



Judicial Council of California

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INVITATION TO COMMENT

SPR24-28

Title

Probate Conservatorship: Care Plan

Action Requested

Review and submit comments by May 3, 2024

Proposed Rules, Forms, Standards, or Statutes

Adopt form GC-355A; revise form GC-355

Proposed Effective Date

January 1, 2025

Proposed by

Probate and Mental Health Advisory
Committee
Hon. Jayne Chong-Soon Lee, Chair

Contact

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Executive Summary and Origin

To implement recent legislation, the Probate and Mental Health Advisory Committee proposes adopting one form and revising one form for mandatory use by a conservator of the person to prepare and file the care plan required, effective January 1, 2025, by Probate Code section 2351.2.

Background

Effective January 1, 2007, Senate Bill 1116 (Stats. 2006, ch. 490) added section 2352.5 to the Probate Code to, among other things, require a conservator of the person to determine in writing the appropriate level of care for the conservatee.¹ In the determination, the conservator must evaluate the level of care existing at the beginning of the conservatorship proceedings and then identify the measures necessary to permit the conservatee to continue living in their personal residence or, if the conservatee is not living in their personal residence, develop a plan to allow the conservatee to return to live in their personal residence. (§ 2352.5(b).) If the conservatee is unable to return to live in their personal residence in the foreseeable future, the conservator must explain the “limitations or restrictions” on such a return. (§ 2352.5(b)(2).) Section 2352.5(b) does not require the inclusion of any other elements in the determination of the conservatee’s level of care. The Judicial Council adopted *Determination of Conservatee’s Appropriate Level of*

¹ All further statutory references are to the Probate Code unless otherwise specified.

This proposal has not been approved by the Judicial Council and is not intended to represent the views of the council, its Rules Committee, or its Legislation Committee. It is circulated for comment purposes only.

Care (form GC-355), effective July 1, 2011, for mandatory use to document and file the determination in writing, as required by section 2352.5(c).² The council has never revised the form.

Senate Bill 280 (Stats. 2023, ch. 705) added section 2351.2 to the Probate Code to require a conservator of the person to file with the court a “care plan” for the conservatee for whom the conservator was appointed. A conservator of the person must prepare a confidential care plan for each conservatee for whom they are appointed and must update the plan periodically. The care plan must contain statutorily specified elements, including confidential medical information that must be protected from disclosure to some of the required recipients of the care plan. To facilitate the preparation of the care plan, section 2351.2(c) requires the Judicial Council, effective January 1, 2025, to develop and adopt a mandatory form for the conservator’s use to prepare the care plan and document the conservatee’s appropriate level of care as required by section 2352.5(b). (See also § 2352.5(c).)

The Proposal

This proposal would implement the requirements of Senate Bill 280 (Stats. 2023, ch. 705) by

- revising form GC-355 to incorporate the elements of the care plan, other than confidential medical information, required by section 2351.2(b) and retain the elements of the written determination of the conservatee’s appropriate level of care required by section 2352.5;
- adopting form GC-355A for use to describe required elements of the care plan likely to disclose confidential medical information, which must not be included in copies of the plan delivered to specified recipients; and
- adding two pages to form GC-355 to provide a proof of delivery by mail and detailed instructions to the conservator for delivering and filing.

Form GC-355

As proposed to be revised, the title of the form is changed to *Confidential Conservatorship Care Plan—Probate* to reflect its expanded scope and confidential status. A new set of instructions guides the conservator of the person in completing the plan and outlines the steps required to sign, deliver, and file the plan. (§ 2351.2(a).) The new instructions also discuss statutory exceptions to the requirement to file a plan and warn of the potential consequences of not filing a plan as required. (§ 2351.2(d) & (h).)

After the instructions, items 1 and 2 now ask for basic information such as the conservator’s name, date of appointment, the date on which the proceedings began, and, as required by section 2352.5(b)(1), an evaluation of the conservatee’s level of care on that date.³ Item 3 then asks for

² Judicial Council of Cal., Advisory Com. Rep., *Probate Conservatorship: Determining the Conservatee’s Appropriate Level of Care* (Feb. 24, 2011), www.courts.ca.gov/documents/20110429itema7.pdf.

