

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS)		FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: Same as above CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME: San Luis Obispo Division		
LPS CONSERVATORSHIP OF:	CASE NUMBER:	
CITATION FOR REAPPOINTMENT OF LPS CONSERVATOR		

THE PEOPLE OF THE STATE OF CALIFORNIA TO (*name of conservatee*):

_____.

YOU ARE HEREBY CITED and required to appear before this Court at the courtroom of the above-entitled Court, 1035 Palm Street, San Luis Obispo, California on:

Date: _____

Time: _____ **a.m.**

Department: _____

You are requested to show cause, if and why, the Petitioner _____, or some other suitable person should not be appointed conservator of your person.

A conservatorship may be granted for the person who is unable to properly provide for his or her personal needs for physical health, food, clothing or shelter. A conservatorship of the estate may be provided for the person who is substantially unable to manage his or her own financial resources, or resist fraud or undue influence.

At this hearing, you may be adjudged unable to provide for your personal needs or to manage your financial resources and by reason thereof, a conservator may be appointed for your person or property. Such adjudications upon this hearing may transfer your right to contract, manage and control your property, and to fix your residence. The Court or your attorney, at this hearing, will explain the nature, purpose and effect of the proceedings to you and answer questions concerning such

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explanation. You shall have the right to appear at the hearing and oppose the petition to appoint a conservator; you shall have the right to legal counsel appointed for you by the Court if you are unable to retain one. Further you have the right to a jury trial upon this matter if you so desire.

Your conservator may additionally have the right to place you in a medical, psychiatric, nursing or other state –licensed facility or State hospital or other non-medical facility approved by the State Department of Health. Your conservator may additionally have the right to require you to receive treatment unrelated to remedying or preventing the recurrence of your alleged grave disability pursuant to Welfare and Institutions Code § 5358. Certain disabilities may be imposed on you, which include the prohibition to operate a motor vehicle, to enter into contracts in excess of fifteen dollars (\$15.00), to possess a firearm, to refuse or consent to treatment specifically related to your mental disorder and to possess the right to vote.

Dated: _____

Susan Matherly
Court Executive Officer

By:

Deputy Clerk

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CERTIFICATE OF PERSONAL SERVICE

STATE OF CALIFORNIA)
) ss.
COUNTY OF _____)

I am at all times herein mentioned a citizen of the United States and resided at _____ (address), over the age of 18 and not a party to the above titled action.

On _____ (date) at _____ (time), I served the following documents on the proposed conservatee, _____, by personally handing them to him/ her (circle one).

PETITION FOR REAPPOINTMENT OF CONSERVATOR; CITATION AND NOTICE OF HEARING

Executed at _____ (location), California on _____ (date of signature).

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT

Signature

Printed Name

Title (if applicable)