

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>) _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): _____ PROPOSED CONSERVATEE _____	
CITATION FOR LPS CONSERVATORSHIP	CASE NUMBER: _____

THE PEOPLE OF THE STATE OF CALIFORNIA,

1. TO: (*name*):
2. You are hereby cited and required to appear at a hearing in this court on

a. Date:	Time:	Dept.:	Room:
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b. Address of court: same as noted above other: (*specify*):

3. At this hearing the Public Guardian, according to their verified petition on file, will seek to have you found to be gravely disabled and to have the Public Guardian, or some other suitable person, appointed Conservator of your person and estate. "Gravely disabled" means: a condition in which a person, as a result of a mental disorder, is unable to provide for their basic personal needs for food, clothing, or shelter. Grave disability must be proven beyond a reasonable doubt.
4. The Conservator must arrange for your care, food, clothing, and shelter. The Conservator must investigate whether it is possible for you to return home or to the home of family or friends.
5. The Conservator may detain you in a locked facility.
6. The appointment of a Conservator over your person and estate may limit or prohibit your ability to enter into contracts, to manage and control your property, to vote, to possess a driver's license or firearm, and to consent to or refuse medical treatment.
7. You have the right to appear at the hearing and oppose the petition; you also have the right to be represented by legal counsel who will be appointed by the Court if you are unable to retain an attorney.
8. You have the right to demand a jury trial.

Assisted listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days' notice is provided. Contact the clerk's office for Request for Accommodations by Persons with Disabilities and Order (form MC-410). (Civil Code section 54.8.)



(Seal)

Date: _____ Clerk, by _____, Deputy

CITATION FOR LPS CONSERVATORSHIP

CONSERVATORSHIP OF THE PERSON ESTATE
OF (NAME):

PROPOSED CONSERVATEE

CASE NUMBER:

PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to this action, and I **served copies** of the *Citation for LPS Conservatorship* and the Petition for Appointment Reappointment of Conservator.
 2. a. Person cited (name): _____
b. Person served: (1) party in item 2a (2) other (*specify name and title or relationship to the party named in item 2a*): _____
c. Address (*specify*): _____
 3. I served the party named in item 2
 - a. **by personally delivering** the copies (1) on (*date*): _____ (2) at (*time*): _____
 - b. **by leaving** the copies with or in the presence of (*name, and title or relationship to person indicated in item 2b*): _____
 - (1) (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person served. I informed him or her of the general nature of the papers.
 - (2) (residence) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the person served. I informed him or her of the general nature of the papers.
 - (3) On (*date*): _____ (4) at (*time*): _____
 - (5) a declaration of diligence is attached. (*Substituted service on natural person, minor, Conservatee, or political candidate.*)
 - c. **by mailing** the copies to the person served, addressed as shown in item 2c, by first-class mail, postage prepaid,
 - (1) On (*date*): _____ (2) from (*city*): _____
 - (3) with two copies of the *Notice and Acknowledgment of Receipt-Civil* and a postage-paid return envelope addressed to me. (Attached completed Notice and Acknowledgment of Receipt-Civil (form POS-015.))
 - (4) to an address outside California with return receipt requested. (*Attach completed return receipt.*)
 - d. **other** (*specify other manner of service and authorizing code section*): _____
 5. a. Person serving (*name, address, and telephone number*): _____
 - d. Exempt from registration under Business and Professions Code, 22350(b).
 - e. Registered California process server.
 - (1) Employee or independent contractor
 - (2) Registration no. (*Specify*): _____
 - (3) County (*specify*): _____
 - (4) Expiration (*date*): _____
 - b. **Fee** for service: \$ _____
 - c. not a registered California process server.
6. I **declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 7. I **am a California sheriff or marshal** and I certify that the foregoing is true and correct.

Date:



(SIGNATURE OF PERSON SERVING)

CITATION FOR LPS CONSERVATORSHIP