

Referral for Probate Conservatorship to the Ventura County Public Guardian

Proposed Conservatee's Name: _____

Please complete all sections as thoroughly as possible. If some information is unknown, write "unknown."
The referring party may write directly on this form or return a separate typed document which follow same numbering. Include name, title, date and signature if submitting separate pages. Please read through the entire form so you know what information you will need. If you have questions while completing this referral form, or to check on the status of the investigation, please call the officer of the day (805) 654-3141.

The Public Guardian is the conservator of last resort, and all alternatives to Conservatorship or possible nominations of other proposed conservators must be investigated by this office.

1.Date of Referral:_____

2.Referring party name _____ Title _____

Address _____

Phone number _____ Fax number:_____

3. Proposed conservatee's name _____

Gender _____ Birthplace _____ DOB _____

Social Security number _____ Phone number _____

Home address _____

Current facility or hospital _____

Medi-Cal or other insurance information _____

Religious affiliation _____

4.Proposed conservatee's ability to communicate, primary language hearing or visual impairments. Is the proposed conservatee aware of this referral? _____

5.Marital status of proposed conservatee: Married Single Widowed Domestic Partner

Provide name, address, and phone number of spouse: _____

6.Is proposed conservatee a veteran? Yes No Unknown

Branch of service and benefits eligibility: _____

7.Source(s) and amount(s) of income:_____

8. Monthly expenses _____

9.Assets: Includes real property, vehicles, cash, bank accounts, stock, valuables, etc.. Description and location: _____

10.Name address, and phone number of anyone having legal power of attorney for finances or healthcare decisions, or named as trustee of proposed conservatee's trust: _____

11.Name, address, and phone number of any attorney who represents proposed conservatee: _____

12.Family members: Names addresses, and phone numbers

13.Friends: Names, addresses, and phone numbers: _____

14.Medical doctor(s) Names, addresses, and phone numbers: _____

15.Proposed conservatee's current medical diagnoses, health status and medications: Other professional/agencies that have knowledge of proposed conservatee's circumstances

Any pertinent information not listed elsewhere:

Mark documents that are included with referral:

- Completed Capacity Declaration, Form GC-335, is attached.
- Completed Dementia Attachment to Capacity Declaration, Form GC-335A, is attached.
- Other _____

Individual Completing this Form

(Print Name)

(Signature)

(Title)

(Date)

Important: You may send the referral form and attachments, by email to HSA-PAPG-Referrals@ventura.org.
Submit the original Capacity Declaration forms and any applicable attachment with the physician/psychologist signature to:

Public Guardian County of Ventura
1001 Partridge Dr. Suite 360
Ventura CA, 93003