

CONSERVATOR/ ATTORNEY: Name: _____ Address: _____ City: _____ State/Zip: _____ Telephone: () _____ Hearing Date: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES COURTHOUSE ADDRESS: _____	
CONSERVATORSHIP OF: _____ Conservatee	
PETITION FOR REAPPOINTMENT OF CONSERVATOR	CASE NUMBER: _____

The Petitioner _____ Conservator/Attorney, states that on _____
(Name) (Appointment Date)

The above named Conservatee was declared to be a gravely disabled person as a result of a mental disorder and the Petitioner was appointed as conservator pursuant to Welfare and Institutions Code Section 5350 et. Seq.

The Conservatee is still gravely disabled as a result of a mental disorder. The opinions of two physicians that the Conservatee is still gravely disabled:

- are attached as Exhibit "A" and incorporated by reference.
- will be filed prior to the hearing.
- cannot be obtained (see attached).

So far as known to the Petitioner, the following persons and/or agencies are entitled to Notices of Hearing on this petition:

- Director of Health, State of California
- Los Angeles County Director of Mental Health/Public Guardian
- Attorney for the Conservatee
- Conservatee
- Facility in which Conservatee resides
- Other: _____

Wherefore, Petitioner prays that s/he be re-appointed as Conservator for the Conservatee named in this petition. That the additional powers previously granted to the Conservator and the disabilities imposed on the Conservatee in the original order appointing petitioner be continued.

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

Date

Signature of Conservator/Petitioner