

RECOMMENDATION FOR CONSERVATORSHIP OF THE PERSON
(Under the Lanterman-Petris-Short Act)

Regarding:

Telephone No:

Last

First

Middle

Home Address:

City:

Zip Code:

To: Public Conservator

5560 Overland Avenue, Ste. 130, San Diego, CA 92123
MS/O-95 – Telephone No. (858) 694-3500
Fax No. (858) 799-0801

1st Day of 14-Day Hold

1st Day of 30-Day Hold

Voluntary

Note: Recommendation for LPS Conservatorship will not be accepted past 5pm on the 9th day of a 14-day hold or the 1st day of a 30-day hold.

From:

(The Professional person or designee in charge of an agency providing comprehensive/intensive treatment)

Treating Facility (if any):

Telephone No:

I am recommending conservatorship for the above referenced person. I believe he/she is not able to provide for his/her personal needs for food, shelter or clothing as a result of a mental disorder; and thereby is gravely disabled and is unwilling or incapable of accepting voluntary treatment. Family or others are, or are not able and willing to meet these personal needs.

Complete DSM Code and Diagnosis is:

DSM Code:

Diagnosis:

1.

2.

3.

As a result of the above mental disorder, this patient is unable to provide at least one of the following, and is thereby gravely disabled.
(PLEASE GIVE BEHAVIORAL MANIFESTATIONS, NOT PSYCHIATRIC SYMPTOMS NOR DANGEROUS BEHAVIOR):

(A) BEHAVIOR indicating an inability to provide Food:

and/or

(B) BEHAVIOR indicating an inability to provide Shelter:

and/or

(C) BEHAVIOR indicating an inability to provide Clothing:

DECLARATION: I declare, under penalty of perjury under the laws of the State of California, that I know the content of this Conservatorship Recommendation and that the same is true of my knowledge, except as to those matters therein alleged to be on information and belief, and as to those matters I believe them to be true. IF NEEDED, I WILL TESTIFY IN COURT AS TO THIS MATTER.

Executed this day of , 20 .

Signature: _____, M.D.

PRINT or type Doctor's Name:

Telephone No.:

RECOMMENDATION FOR CONSERVATORSHIP OF THE PERSON
(Under the Lanterman-Petris-Short Act)

Regarding:

Telephone No:

AKA:

Date of Birth:

Age:

SSN #:

Marital Status:

Occupation:

DL and/or ID No.:

Sex:

Race:

Height:

Weight: lbs.

Eyes:

Hair:

Birthplace:

Religion:

Medical #:

Medicare #:

Veteran:

Amt. Monthly:

Current Payee:

Private Insurance Plan:

Insurance #:

Whom to Notify/Nearest Relative:

Name

Relationship

Address:

City

State

Zip

Telephone:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone: (858) 694-3500 THOMAS E. MONTGOMERY, County Counsel, County of San Diego 1600 Pacific Highway, Room 355 San Diego, California 92101-4104 ATTORNEY FOR (Name): Petitioner, Public Conservator	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL COURTHOUSE, 220 WEST BROADWAY, P.O. BOX 122724, SAN DIEGO, CA 92101 IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	
<p style="text-align: center;">EXHIBIT A DECLARATION OF THE PROFESSIONAL PERSON RECOMMENDING CONSERVATORSHIP</p> (Submitted in Lieu of a Conservatorship Investigation Report, Pursuant to §5352.1 of the W&I Code)	
MH:	

I, _____, M.D. state:

1. I am the treating physician of the patient.
2. I believe the patient is gravely disabled as a result of a mental disorder and is _____ unwilling to accept _____ incapable of accepting treatment voluntarily. The patient has a mental disorder, which I have diagnosed as:

This diagnosis and my belief that the patient is unable to provide for his/her needs for food, clothing or shelter are based on the following facts and specific behavior:

3. Prior to my recommending conservatorship, I have considered other alternatives and found no suitable alternatives to conservatorship available for the patient at this time.
4. Should the Public Conservator's office be unable to conduct a conservatorship investigation, the court should grant the temporary conservatorship as provided in §5352.1 of the W&I Code, using this declaration and the "Recommendation for Conservatorship of the Person" as the basis for evidence of need for a temporary conservatorship of the person.
5. Based on my observation and the information gathered by the treating staff, I recommend the proposed conservatee:

is _____ is not _____
 should _____ should not _____

 - (a) Capable of completing an affidavit of voter registration;
 - (b) Have the privilege of possessing a license to operate a motor vehicle;
 - (c) Have the right to enter into contracts;
 - (d) Have the right to refuse or consent to other medical treatment unrelated to the conservatee's being gravely disabled; including treatment for _____.
 - (e) Have the right to refuse or consent to treatment related specifically to the conservatee's being gravely disabled;
 - (f) Possess a firearm.
6. I further recommend the conservator have the power to place the patient in a suitable institution, facility, home or environment according to Section §5356 of the W&I Code.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and this declaration was executed on _____.

Physician/County Psychologist

EXHIBIT A
DECLARATION OF THE PROFESSIONAL PERSON RECOMMENDING CONSERVATORSHIP

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone: (858) 694-3500 THOMAS E. MONTGOMERY, County Counsel, County of San Diego 1600 Pacific Highway, Room 355 San Diego, California 92101-4104 ATTORNEY FOR Petitioner, Public Conservator	<i>COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL COURTHOUSE, 220 WEST BROADWAY, P.O. BOX 122724, SAN DIEGO, CA. 92101	
IN THE MATTER OF THE CONSERVATORSHIP OF THE PERSON OF	
<p style="text-align: center;">EXHIBIT B DECLARATION AND NOTICE TO PATIENT OF INTENT TO RECOMMEND CONSERVATORSHIP OF THE PERSON (Welfare & Institutions (W&I) Code Section §5361)</p>	MH:

I declare I have informed the above-named patient of the following matters:

1. That a "Recommendation for Conservatorship of the Person" is being filed with the Superior Court alleging the patient is gravely disabled. The proposed temporary conservator is the Public Conservator.
2. A petition may be filed for appointment of a conservator.
3. The appointment of a conservator is a legal adjudication of the patient's inability to, as a result of a mental disorder, provide for his or her basic necessities for food, clothing or shelter.
4. At the hearing on this petition, the court may order that the conservator make all medical decisions on behalf of the patient and deprive the patient of his or her right to contract, vote, and/or have a license to operate a motor vehicle, or have the right to possess firearms.
5. A hearing will be held within 30 days of filing a petition for conservatorship, and the patient will have the right to attend the hearing and confront and cross-examine witnesses who may testify, and he/she may produce witnesses to testify in opposition to the petition.
6. The patient has the right to hire an attorney of his or her choice to represent him or her and, if unable to do so because of lack of funds, the court will appoint an attorney to represent him/her. The patient may be required to pay for the court-appointed attorney if he/she is found to be financially able to do so.
7. The patient may demand a court or jury trial on the issue of grave disability.
8. A copy of this declaration has been given to the patient.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and this declaration was executed on _____.

Facility Representative or Doctor

Name of Facility Providing Treatment

EXHIBIT B
DECLARATION AND NOTICE TO PATIENT OF INTENT TO RECOMMEND CONSERVATORSHIP OF THE PERSON