ATTORNE	Y OR PARTY WITHOUT AT	TORNEY (NAME, STATE BAR NUMBER AND ADDRESS)	FOR COURT USE ONLY		
TELEPHON	NE NUMBER:	FAX NO. (Optional):			
EMAIL AD	DRESS (Optional):				
ATTORNE	Y FOR (Name):				
SUPER	IOR COURT OF				
	ADDRESS:	1035 Palm Street, Room 385			
	G ADDRESS: ND ZIP CODE:	Same as above			
_	H NAME:	San Luis Obispo, CA 93408 San Luis Obispo Division			
		'			
LPS CONSERVATORSHIP OF:			CASE NUMBER:		
		LPS CONSERVATORSHIP LETT	TERS		
STAT	E OF CALIFO	RNIA, COUNTY OF SAN LUIS OBISPO			
5		, , ,			
Petitioner(name), is hereby reappointed LPS					
	conservator of the person of the above named LPS conservatee, with the rights and				
power	powers attendant to such office and all of the powers enumerated in section 5358 of the				
Welfare and Institutions Code. This appointment shall remain effective for 1 year,					
		(date), or unless otherwise ordered	•		
-		(,,,	.,		
The L	PS conservato	or shall have the power to (mark all that a	are ordered):		
	□				
1. \square The power to place, for the purpose of involuntary care and treatment, the					
conservatee in a medical, psychiatric, nursing or other state-licensed facility, or			er state-licensed facility, or a		
state hospital, county hospital, hospital operated by the Regents of the Universit					
		I county hospital hospital operated by the	ne Regents of the University		
	of California,	United States Government Hospital, of	or other non-medical facility		
	of California, approved by	United States Government Hospital, of the State Department of Mental Health	or other non-medical facility or an agency accredited by		
	of California, approved by the State De	United States Government Hospital, of the State Department of Mental Health partment of Mental Health; or, in cases	or other non-medical facility or an agency accredited by of chronic alcoholism, in a		
	of California, approved by the State De county alcoh	United States Government Hospital, of the State Department of Mental Health	or other non-medical facility or an agency accredited by of chronic alcoholism, in a		
	of California, approved by the State De	United States Government Hospital, of the State Department of Mental Health partment of Mental Health; or, in cases	or other non-medical facility or an agency accredited by of chronic alcoholism, in a		
	of California, approved by the State De county alcoh §5358.	United States Government Hospital, of the State Department of Mental Health partment of Mental Health; or, in cases olic treatment center, as provided in W	or other non-medical facility or an agency accredited by of chronic alcoholism, in a elfare and Institutions Code		
2.	of California, approved by the State De county alcoh §5358.	United States Government Hospital, of the State Department of Mental Health partment of Mental Health; or, in cases	or other non-medical facility or an agency accredited by of chronic alcoholism, in a elfare and Institutions Code		
2.	of California, approved by the State De county alcoh §5358.	United States Government Hospital, of the State Department of Mental Health partment of Mental Health; or, in cases olic treatment center, as provided in We wer to require the LPS conservatee to	or other non-medical facility or an agency accredited by of chronic alcoholism, in a elfare and Institutions Code or receive treatment related		
2.	of California, approved by the State De county alcoh §5358.	United States Government Hospital, of the State Department of Mental Health partment of Mental Health; or, in cases olic treatment center, as provided in Wester to require the LPS conservatee to remedying or preventing the recurrence	or other non-medical facility or an agency accredited by of chronic alcoholism, in a elfare and Institutions Code or receive treatment related		

LPS CONSERVATORSHIP OF:		CASE NUMBER		
3. The power to require the LPS conservatee to receive other medical treatment unrelated to remedying or preventing the recurrence of the LPS conservatee's being gravely disabled.				
Further, the LPS conservateebe prohibited from the following:		(name) shall		
1. Possess a license to operate a motor vehicle;				
2. To possess or carry firearms;				
3. To enter into contracts;				
4. D To vote.				
I solemnly affirm that I will perform of the person of the above named I	•	aws and duties of LPS conservator		
Executed on	, San Lui	s Obispo, CA.		
(LPS Conservator print name)	(LPS Conservator signature)			
*	******	**		
WITNESS, MICHAEL POWELL, Coseal of the Court affixed.	Court Executive C	officer of the above Court, with the		
Dated:		By Order of the Court		
FOR COURT USE		Michael Powell Court Executive Officer		
		By: Deputy Clerk		
		Deputy Clerk		