



CONSERVATORSHIP OF (Name): _____ <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER: _____
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5. ATTENDANCE AT THE HEARING **Conservatee**
- a.  will attend the hearing.
  - b.  is able but unwilling to attend the hearing AND  does  does not wish to contest this petition.
  - c.  is unable to attend the hearing because of medical inability. An affidavit or certificate of a licensed medical practitioner or an accredited religious practitioner is affixed as Attachment 5c.
  - d.  is not the petitioner, is out of state, and will not attend the hearing.
6. **Special notice**  has  has not been requested. (Specify the names and addresses of persons requesting special notice in Attachment 6.)
7.  Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330) that specifies the duties to be performed before granting an order relating to medical consent.
8. The names, residence addresses, and relationships of the spouse and all relatives within the second degree of the conservatee so far as known to petitioner are  listed below  listed in Attachment 8.

	<u>Relationship and name</u>	<u>Residence address</u>
a. Spouse:		
b.		

9. Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_  
 \* (Signature of all petitioners also required (Prob. Code, § 1020).) ▶ \_\_\_\_\_  
(SIGNATURE OF ATTORNEY \*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_  
 ..... (TYPE OR PRINT NAME) ▶ \_\_\_\_\_  
(SIGNATURE OF PETITIONER)

..... (TYPE OR PRINT NAME) ▶ \_\_\_\_\_  
(SIGNATURE OF PETITIONER)