

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE </div>	CASE NUMBER <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
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PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (specify):

☐ Continued on Attachment 4.

5. I am (check all that apply):
 - a. ☐ not a registered California process server.
 - b. ☐ a California sheriff or marshal.
 - c. ☐ a registered California process server.
 - d. ☐ an employee or independent contractor of a registered California process server.
 - e. ☐ exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (specify):

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

☐ List of names and addresses of persons personally served by the undersigned continued on an attachment.
(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

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

Date: _____

(For California sheriff or marshal use only)
 I certify that the foregoing is true and correct

Date: _____

(SIGNATURE)

(SIGNATURE)

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	
<p align="center">ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING A MAJOR NEUROCOGNITIVE DISORDER</p> <p><input type="checkbox"/> Petition for Appointment of Probate Conservator (form GC-310)</p> <p><input type="checkbox"/> Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380)</p>	

1. Petitioner **requests** that the conservator of the person be authorized
 - a. ☐ to place the conservatee in a secured-perimeter residential care facility for the elderly operated under Health and Safety Code section 1569.698 that has a care plan that meets the requirements of California Code of Regulations, title 22, section 87705.
 - b. ☐ to authorize the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia).
2. The conservatee or proposed conservatee has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.
3. A medical declaration executed by a licensed physician or a licensed psychologist acting within the scope of his or her license with at least two years' experience in diagnosing and treating major neurocognitive disorders (including dementia):
 - a. ☐ has been filed.
 - b. ☐ will be filed before the hearing.
4. ☐ *Restricted placement.* The conservatee needs or would benefit from placement as requested in item 1a. The conservatee lacks capacity to give informed consent to this placement. The placement requested is the least restrictive placement appropriate to the needs of the conservatee.
5. ☐ *Medications.* The conservatee needs or would benefit from administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The conservatee lacks capacity to give informed consent to the administration of those medications.