

Attorney or Party Without Attorney Name: Address: Telephone No.: Fax. No.: E-mail Address: Attorney for (Name):	
MORONGO TRIBAL COURT 12700 Pumarra Road Banning, CA 92220	
CONSERVATORSHIP OF (Name):	CASE NO.: Hearing Date and Time
PETITION FOR APPOINTMENT OF CONSERVATOR OF THE <div style="display: flex; justify-content: center; gap: 20px;"> <input type="checkbox"/> Person <input type="checkbox"/> Estate </div>	

1. Petitioner (name each): **requests that**

a. (Name):
(Address):

(Telephone):

be appointed as conservator of the PERSON of the (proposed) Conservatee and Letters issue upon qualification.

b. (Name):
(Address):

(Telephone):

be appointed conservator of the ESTATE of the (proposed) Conservatee and Letters issue upon qualification.

c. (1) bond not be required

(2) bond be fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by the Tribal Court.

(3) \$ _____ in deposits in a blocked account be allowed. Receipts will be filed. *(Specify Institution and location):*

d. other orders to be granted. *(Specify in Attachment 1d.)*

2. (Proposed) Conservatee is (name):

Date of Birth:

Current address:

Current telephone:

3. a. **Jurisdictional facts** *(initial appointment only)*: The proposed Conservatee has no known conservator in California or any other competent jurisdiction and:

(1) is an enrolled member of the Morongo Band of Mission Indians.
Enrollment Number: _____

(2) not an enrolled member of the Morongo Band of Mission Indians but is eligible for enrollment.

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- (3) non resident of Morongo Band of Mission Indians but is living on the Morongo Reservation.
- (4) other reasons as specified in Attachment 3.a.(4).

b. Petitioner (answer items (1) and (2) and check all other items that apply:)

- (1) is the (proposed) conservator.
- (2) is the (proposed) conservatee. (If this item is **not** checked, you must also complete item 3e.)
- (3) is the spouse of the (proposed) conservatee. (You must also complete item 6.)
- (4) is the domestic partner or former domestic partner of the (proposed) conservatee. (You must also complete item 7.)
- (5) is a relative of the (proposed) conservatee as (specify relationship):
- (6) is an interested person or friend of the (proposed) conservatee.
- (7) is a tribal entity, officer, or employee.
- (8) is the guardian of the proposed conservatee.
- (9) is a professional fiduciary. Petitioner’s resume is provided in Attachment 3.b. (11).
- (10) is is not a **creditor** or agent of a creditor of the (proposed) conservatee.
- (11) is is not a **debtor** or agent of the (proposed) conservatee.

c. Proposed conservator is (check all that apply):

- (1) a nominee. (Affix nomination as Attachment 3c(1).)
- (2) the spouse of the (proposed) conservatee. (You must also complete item 6.)
- (3) the registered domestic partner or former registered domestic partner of the (proposed) conservatee. (You must Also complete item 7.)
- (4) a relative of the (proposed) conservatee as (specify relationship):
- (5) a bank other entity authorized to conduct the business of a trust company.
- (6) a professional fiduciary. Proposed conservator’s resume is provided in Attachment 3.c.(7).
- (7) other (specify):

d. Does the proposed conservatee have a Will or Advanced Medical Directive that was executed prior to the proposed conservatee being incapacitated?

- Will** - date executed (if known): _____
- Advanced Medical Directive** – date executed (if known): _____

e. Estimated value of personal property:

- (1) (List: Bank balances, cash, investments, jewelry, furniture and furnishings, vehicles without liens, loans, etc.) \$
- (2) Annual gross income from
 - (a) real property on the Morongo Reservation: \$
 - (b) real property not on the Morongo Reservation: \$
 - (c) personal property: \$
 - (d) Tribal per capita and/or Enterprise funds: \$
 - (e) BIA funds: \$
 - (f) wages: \$
 - (g) pensions: \$
 - (h) public assistance benefits: \$
 - (f) other: \$ _____
- (2) **Total** of (1) and (2): \$ _____

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(3) Real Property

(a) located on the Morongo Indian Reservation \$ _____
location/address _____

(b) not located on the Morongo Indian Reservation \$ _____
location/address _____

4. (Proposed) conservatee

a. is is not a patient in or on leave of absence from a state or Tribal institution under the jurisdiction of any Department of Mental Health or similar entity.

(specify institution):

b. is receiving or entitled to receive is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs *(estimate amount of monthly benefit payable):* \$

c. is is not able to receive BIA benefits.

5. a. Proposed conservatee *(initial appointment of conservator only)*

(1) is an adult.

(2) will be an adult on the effective date of the order *(date):*

(3) is a married minor.