³ The date of the commencement of the proceedings is also important because the conservatee’s permanent residence on that date is deemed the conservatee’s personal residence for purposes of the conservatorship proceedings. (See Cal. Rules of Court, rule 7.1063.)

information about the conservatee’s current living arrangement, including the address, the date the conservatee began living there, a description of the home or facility, whether the living arrangement is the least restrictive residence appropriate for the conservatee, whether the conservator plans to move the conservatee within 12 months, and whether the residence is the conservatee’s personal residence, as defined. (§ 2351.2(b)(1); see Cal. Rules of Court, rule 7.1063.)

Item 4 asks the conservator to provide information required by section 2352.5(b). Although this information is already included on existing form GC-355, the committee proposes restructuring it to integrate it into the care plan. If the conservatee is living in the personal residence, the conservator must describe the measures needed to allow the conservatee to stay in the residence. (§ 2352.5(b)(1).) If the conservatee is not living in the personal residence, the conservator must give the address of the personal residence and either describe the plan to help the conservatee return to live in the personal residence or, if the conservatee will not be able to return to live in the personal residence in the foreseeable future, explain the reasons for that inability. (§ 2352.5(b)(2).)

The balance of the form, with one exception, seeks information required by SB 280. Items 5 and 6 ask the conservator to describe the conservatee’s current care, to state whether that care is sufficient to meet the conservatee’s needs, and, if it is not, to describe the care arranged or planned to meet the conservatee’s needs. (§ 2351.2(b)(2).) Item 7 updates item 3b on the existing form, asking whether a professional has assessed the conservatee’s needs and, if so, directing the conservator to attach a copy of the evaluation with confidential medical information redacted. The conservator must then, in items 8 and 9, describe their visitation schedule with the conservatee, their actions to ensure that the conservatee is able to exercise the rights to visitation and communication with family and friends, and the conservatee’s normal social and recreational activities. (§ 2351.2(b)(4) & (5).)

In item 10, the conservator must identify any special problems raised by the court investigator, the court, or an interested person and describe how the conservator has addressed or plans to address those problems. (§ 2351.2(b)(6).) To the extent the conservator has access to the information, item 11 asks the conservator to describe the conservatee’s financial needs, giving estimated monthly expenses.⁴ (§ 2351.2(b)(7).)

Form GC-355A

To implement SB 280’s requirement that the care plan include confidential medical information (§ 2351.2(b)(3) & (8); see also § 2351.2(b)(2) & (7)) and that such information be redacted from copies of the plan delivered to the conservatee’s spouse or domestic partner and any relatives (§ 2351.2(a)(2)(B)), the committee proposes that the Judicial Council adopt a new form: *Confidential Medical Information Attachment to Confidential Conservatorship Care Plan—Probate* (form GC-355A). The conservator would use this proposed new attachment to describe

⁴ The statute lists “food, entertainment, rent or mortgage, transportation, utilities, medication, clothing, and other relevant health care and living expenses” as examples of expenses to be included. § 2351.2(b)(7).

the status of the conservatee's health, any medications currently prescribed, and any medical treatments received, supports provided, or devices used. (§ 2351.2(b)(3).) The attachment would also include the required list of all health care providers caring for the conservatee with license type and number, contact information, and a description of the treatment provided (§ 2351.2(b)(8)) as well as any other confidential medical information the conservator wishes to report. Instructions on forms GC-355 and GC-355A would emphasize that the conservator should discuss medical information exclusively on form GC-355A.

Proof of delivery and instructions

The committee proposes adding two new pages to the end of form GC-355: a proof of delivery by mail and instructions intended to assist the conservator in properly delivering forms GC-355 and GC-355A. The proposed new instructions for delivery would make clear that, on completing the plan, the conservator must deliver copies of forms GC-355 and GC-355A to the conservatee and the conservatee's attorney, any conservator of the estate, and that conservator's attorney. They would emphasize that form GC-355A is to be delivered only to these individuals.

The instructions would also state that, unless the court has determined that delivery of the plan will result in harm to the conservatee, the conservator must deliver a copy of form GC-355 *without* form GC-355A to the conservatee's spouse or registered domestic partner and each relative within the first degree (parent or child) or, if the conservatee does not have any of those, to relatives within the second degree (siblings, grandchildren, grandparents) to the greatest extent possible. (§ 2351.2(a)(2).)

