

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____ PROPOSED CONSERVATEE	CASE NUMBER: CONSERVATORSHIP PETITION HEARING DATE:	
EX PARTE ORDER RE COMPLETION OF CAPACITY DECLARATION—HIPAA (Health Insurance Portability and Accountability Act of 1996)	DEPT.:	TIME:

- Attached to this order is a *Capacity Declaration—Conservatorship* (form GC-335) and a *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A) (the Declaration).
- (*Name*):
has applied for an order authorizing the declarant 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

- Notice of the hearing on the application should be dispensed with and the application should be granted.
- 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.:

- Declarant (*name each*):

has been requested to complete and sign the Declaration for the purpose specified in item 6.

- Petitioner proposes to use the Declaration to provide evidence to support (*check all that apply*):
 - A finding that the proposed conservatee should be excused from attending the hearing on the petition.
 - A request for exclusive authority to consent to medical treatment for the proposed conservatee.
 - A request for dementia powers.
 - The appointment of a conservator of the estate.
 - Other (*specify*): _____

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

THE COURT ORDERS

- 7. Notice 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 *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A) (*name 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 contained in the regulations of the federal Department of Health and Human Services (45 C.F.R. parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (Public Law No. 104-191 (August 21, 1996)), 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 and any attachments is a correct copy of the original on file in my office.

Date: _____

Clerk, by _____, Deputy

