ATTORNEY OR PARTY WITHOUT AT	TORNEY (NAME, STATE BAR NUMBER A	ND ADDRESS)	FOR COURT USE ONLY	
TELEPHONE NUMBER:	F.	AX NO. (Optional):		
EMAIL ADDRESS (Optional):				
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO				
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	1035 Palm Street, Room 385 Same as above San Luis Obispo, CA 93408 San Luis Obispo Division			
LPS CONSERVATORSHIP OF:			CASE NUMBER:	
CONFIDENTIAL MEDICAL INFORMATION IN SUPPORT OF REAPPOINTMENT OF LPS CONSERVATOR				

DECLARATION OF PHYSICIANS OR QUALIFIED LICENSED PSYCHOLOGISTS FOR REAPPOINTMENT OF LPS CONSERVATORSHIP

LPS CONSERVATORSHIP OF:	CASE NUMBER
DECLARATION OF PHYSICIAN OR QUALIF REAPPOINTMENT OF LPS (Welfare & Institution	CONSERVATORSHIP
☐ The renewal of the conservatorship of	for
an additional one year period IS NOT recomme gravely disabled as defined under §5008(h)(1)(
☐ The renewal of the conservatorship of	for
an additional one year period IS recommended disabled as defined under §5008(h)(1)(a) of the	
Date of current evaluation:	·
Is there a current mental disorder?	
Current Diagnosis:	·
Current Mediations:	
4. Please explain the symptoms	·
5. Can the individual provide for his or her b	
shelter) in an unsupervised setting? Why d	
6. Conservatee's Current Placement Level of	of Care
The least restrictive level of care in which th	nis person can be treated is:
□ Locked IMD □ Skilled Nursing Facility	•
□ Other	
☐ This person lacks capacity to give inform voluntarily consent to treatment specifically as follows: (Note, if this box is checked, pleaf of Disabilities below).	related to his/her being gravely disabled ase also check box #1 under Imposition
☐ This person lacks capacity to give informunrelated to remedying or preventing the refollows: (Note, if this box is checked, please Disabilities below).	currence of his/her being disabled as also check box #2 under Imposition of

PS CONSERVATORSHIP OF:	CASE NUMBER			
Imposition of Disabilities: I make the following recommendations regarding the imposition of disabilities on the above named person:				
□ 1. Conservatee should not have the right to of specifically the Conservatee's being gravely dis				
□ 2. Conservatee should not have the right to consent to routine medical treatment unrelated to remedying or preventing the recurrence of the Conservatee's grave disability.				
☐ 3. Conservatee should not possess a license to operate a motor vehicle.				
☐ 4. Conservatee should not be allowed to enter into contracts in excess of \$15.00.				
☐ 5. Conservatee should not have the right to possess, have custody of, or control a firearm or any other deadly weapon because it would present a danger to the safety of the person or to others.				
☐ 6. Conservatee should not have the right to vector capable of completing an affidavit of voter register.				
I declare that I am a □ physician, licensed in the psychologist licensed in the State of California, psychology and at least five years of postgradu treatment of emotional mental disorders.	who has a doctoral degree in			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (date):				
Printed Name	Signature (blue ink)			
I declare that I am a □ physician, licensed in the State of California, OR □ a psychologist licensed in the State of California, who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional mental disorders.				
I declare under penalty of perjury under the law foregoing is true and correct. Executed on (date				
Printed Name	Signature (blue ink)			