Alternatives Considered

The committee did not consider taking no action, because SB 280 mandated the adoption or revision of forms for use in preparing the care plan. The committee did consider proposing that all the information required in the care plan be included in a single form, but determined that asking conservators of the person, most of whom are conservatees' family members, to identify and redact specific confidential medical information from the form would be unduly complex and burdensome. The committee has therefore proposed adoption of an attachment on which statutorily required confidential medical information would be provided.

Fiscal and Operational Impacts

Conservators of the person will need to complete and file the form. Courts may need to program their case management systems to accept filing of the form, though conservators have used form GC-355 to file the determination of level of care required by section 2352.5 since 2011. The costs associated with the proposed form result from the underlying legislative requirements.

Request for Specific Comments

In addition to comments on the proposal as a whole, the advisory committee is interested in comments on the following:

- Does the proposal appropriately address the stated purpose?
- Does the proposed division of the care plan into a primary form to be delivered to all recipients and a confidential medical information attachment to be delivered only to designated recipients appropriately address the statute's mandates to provide medical information in the plan and to maintain the confidentiality of that information?

The advisory committee also seeks comments from *courts* on the following cost and implementation matters:

- Would the proposal provide cost savings? If so, please quantify.
- What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?
- Would three months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?
- How well would this proposal work in courts of different sizes?

Attachments and Links

1. Forms GC-355 and GC-355A, at pages 6–13
2. Link A: Prob. Code, § 2351.2,
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PROB§ionNum=2351.2
3. Link B: Prob. Code, § 2352.5,
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PROB§ionNum=2352.5

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY DRAFT Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (name): CONSERVATEE	CASE NUMBER:
CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PROBATE <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Limited Conservatorship	
To the Conservator of the Person	
You must use this form and <i>Confidential Medical Information Attachment</i> (form GC-355A) to prepare a care plan for the conservatee. You must complete each item on this form and items 1–4 on form GC-355A unless one of the following exceptions applies.	
<ul style="list-style-type: none"> • If you are a limited conservator who is the conservatee's parent or child, you must complete items 1–4 on this form. • If you are the Director of Developmental Services or the director's designee and the conservatee has developmental disabilities and is a regional center consumer, you must complete items 1, 3a–3f, and 5–12 on this form and items 1–4 on form GC-355A. 	
Even if you are not required to complete an item, you may do so if you have the information it requests. The court might also require you to include more information in an attachment to this form. Check the court's local rules to find out what you might need to include.	
You must not discuss confidential medical information on this form. Discuss confidential medical information only on <i>Confidential Medical Information Attachment</i> (form GC-355A); deliver form GC-355A with this form only to the conservatee, the conservatee's attorney, the conservator of the estate, and that conservator's attorney as instructed on page 6.	
When you have finished the care plan, you must:	
<ul style="list-style-type: none"> • Sign the completed care plan on page 4 of this form and page 2 of <i>Confidential Medical Information Attachment</i> (form GC-355A); • Deliver the care plan to the persons and in the manner described in the instructions on page 6; and • File the care plan, including form GC-355A, with a completed Proof of Delivery by Mail (page 5) with the court: <ul style="list-style-type: none"> ○ no later than 120 days after the date of the court order appointing you conservator (initial plan); ○ no later than 10 days before a hearing to consider whether to continue or terminate the conservatorship (updated plan); or ○ as directed by the court. 	
For more information about developing, completing, and filing a care plan, see chapters 4 and 6 of the <i>Handbook for Conservators</i> .	
WARNING: If you do not file a completed care plan by the applicable deadline, the court can remove you as conservator, order you to pay a penalty of up to \$500, and, if you are a professional fiduciary, refer you to the Professional Fiduciaries Bureau for investigation.	

1. I, (name):
am the conservator of the person of the conservatee named above. I was appointed on (date of order):

2. a. These conservatorship proceedings began on (date of filing of first petition for appointment of conservator):
 b. The conservatee's care on that date was was not sufficient to meet the conservatee's needs for the reasons given below. on Attachment 2b.

