

Limited Conservatorship Petition

Adults with Disabilities

1. Petitioner Information

Name:

Relationship to Proposed Conservatee:

Address:

Phone Number:

2. Proposed Conservatee Information

Name:

Date of Birth:

Address:

3. Nature of Disability

Specify the disability and describe its impact:

4. Limited Powers Requested

Power	Requested	Reason
Access to confidential records	<input type="checkbox"/>	<input type="text"/>
Consent to medical treatment	<input type="checkbox"/>	<input type="text"/>
Decide residence	<input type="checkbox"/>	<input type="text"/>
Educational decisions	<input type="checkbox"/>	<input type="text"/>

Financial decisions	<input type="checkbox"/>	<input type="text"/>
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5. Justification for Limited Conservatorship

Explain why a limited conservatorship is appropriate:

6. Additional Information

Other facts relevant to this petition:

7. Declaration

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

Date:

Signature: