

INSTRUCTIONS

4 OF 4 DOCUMENTS NEEDED WHEN REQUESTING REAPPOINTMENT

**Numbers on the left hand side of these instructions match numbers on the form
REMEMBER USE BLACK INK PEN ONLY**

DECLARATION OF SERVICE

Once you have completed and filed the “Petition for Re-Appointment” and you are given a hearing date, you will need to complete the “Notice of Hearing “ form. You will than need to make six (6) copies of these two documents “Petition for Re-Appointment” and “Notice of Hearings” and then mail or give copies to certain parties and/or agencies connected with the case. You will need to document whether you mailed or gave and to whom you notified of the hearing on the following “Declaration of Service”

1. Fill in the Court Case#
2. Fill in the Conservatee’s (patient’s) name

Fifteen days (15) days prior to the hearing, you are required by law to give or mail copies of the “Petition for Re-appointment as Conservator” and “Notice of Hearing” to the parties/agencies/attorneys on this form.

3. For each party/agency/attorney you will check the box if you mailed or gave a copy of the “Petition for Re-Appointment as Conservator” and “Notice of Hearing” and the date you mailed or gave them the copies.
4. Fill in the Conservatee’s (patient’s) name
5. Fill in the facility name and address where the Conservatee is currently living.

(You need only send copies to the Veteran’s Administration if the Conservatee is a Veteran).

6. Fill in the name and address of any other parties/ agencies/attorneys to whom you are required to give Notice to.
7. If you have questions, please call the Mental Health Clerk’s Office at (323) 226-2917 or 2918.

DECLARATION OF SERVICE

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

1. |COURT CASE # _____
2. |CONSERVATEE _____
(Name)

I the undersigned hereby declare under penalty of perjury that the following is true and correct;

That I gave or mailed a copy of the Petition for Re-appointment and Notice of Hearing to the following agencies on the date indicated:

3. Mailed _____ Date: _____ Director of Health, State of California
Gave Bureau of Patients' Accounts
1600 Ninth Street, 2nd Floor South
Sacramento, CA. 95814

3. Mailed _____ Date: _____ Director Los Angeles County Mental
Gave Health/Public Guardian
320 West Temple Street, 9th Floor
Los Angeles, CA. 90012

3. Mailed _____ Date: _____ Los Angeles County Public Defender
Gave 1150 North San Fernando Road
Los Angeles, CA. 90065

Mailed _____ Date: _____ 4. Conservatee _____
Gave C/O (Facility Name) _____
Address _____

Mailed _____ Date: _____ 5. Facility _____
Gave Address _____

Mailed _____ Date: _____ Veteran's Administration
Gave Regional Office
11000 Wilshire Blvd.
Los Angeles, CA. 90024

Mailed _____ Date: _____ 6. Any Other _____
Gave _____

Executed on _____, 20____ at _____, California
(City)

Signature of Conservator

Once you have completed this Declaration of Service please file it with the Court.