(4) is a minor whose marriage has been dissolved.

c. **(Proposed) conservatee** requires a conservator and is

(1) unable to properly provide for his or her personal needs for physical health, food, clothing, or shelter. Supporting facts are specified in Attachment 5c(1) as follows:

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5. c. **(Proposed) conservatee** requires a conservator and is
- (2) substantially unable to manage his or her financial resources or to resist fraud or undue influence. Supporting facts are specified in Attachment 5c(2) as follows:
5. d. **(Proposed) conservatee** voluntarily requests the appointment of a conservator.
(Specify facts showing good cause in Attachment 5(d).)
- e. **(Proposed) conservatee** is is not developmentally disabled. Petitioner is aware of developmentally disabled needs. *(Specify the nature and degree of the alleged disability in Attachment 5e, i.e. down syndrome, autism, etc.).*
6. **Petitioner or proposed conservator is the spouse of the (proposed) conservatee.** *(If this Statement is true, you must answer a or b.)*
- a. The (proposed) conservatee's spouse is not a party to any action or proceeding against the (proposed) conservatee for legal separation, dissolution of marriage, annulment, or adjudication of nullity of their marriage.
- b. Although the (proposed) conservatee's spouse is a party to an action or proceeding against the (proposed) conservatee for legal separation, dissolution, annulment, or adjudication of nullity of marriage, or has obtained a judgment in one of these proceedings, it is in the best interest of the (proposed) conservatee that:
- (1) a conservator be appointed.
- (2) the spouse be appointed as the conservator.
(If you checked item 6b(1) or (2) or both, specify the facts and reasons in Attachment 6b.)
7. **Petitioner or proposed conservator is the registered domestic partner or former registered domestic partner of the (proposed) conservatee.** *(If this statement is true, you must answer a or b.):*
- a. The domestic partner of the (proposed) conservatee has not terminated and does not intend to terminate the registered domestic partnership.
- b. Although the registered domestic partner or former registered domestic partner of the (proposed) conservatee intends to terminate or has terminated the registered domestic partnership, it is in the best interest of the (proposed) conservatee that:
- (1) a conservator be appointed.
- (2) the domestic partner or former domestic partner be appointed as the conservator.
(If you checked item 7b(1) or (2) or both, specify the facts and reasons in Attachment 7b).

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8. (Proposed) conservatee *(check all that apply):*

- a. will attend the hearing AND is the petitioner is not the petitioner AND has has not nominated the proposed conservator.
- b. *(initial appointment of conservator)*: is able but unwilling to attend the hearing AND does does not wish to contest the establishment of a conservatorship, does does not object to the proposed conservator, AND does does not prefer that another person act as conservator.
- c. *(initial appointment of conservator only)*: is unable to attend the hearing because of medical inability. A document executed by a licensed medical practitioner or an accredited religious practitioner is filed with this petition. will be filed before the hearing.
- d. *(initial appointment of conservator only)*: is not the petitioner, is out of state, and will not attend the hearing.

9. Medical treatment of (proposed) conservatee

- a. There is no form of medical treatment for which the (proposed conservatee has the capacity to give an informed consent.
- b. A declaration executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure, stating that the (proposed) conservatee lacks the capacity to give informed consent for any form of medical treatment and giving reasons and the factual basis for this conclusion, is filed with this petition. will be filed before the hearing. Will not be filed for the reason stated in c.
- c. The conservatee's incapacity to consent to any form of medical treatment was determined by order filed in this matter on *(date)*:
That order has neither expired by its terms nor been revoked.
- d. (Proposed) conservatee is is not an adherent of a religion that relies on prayer alone for healing.

10. (Proposed) conservatee's relatives *(Complete attached Family Tree.)*

The names, residence addresses, and relationships of the spouse or registered domestic partner and the second-degree relatives of the (proposed) conservatee (his or her parents, grandparents, children, grandchildren, and brothers and sisters), so far as known to petitioner, are

- a. listed below.
- b. not known, or none are now living, so the (proposed) conservatee's deemed relatives are listed below.

Name and relationship to conservatee

Residence address

(1)

(2)

(3)

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10. (Proposed) conservatee's relatives (continued)

Name and relationship to conservatee

Residence address

- (4)
- (5)
- (6)
- (7)
- (8)
- (9)
- (10)

11. Continued on Attachment 10.
 Confidential conservator screening form

Submitted with this petition is a *Confidential Conservator Screening Form* (form MTC PCS-02) completed and signed by the proposed conservator. *(Required for all proposed conservators except banks and trust companies.)*

12. Number of pages attached: _____

Date:

 (TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER) (SIGNATURE OF ATTORNEY FOR PETITIONER)

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

Date:

 (TYPE OR PRINT NAME OF PETITIONER) (SIGNATURE OF PETITIONER)

 (TYPE OR PRINT NAME OF PETITIONER) (SIGNATURE OF PETITIONER)