEZ, Deputy County Counsel (S.B. #178649)  
2 OFFICE OF THE COUNTY COUNSEL  
373 West Julian Street, Suite 300  
3 San Jose, California 95110-2319  
Telephone: (408) 758-4200  
4 Facsimile: (408) 758-4292

5 Attorneys for Petitioner  
PUBLIC GUARDIAN OF SANTA CLARA  
6 COUNTY

8 SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

11 In the Matter of the Conservatorship of the  
Person and Estate of  
12 [REDACTED],  
13 Proposed Conservatee.

NOTICE OF PROPOSED  
APPOINTMENT OF TEMPORARY  
CONSERVATORSHIP

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

5250 Expiration Date

16 TO: [REDACTED] proposed conservatee:

17 Please take Notice that on or about 12/03/2019, the Public Guardian

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



REC



1 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 hearing to object to the temporary conservatorship, you should immediately contact a  
5 Patients' Rights Advocate at (800) 248-6427, or the Office of the Public Defender at  
6 (408) 299-7152. Unless you contact a Patients' Rights Advocate or the office of the Public Defender  
7 to request a court hearing within 5 days of receipt of this notice, the Public Guardian may become  
8 your temporary conservator.

Date notice given  
Should be 5 days prior to  
5250 Expiration

DATED: 11/25/19

Maria Tolentino  
Name of Person Delivering Notice

Legal Clerk  
Title of Person Delivering Notice

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PROOF OF PERSONAL SERVICE

On 11/25/19, at 12:30 p.m., I served the following document:

NOTICE OF PROPOSED APPOINTMENT OF TEMPORARY CONSERVATORSHIP

On patient [REDACTED] by handing a copy to the patient.

The service occurred at:

Address 820 Enborg Ct  
(City) San Jose, California.

**Valley Medical Center  
Acute Psychiatric Services  
BAP- Legal Department  
820 Enborg Ct  
San Jose, Ca, 95128**

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 11/25/19, at San Jose, California.

Maria Tolentino  
Signature

Print Name MARIA TOLENTINO

Phone Number (408) 885-6041