

INSTRUCTIONS

3 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**

NOTICE OF HEARING

- 1.** Fill in the name of the Conservatee, first name first; middle name, last name last.
Example: John Smith
- 2.** Fill in the Court Case #. Remember all court case # for Department 95A begin with M, MP, or ZE followed by six numbers.
- 3.** Fill in the Facility: name, address, and telephone # where the Conservatee is currently living. If the Conservatee lives at Home, put the word "Home"; Include address and telephone #. If the Conservatee lives in an Apartment, put the word "Apartment"; Include name of Apartment, Apt #, address, and telephone # Other: name, address, and telephone # of any party/agency/attorney to whom you are required to give Notice.
- 4.** Fill in the date and your signature.
- 5.** If you have questions, please call the Mental Health Clerk's Office at (323) 226-2917 or 2918.

Do not write in this space

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
MENTAL HEALTH COURT**

In the Matter of the
Conservatorship of:

(2) COURT CASE # _____

(1) _____
Conservatee

NOTICE OF HEARING

TO:

DIRECTOR OF HEALTH, STATE OF CALIFORNIA
LOS ANGELES COUNTY DIRECTOR OF MENTAL HEALTH/
PUBLIC GUARDIAN
ATTORNEY FOR CONSERVATEE
CONSERVATEE

(3) FACILITY in which Conservatee resides _____

OTHERS: _____

NOTICE is hereby given that the **PETITION FOR RE-APPOINTMENT AS
CONSERVATOR** in the above action is set for hearing in Department 95A of the Superior
Court of the State of California for the County of Los Angeles on _____ at 8:30
a.m., located at 1150 North San Fernando Road, Los Angeles, California 90065.

(4) _____
Date

Signature of Conservator