

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

- PALM SPRINGS** 3255 E. Tahquitz Canyon Wy., Palm Springs, CA 92262     **TEMECULA** 41002 County Center Dr., #100, Temecula, CA 92591  
 **RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-PR105**

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       CASE NUMBER: _____
CONSERVATORSHIP OF: _____	
<b>PERSONALIZED LIST OF RIGHTS</b>	

A conservatorship has been established for you.

You still have the right to do all of the following:

- To understand, make, and communicate your own informed choices to the greatest possible extent.
- Be informed on a regular basis of decisions your conservator has made for you.
- To remain as independent as possible and in the least restrictive setting.
- Make or change your will.
- Enter into reasonable business transactions to provide for your basic needs and those of your children and spouse or registered domestic partner.
- Have a lawyer.
- Ask a judge to review your concerns or complaints about the conservatorship and the actions of your conservator.
- Ask a judge to change conservators.
- Ask a judge to end the conservatorship.

Whether you also have the following rights is indicated by a mark in the "Yes" or "No" box below. If the "changed" box is checked, an explanation will be provided under "Other Rights:"

**Personal Rights**

Yes	Changed	No	Right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive personal mail.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive visits from family and friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marry or enter into a registered domestic partnership.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make your own health care decisions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decide whether to take medication for the treatment of major neurocognitive disorder.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decide whether to reside in a secured-perimeter facility for the treatment of major neurocognitive disorder.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vote.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select your residence.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access your confidential records and papers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make your own educational decisions.

CONSERVATORSHIP OF:	CASE NUMBER:
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**Estate Rights**

Yes	Changed	No	Right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Directly receive and control your wages.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter into business transactions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Possess and manage your property.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collect, manage, and litigate your rentals, and other claims against others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay, compromise, or defend claims against you.

**Other Rights**

If the court has granted any additional rights or for each box checked "changed" above, a short explanation will appear below:

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF CONSERVATOR)

\_\_\_\_\_  
(SIGNATURE OF CONSERVATOR)

\_\_\_\_\_  
(TYPE OR PRINT NAME OF CONSERVATOR)

\_\_\_\_\_  
(TYPE OR PRINT NAME OF CONSERVATOR)