

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name):  <p style="text-align: center;">PROPOSED CONSERVATEE</p>	CASE NUMBER:  CONSERVATORSHIP PETITION HEARING DATE:
<b>EX PARTE ORDER RE COMPLETION OF CAPACITY DECLARATION—HIPAA*</b>	DEPT.:  TIME:

1. Attached to this order is a *Capacity Declaration—Conservatorship* (form GC-335)  and a *Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship* (form GC-335A) (the Declaration).
2. (Name):  
having applied for an order authorizing the declarant(s) named in item 5 to complete, sign, and return the Declaration for the purpose specified in item 6, and good cause appearing:

**THE COURT FINDS**

3. Notice of the hearing on the application should be dispensed with and the application should be granted.
4. A petition for the appointment of a conservator has been filed in this proceeding by (name of petitioner):  
  
 This petition is set for hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in  Dept.: \_\_\_\_\_  Rm.: \_\_\_\_\_
5. Declarant (name each):  
  
 \_\_\_\_\_ has been requested to complete and sign the Declaration for the purpose specified in item 6.
6. Petitioner proposes to use the Declaration to provide evidence to support (check all that apply):
  - a.  A finding that the proposed conservatee should be excused from attending the hearing on the petition.
  - b.  A request for exclusive authority to consent to medical treatment for the proposed conservatee.
  - c.  A request for authority to make placement and medication decisions related to treatment of a major neurocognitive disorder (including dementia).
  - d.  The appointment of a conservator of the estate.
  - e.  Other (specify): \_\_\_\_\_

\* The federal Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191).

CONSERVATORSHIP OF <i>(Name)</i> :  <p style="text-align: center;">PROPOSED CONSERVATEE</p>	CASE NUMBER:
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**THE COURT ORDERS**

- 7. Notice of hearing on the application is dispensed with.
- 8. Each declarant named below is authorized to complete, sign, and deliver to the attorney or other person whose address appears at the top of page 1 of this order the original of the Declaration, consisting of:
  - a. *Capacity Declaration-Conservatorship* (form GC-335) *(name each authorized declarant)*:

- b.  and *Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship* (form GC-335A) *(name each authorized declarant)*:

regarding *(name of proposed conservatee)*:

to enable the Court to determine whether the proposed conservatee should be excused from attending the hearing on the appointment of a conservator or the proposed conservator should be granted certain powers over the person or estate of the proposed conservatee.

- 9. Use of the Declaration is governed by the disclosure safeguards in the regulations of the federal Department of Health and Human Services (45 C.F.R. §§ 160 & 164) under HIPAA, and no use other than what is permitted in those regulations is permitted by this order.
- 10. The completed and signed original of the Declaration must be returned to the attorney or other person whose address appears at the top of this order within 15 days after its receipt by the declarant authorized to complete and sign it.
- 11. Other orders *(specify)*:

Date:

\_\_\_\_\_  
JUDICIAL OFFICER

**CERTIFICATION**

I certify that this document, including any attachments, is a correct copy of the original on file in my office.

Date:

Clerk, by \_\_\_\_\_, Deputy

(SEAL)