

QUARTERLY REPORT OF CONSERVATORSHIPS ESTABLISHED BY THE SUPERIOR COURT OF THE COUNTY

				Year
County Name:		Quarter 1	<input type="checkbox"/> July 1 to Sept. 30	
County Code:		Quarter 2	<input type="checkbox"/> Oct. 1 to Dec. 31	
		Quarter 3	<input type="checkbox"/> Jan. 1 to March 31	
		Quarter 4	<input type="checkbox"/> April 1 to June 30	

1. Number of persons placed under <i>temporary conservatorships</i> during this quarter:	
2. Number of newly established & re-established <i>permanent conservatorships</i> during this quarter:	

The above information is required by the California Welfare and Institutions Code (WIC) Section 5402(a).

The information provided in this quarterly report will be incorporated into an annual report as required by WIC Section 5402(d).

Please see next page or reverse side for Reporting Instructions.

This quarterly report should be submitted by the 30th of the month following the end of each quarter via fax, email, or U.S. Mail.

If you need assistance preparing this report, please send an email to one of the persons below.

Fax Number: (916) 552-8555

Email Address: kenneth.lee@dhcs.ca.gov or bryan.fisher@dhcs.ca.gov

Mailing Address: DEPARTMENT OF HEALTH CARE SERVICES
 Research and Analytic Studies Branch, MS1200
 P.O BOX 997413
 SACRAMENTO, CA 95899-7413

Date	Contact Person	Phone Number

REPORTING INSTRUCTIONS:
QUARTERLY REPORT OF CONSERVATORSHIPS ESTABLISHED BY
THE SUPERIOR COURT OF THE COUNTY (MH 3824)

Persons for whom temporary or permanent conservatorships are established should be reported by the county in which the court is located.

Do not leave any boxes blank. If there are no counts related to items 1-2 below, you must still submit this report on a quarterly basis with zero counts in each of the boxes provided.

- Enter your county name in the box provided.
 - Enter your county code in the box provided.
 - Enter the quarter and corresponding year in the boxes provided.
 - Please use one form to report each quarter.
1. ***Temporary Conservatorships:*** Enter the count of persons placed under *temporary conservatorship* by the Superior Court of the County under WIC Section 5352.1 during the quarter being reported. If the court extends the temporary conservatorship, **do not** count it again.
 2. ***Permanent Conservatorships:*** Enter the count of persons for whom *permanent conservatorships* were established or re-established by the Superior Court of the County during the quarter being reported. This count should include all conservatorships established by the Superior Court – regardless of the type of facility in which the patient is placed – e.g., State Hospitals. In addition, include in this count any *permanent conservatorships* established for persons previously under *temporary conservatorship*.
- Date and sign the quarterly report in the space provided. Please include a telephone number of the county contact for data verification purposes.
 - Fax, Email or Mail this quarterly report

Fax Number: (916) 552-8555

Email Address: kenneth.lee@dhcs.ca.gov or bryan.fisher@dhcs.ca.gov

Mailing Address: DEPARTMENT OF HEALTH CARE SERVICES
Research and Analytic Studies Branch, MS1200
P.O BOX 997413
SACRAMENTO, CA 95899-7413