CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	*FOR COURT USE ONLY*
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR (*name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CONSERVATORSHIP OF *(name):*		
PROPOSED CONSERVATEE		

CONFIDENTIAL SUPPLEMENTAL INFORMATION

☐ **Limited Conservatorship of the** ☐ **Person** ☐ **Estate**

CASE NUMBER:

HEARING DATE:

DEPT.: TIME:

1. a. **Proposed conservatee *(name):***

   b. Date of birth: c. Age:

   d. Social security number:

2. I, the person completing this form, am the *(check each that applies)* ☐ petitioner ☐ proposed conservator in this proceeding.

3. ☐ **ABILITY TO PROVIDE PROPERLY FOR PERSONAL NEEDS*** The following facts and circumstances supplement and support the petition's assertions that the proposed conservatee is unable to provide properly for personal needs for physical health, food, clothing, or shelter *(specify in detail, expanding on the reasons in the petition; give specific examples from the proposed conservatee's daily life showing significant, ongoing behavior patterns):*

   a. Physical health *(give examples showing the proposed conservatee's inability to move and exercise, maintain personal hygiene, make and attend routine medical appointments, take medication as prescribed, etc.):*

   ☐ Continued in Attachment 3a.

   b. Food *(give examples showing the proposed conservatee's inability to eat or drink, prepare food, shop for food, etc.):*

   ☐ Continued in Attachment 3b.

   c. Clothing *(give examples showing the proposed conservatee's inability to get dressed, do laundry, shop for clothing, etc.):*

   ☐ Continued in Attachment 3c.

   d. Shelter *(give examples showing the proposed conservatee's inability to pay rent or mortgage, pay utility bills, keep house, etc.):*

   ☐ Continued in Attachment 3d.

***** If any part of item 3 does not apply to the proposed conservatorship, skip it, check box 3 in item 10, and explain why it does not apply.

Form Adopted for Mandatory Use
Judicial Council of California
GC-312 [Rev. January 1, 2024]

Probate Code, §§ 1800, 1800.3, 1801, 1821
www.courts.ca.gov

CONSERVATORSHIP OF *(name):* PROPOSED CONSERVATEE	CASE NUMBER:

4. ☐ **ABILITY TO MANAGE OWN FINANCIAL RESOURCES*** The following facts and circumstances supplement and support the petition's assertions that the proposed conservatee is substantially unable to manage that person's own financial resources or to resist fraud or undue influence *(specify in detail, expanding on the reasons in the petition; give specific examples from the proposed conservatee's daily life showing significant, ongoing behavior patterns):*

   a. Financial resources *(give examples of the proposed conservatee's substantial inability to manage money or property):*

      ☐ Continued in Attachment 4a.

   b. Fraud or undue influence *(give examples of the proposed conservatee's substantial inability to resist fraud or undue influence):*

      ☐ Continued in Attachment 4b.

* If any part of item 4 does not apply to the proposed conservatorship, skip it, check box 4 in item 10, and explain why it does not apply.

5. **RESIDENCE** *(A "residence" is the place a person would tend to describe as "home," for example, an owned or rented single-family house or an apartment in a multiunit building, or an assisted-living, board-and-care, skilled-nursing, or other long-term care facility.)*

   a. The proposed conservatee's **residence** is a *(nature of residence; see above for examples):*

   b. The proposed conservatee's **residence** is located at *(street address, city, state):*

   c. The proposed conservatee is **currently located** at ☐ the residence in item 5b ☐ other *(street address, city, state):*

   d. The proposed conservatee's **current location** is a *(nature of current location; see above for examples):*

   e. **Ability to live in residence** The proposed conservatee is
      (1) ☐ **living** in the residence, and
         (a) ☐ is able to continue living there unless circumstances change.
         (b) ☐ will need to be moved after a conservator is appointed *(give specific reasons in item 5f).*
         (c) ☐ other *(specify and give reasons in item 5f)*.
      (2) ☐ **not living** in the residence, and
         (a) ☐ will be able to return home by *(date):* *(explain in item 5f).*
         (b) ☐ will not return to live there *(give specific reasons in item 5f).*
         (c) ☐ other *(specify and give reasons in item 5f)*.

   f. Specific reasons supporting the determination in item 5e about the proposed conservatee's ability to live in the residence:

      ☐ Continued in Attachment 5f.

CONSERVATORSHIP OF *(name):* PROPOSED CONSERVATEE	CASE NUMBER:

6. **ALTERNATIVES TO CONSERVATORSHIP** I have considered the following alternatives to conservatorship. For each alternative below, either (1) I have attempted that alternative for the length of time and in the manner described and have determined for the reasons explained below that it is unsuitable or does not meet the proposed conservatee's needs; or (2) I have not attempted that alternative and have determined for the reasons explained below that it is unsuitable or does not meet the proposed conservatee's needs and therefore should not be attempted.

   a. A supported decisionmaking agreement, as defined in Welfare and Institutions Code section 21001

   ☐ Continued in Attachment 6a.

   b. Designation of a health care surrogate under Probate Code section 4711

   ☐ Continued in Attachment 6b.

   c. An advance health care directive under Probate Code section 4600 et seq.

   ☐ Continued in Attachment 6c.

   d. A power of attorney (general or limited, durable or nondurable) under Probate Code section 4000 et seq.

   ☐ Continued in Attachment 6d.

   e. A trust, as defined in Probate Code section 82

   ☐ Continued in Attachment 6e.

   f. Other alternatives considered or attempted

   ☐ Continued in Attachment 6f.

CONSERVATORSHIP OF *(name):* PROPOSED CONSERVATEE	CASE NUMBER:

7. **HEALTH OR SOCIAL SERVICES PROVIDED** *(complete all that apply):*

a. ☐ In the year immediately before the petition was filed, the proposed conservatee received the following **health services,** for example, doctor's visits, medical testing, hospitalizations, surgeries, administration of medication, wound care, or therapy. *(describe the services and the circumstances in which they were provided; if none were provided, state "none"):*

☐ Continued in Attachment 7a.

b. ☐ In the year immediately before the petition was filed, the proposed conservatee received the following **social services,** for example, companionship, assistance with personal hygiene, housekeeping, shopping, cooking, or assistance managing finances. *(describe the services and the circumstances in which they were provided; if none were provided, state "none"):*

☐ Continued in Attachment 7b.

c. ☐ I do not know, and cannot reasonably find out, what, if any, ☐ health services ☐ social services were provided to the proposed conservatee in the year immediately before the petition was filed.

8. **KNOWLEDGE AND PREFERENCES** The proposed conservatee *(check all that apply)*

a. ☐ knows about ☐ does not know about the proposed conservatorship. ☐ I don't know.

b. ☐ agrees with ☐ does not agree with the proposed conservatorship. ☐ I don't know. ☐ Not applicable.

9. **SOURCE OF INFORMATION** The facts, circumstances, and conclusions stated on this form are based, *(check all that apply)*

a. in item 3, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 3.

b. in item 4, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 4.

c. in item 5, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 5.

d. in item 6, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 6.

e. in item 7, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 7.

f. in item 8, on ☐ my own personal knowledge ☐ an affidavit (declaration) by another person, attached as Attachment 8.

10. **ITEMS THAT DO NOT APPLY** The following items on this form, or parts of those items, do not apply to the proposed conservatorship. *(for each item checked, explain why that item or part of an item does not apply):* ☐ 3 ☐ 4

☐ Continued on Attachment 10.

11. 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)

CONFIDENTIAL SUPPLEMENTAL INFORMATION
(Probate Conservatorship)

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