3. a. The conservatee is currently living at the following address (street, city, state, and zip code; if it is a care facility, give the name):

 Telephone number: Email address:
 b. The conservatee has been living at this address since (date):

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

3. c. The home or care facility identified in item 3a is (check all that apply):
- (1) The conservatee's single family home, condominium, or apartment.
 - (2) A relative's or friend's single family home, condominium, or apartment.
 - (3) An acute care (a) hospital. (b) psychiatric hospital
 - (4) A skilled nursing facility.
 - (5) A licensed unlicensed care facility that provides (if you know)
 - (a) intermediate care for adults with developmental disabilities.
 - (b) residential care for older adults.
 - (c) assisted-living services (with 7 or more beds).
 - (d) board and care (with 6 or fewer beds).
 - (6) Another residence described below. on Attachment 3c.
- d. The home or care facility described above uses a secured (locked) perimeter delayed egress system to regulate the departure of residents.
- e. The home or care facility described above is is **not** the least restrictive residence appropriate for the conservatee for the reasons given below. on Attachment 3e.
- f. I plan do **not** plan to move the conservatee or change the conservatee's residence within the next 12 months for the reasons given below. on Attachment 3f.
- g. The residence described above
- (1) **is** the conservatee's **personal residence** because the conservatee understands or believes, or appears to understand or believe, that it was their permanent residence on the date in item 2; **or** the conservatee cannot form or communicate an understanding or belief about their permanent residence, and it is the residence they last understood or believed, or appeared to understand or believe, to be their permanent residence.
 - (2) **is not** the conservatee's **personal residence** because the conservatee understands or believes, or last understood or believed, that a **different** home or care facility was their permanent residence on the date in item 2.
The conservatee's personal residence is located at (street, city, state, and zip code, and, if a care facility, name):
 - (3) **is not** the conservatee's **personal residence** because the conservatee does not understand or believe, and has never understood or believed, that they had a permanent residence on the date in item 2.
4. a. The conservatee is living in their personal residence. The measures necessary to allow the conservatee to stay in that residence are described (check all that apply) below. on Attachment 4a.
 in item 5. in item 6. in Confidential Medical Information Attachment (form GC-355A).
- b. (1) The conservatee is not living in their personal residence but **will** be able to return to live in that residence in the foreseeable future. My plan to help the conservatee return to live in their personal residence is described (check all that apply) below. on Attachment 4b(1). in item 5. in item 6.
 in Confidential Medical Information Attachment (form GC-355A).
- (2) The conservatee is not living in their personal residence and will **not** be able to return to live in that residence in the foreseeable future for the reasons described below. on Attachment 4b(2).

CONSERVATORSHIP OF (name): CONSERVATEE	CASE NUMBER:
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5. The conservatee is currently receiving the following care or assistance (check all that apply; you may provide additional information about any item in the space after "other care or assistance" or on an attachment. **Note:** Do not discuss confidential medical information on this form. Discuss that information only in Confidential Medical Information Attachment (form GC-355A)):

- a. No care or assistance.
- b. Light housekeeping help.
- c. Personal caregivers for _____ hours per day. 24-hour care.
- d. Assistance with daily living skills.
- e. Nursing care.
- f. Meal preparation assistance.
- g. Assistance with medication: Administering. Setup only.
- h. Assistance with mobility: Hands-on. Standby only.
- i. In-home hospice services.
- j. Other care or assistance, as described below. on Attachment 5j.

6. a. The conservatee's current care and treatment are sufficient to meet the conservatee's needs. I plan to continue the care and treatment described in item 5 and in *Confidential Medical Information Attachment* (form GC-355A).
- b. The conservatee's current care and treatment are **not** sufficient to meet the conservatee's needs. I have arranged or plan to arrange the care described below on Attachment 6b in item 3b of *Confidential Medical Information Attachment* (form GC-355A) to meet the conservatee's needs.
(Note: Do not discuss confidential medical information on this form. Discuss that information only in form GC-355A.)

7. The conservatee's care needs have been evaluated by a professional. A copy of the evaluation, including a description of the professional's qualifications, is included as Attachment 7.
- IMPORTANT:** If the evaluation includes confidential medical information, make sure to redact (block out so no one can read) that information from all copies except the copies delivered to the conservatee, the conservatee's attorney, the conservator of the estate, and the conservator of the estate's attorney.

A professional evaluation of the conservatee's care needs is not required, but is recommended if the circumstances and the conservatee's condition warrant it and the conservatee can afford it.

Note: Include any written evaluation by a professional fiduciary appointed as conservator or proposed for appointment.

CONSERVATORSHIP OF <i>(name):</i>	CASE NUMBER:
CONSERVATEE	

8. a. (1) I live with the conservatee.
 (2) I plan to visit the conservatee on the schedule described below. on Attachment 8a.

b. The steps that I plan to take to ensure that the conservatee is able to visit and communicate with family and friends, consistent with the conservatee's preferences, are described below. on Attachment 8b.

9. a. The conservatee engages in the social or recreational activities described, including location, below. on Attachment 9a.

b. The conservatee is not able to engage in social or recreational activities for the reasons explained below. on Attachment 9b.

10. a. Any problems brought to my attention by the court, the investigator, or an interested person and my plans to address each of those problems are described below. on Attachment 10a.

b. No specific problems have been brought to my attention.

11. a. The conservatee's estimated monthly expenses, to the extent I have access to the information needed to estimate them, in each category listed in Probate Code section 2351.2(b)(7), are stated below. on Attachment 11a.

b. Except for the expenses stated in item 11a, I do not have access to the information needed to estimate the conservatee's monthly expenses.

12. Number of pages attached: _____

Date:

 (TYPE OR PRINT NAME OF CONSERVATOR OF THE PERSON)



 (SIGNATURE OF CONSERVATOR OF THE PERSON)

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

**INSTRUCTIONS FOR DELIVERING COPIES OF
CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PROBATE BY MAIL**

You (the conservator, your attorney, or an employee of your attorney) must deliver a copy of *Confidential Conservatorship Care Plan—Probate* (this form and *Confidential Medical Information Attachment* (form GC-355A)) to each living person in item 1, below. You must also deliver a copy of *Confidential Conservatorship Care Plan—Probate* (this form) **without** form GC-355A to each living person in each applicable category in item 2, below.

You may send each copy of the care plan by mail; these instructions describe how to do that. Alternatively, you may deliver a copy to someone in person or send a copy electronically to someone who has consented to receive electronic service and provided an electronic service address on *Consent to Electronic Service and Notice of Electronic Service Address* (form EFS-005-CV).

1. **Who must receive the mailing:** You must mail a copy of *Confidential Conservatorship Care Plan—Probate* and *Confidential Medical Information Attachment* (form GC-355A) to each of the following persons:
 - a. The conservatee;
 - b. The conservatee's attorney;
 - c. The conservator of the estate (if the court appointed one); and
 - d. The attorney for the conservator of the estate.
2. You must also mail a copy of *Confidential Conservatorship Care Plan—Probate* but **not** form GC-355A to each of the persons in the following categories. If the court found that delivery of the care plan to one or more of those persons will result in harm to the conservatee, do not mail a copy of either the care plan or the attachment to that person or those persons.
 - a. The conservatee's spouse or domestic partner;
 - b. All the conservatee's relatives in the first degree (parents and children 12 years of age and older);
 - c. If the conservatee has no spouse or registered domestic partner *and* no relatives in the first degree, then all the relatives in the second degree (siblings, grandchildren 12 years of age and older, grandparents);
 - d. If the conservatee has a child, sibling, or grandchild under 12 years of age, then a parent, guardian, or other person having legal custody of the child, sibling, or grandchild with whom the child, sibling, or grandchild resides.
3. **When the mailing must be completed:** If the care plan is an initial plan, you must complete the mailing described above no later than the end of the 120th day after the filing date of the *Order Appointing Probate Conservator* issued in your case. If the care plan is an update, you must complete the mailing no later than the end of the 10th day before the hearing to consider terminating the conservatorship or no later than the date the court orders.
4. **Before you mail:** Make enough copies of pages 1–4 of this form, *Confidential Conservatorship Care Plan—Probate*, to be able to send one to each person in the categories in items 1 and 2, above. Make enough copies of *Confidential Medical Information Attachment* (form GC-355A) to be able to send one to each person in item 1, above.
IMPORTANT: Do **not** send *Confidential Medical Information Attachment* (form GC-355A) to anyone except the persons in item 1.
5. **Fill out Proof of Delivery by Mail:** You (the conservator) or your attorney must fill out the Proof of Delivery by Mail on page 5 of this form, including the names, relationships to the conservatee, and mailing addresses of the persons in the categories in items 1 and 2, above, who are entitled to receive a copy of the plan. If the Proof of Delivery by Mail does not have enough space for the names, relationships, and addresses of all the persons who will receive a copy of the plan, you must show the additional names, relationships, and addresses on one or more additional pages and attach those pages to the Proof of Delivery.
After completing the mailing as described in item 6 below, you or your attorney must date and sign the Proof of Delivery by Mail on page 5 of this form.
6. **How to mail:** You (the conservator), the conservator's attorney of record, or an employee of the attorney, must do the following:
 - a. Place copies of this *Confidential Conservatorship Care Plan—Probate* and, to the persons specified in item 1 above, *Confidential Medical Information Attachment* in sealed envelopes with postage fully prepaid addressed to each person at the address shown for that person on the Proof of Delivery by Mail on page 5 of this form or on attached additional pages.
 - b. Deposit (mail) the sealed envelope(s) with the United States Postal Service on the date and from the place (city and state) shown in item 4 at the top of the Proof of Delivery by Mail on page 5 of this form.
7. **File the care plan:** You (the conservator or your attorney) must file with the court the original *Confidential Conservatorship Care Plan—Probate*, *Confidential Medical Information Attachment*, and a signed and dated Proof of Delivery by Mail (page 5 of this form) with any additional address pages attached.

