

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SAN MATEO

IN THE MATTER OF CONSERVATORSHIP)
NO. _____)

_____)
_____)
TEMPORARY CONSERVATEE)
_____)

DECLARATION OF NOTICE OF
REQUEST FOR TEMPORARY
CONSERVATORSHIP

I, _____, M.D.,
hereby state:

That I am the treating psychiatrist
for _____.

That I am requesting that said patient be placed on an LPS Temporary
Conservatorship which, if granted, will extend the patient's hospitalization for up to an
additional 30 days.

That I have personally informed my patient that I have requested an LPS
Temporary Conservatorship thereby extending his/her hospitalization for up to an
additional 30 days and that if the patient objects he/she should contact the Patients'
Rights Advocate or the Private Defender.

That I have also informed the patient that I intend to continue treatment with
psychotropic medications and that if the patient objects he/she should contact the
Patients' Rights Advocate or the Private Defender.

That I informed this patient on _____, 200____, at
_____ (am/pm)

at

(Facility)

That the foregoing is true and correct under the penalty of perjury.

Dated: _____
Physician _____

cc: Patient
Conservatorship Referral
Patients' Rights Advocate