

Mental Health Conservatorship Petition

Petitioner Information

Name

Address

Phone

Relationship to Proposed Conservatee

Proposed Conservatee Information

Name

Date of Birth

Address

Grounds for Conservatorship

Describe the facts and circumstances that demonstrate the individual is gravely disabled as a result of a mental health disorder and in need of care, treatment, or control.

Describe any less restrictive alternatives considered (if any):

Proposed treatment plan or recommendations (if any):

Signature

Date

Petitioner's Signature