CONSERVATORSHIP OF <i>(name):</i>	CASE NUMBER:
CONSERVATEE	

**CONFIDENTIAL MEDICAL INFORMATION ATTACHMENT TO
CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PROBATE**

To the conservator of the person: Complete items 1–4; complete item 5 if you want to discuss additional confidential medical information; sign at the bottom of page 2; and attach this form to *Confidential Conservatorship Care Plan—Probate* (form GC-355). Follow the instructions for delivery and filing on page 6 of form GC-355.

1. The conservatee has been diagnosed with the following physical or mental health conditions *(check all that apply)*:
 - a. No known health conditions.
 - b. Physical health conditions described
 below. on Attachment A1b.
 - c. Mental health conditions described
 below. on Attachment A1c.

2. The conservatee is receiving or using the following medical treatment, medications, supports, or devices for one or more of the conditions described in item 1. *(Complete all that apply.)*
 - a. No medical treatment, medications, supports, or devices.
 - b. All medical treatments and the conditions treated by each are described below. on Attachment A2b.
 - c. All medications taken and the conditions treated by each are described below. on Attachment A2c.
 - d. All services and supports received, including the reason for each, are described below. on Attachment A2d.
 - e. All devices used and the purpose of each are described below. on Attachment A2e.

3.
 - a. The medical treatment, medications, supports, and devices described in item 2 are sufficient to meet the conservatee's current and foreseeable medical needs.
 - b. The additional medical treatment, medications, supports, or devices described below on Attachment A3b are necessary to meet the conservatee's current and foreseeable medical needs.

CONSERVATORSHIP OF <i>(name):</i>	CASE NUMBER:
CONSERVATEE	

4. The following health-care providers are currently providing treatment or care to the conservatee (*give name, professional license type (e.g., physician, cardiologist or other specialist, dentist, psychotherapist) and license number, and contact information for each; if you know, describe the treatment and care provided*):

a. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____

 Telephone number: _____ Email address: _____
 Treatment or care provided (*if known*): _____

b. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____

 Telephone number: _____ Email address: _____
 Treatment or care provided (*if known*): _____

c. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____

 Telephone number: _____ Email address: _____
 Treatment or care provided (*if known*): _____

d. Name: _____ License number: _____
 Professional license type: _____
 Mailing address: _____

 Telephone number: _____ Email address: _____
 Treatment or care provided (*if known*): _____

Additional providers listed on Attachment A4.

5. Additional confidential medical information is discussed below. on Attachment A5.

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE)