

Referral for Probate Conservatorship to the Ventura County Public Guardian

Please complete all sections as thoroughly as possible. If some information is unknown, write "unknown."
The referring party may write directly on this form or return a separate typed document, which follows the same numbering. Include name, title, date and signature if submitting separate pages. Please read through the entire form so you know what information you will need. If you have questions while completing this referral form, or to check on the status of the investigation, please call the officer of the day (805) 654-3141.

Please attach all supplemental documents, i.e., financial, medical, legal, criminal etc.,

The Public Guardian is the conservator of last resort, and all alternatives to Conservatorship or possible nominations of other proposed conservators must be investigated by this office.

1. Date of Referral: _____

2. Referring Party Name: _____ Title: _____

Address: _____

Phone Number: _____ Fax Number: _____

3. Proposed Conservatee's Name: _____

A. K. A's: _____

Gender _____ Birthplace _____ DOB _____

Social Security Number _____ Phone Number _____

Driver License # _____ Copy Attached Driving: Yes No

Home address _____

Safety concerns: Hoarder Intense orders Infestation Structural issues Mold

Criminal Activity Weapons Other _____

Medi-Cal or other insurance information _____ Copies attached

Religious Affiliation _____ Other group affiliate, i.e. Masonic, Knights of Columbus

Testamentary Information _____ Copies attached

4. Proposed conservatee's ability to communicate, primary language, hearing or visual impairments.

Is conservatee aware of this referral? Yes No What is the proposed conservatee's response to this referral? _____

5. Marital status of proposed conservatee: Married Single Widowed Domestic Partner

Provide name, address, and phone number of spouse/domestic partner: _____

6. Is Proposed Conservatee a Veteran? Yes No Unknown - Branch of service and benefits

eligibility: Military ID # _____ documents attached

7. Source(s) and amount(s) of income: _____

Pension amount _____ Public benefits; if not receiving has application been processed?

Yes No Date of submission: _____ Other _____ documentation attached

8. Monthly Expenses:

9. Assets: (Includes real property, vehicles, cash, bank accounts, stock, valuables, etc.)

Description and location:

Documents attached, i.e. statements; DMV information; Grant Deeds

10. Name address, and phone number of anyone having legal Power of Attorney for Finances or Healthcare Decisions, or named as trustee of proposed conservatee's trust:

Documents attached

11. Name, address, and phone number of any attorney who represents proposed conservatee:

12. Family members: Names, relationships, addresses, and phone numbers:

a) Name / Relationship / Address / Phone Number:

b) Family member(s) response to this referral:

13. Friends / Neighbors names, addresses, and phone numbers:

a) Name / Relationship / Address / Phone Number

b) Friends, neighbors response to this referral:

14. Medical Doctor(s) / Provider(s):

a) Medical Doctor(s) Name, Address, Phone Number

b) Provider(s) (indicate type of provider) Name, Address, Phone Number

15. Proposed conservatee's current medical diagnoses, health status and medications: Other professional agencies that have knowledge of proposed conservatee's circumstances:

Documents attached, ie. Med log, Physician Report, Labs

16. Any diagnosis, i.e. developmental disability, dementia, mental illness. Yes No

If yes, please provide the following:

Diagnosis _____

Treatment plan _____

Medication _____

Provider contact _____

17. Please describe the cognitive function of proposed conservatee, including scores on recent mental status examinations. Is proposed conservatee oriented to person, place, time and situation? Does proposed conservatee understand consequences of personal, legal and medical decisions? Give examples. If APS referral, attach PHN notes.

18. Please provide specific observations from the proposed conservatee's daily life which demonstrate that the proposed conservatee is unable to provide for his/her physical health, food, clothing and shelter. Explain current risks to proposed conservatee's safety:

a) Caregiver Contact / IHSS Contact / Hours:

b) Attends Adult Day Program? Yes No If Yes, please identify Social Worker / Participation Plan:

19. Please provide specific example(s) of the proposed conservatee's inability to manage financial resources or to resist fraud / undue influence:

a) Alleged Perpetrator Contact: Yes No

b) Has this been cross reported to law enforcement: Yes No If yes, attach report.

20. Alternatives to conservatorship: Specify what has been done or considered, and the following alternatives are unsuitable:

a). Voluntary acceptance of informal or formal assistance:

b) General power of attorney for health care and for estate management:

c) If Conservatee has trust, provide name of successor trustee. Copy Attached.

d) Other Alternatives Considered:

21. During the year before this referral was made, what types of services did the proposed conservatee receive, and from what source(s)?

Health services

Social services

Estate management assistance

Any pertinent information not listed elsewhere:

Mark documents that are included with referral:

- Completed Capacity Declaration, Form GC-335, is attached.
- Completed Dementia Attachment to Capacity Declaration, Form GC-335A, is attached.
- Other _____

Individual Completing this Form

(Print Name)

(Signature)

(Title)

(Date)

Important: You may send the referral form and attachments, by email to HSA-PAPG-Referrals@ventura.org.
Submit the original capacity declaration forms with the physician / psychologist signature to:

Public Guardian County of Ventura
1001 Partridge Dr. Suite 220
Ventura, CA 93003