



SUPERIOR COURT OF CALIFORNIA

COUNTY OF TULARE

www.tulare.courts.ca.gov • (559) 730-5000

PROBATE CONSERVATORSHIP

Forms included in this packet:		
COMPLETE AND BRING TO THE SELF-HELP RESOURCE CENTER	FCS-401	Confidential Conservatorship Care Plan
	FCS-402	Conservatorship Questionnaire
	PRO-001	Confidential Contact Information
	GC-335	Capacity Declaration – Conservatorship
	GC-335A	Major Neurocognitive Disorder Attachment to Capacity Declaration (<i>optional</i>)

What is a probate conservatorship?

A probate conservatorship is a court case where a judge appoints a responsible person or organization (the "conservator") to care for an adult (the "conservatee") who cannot care for themselves. The conservator is responsible for caring for the conservatee's daily activities, health care, and living arrangements. The person who asks the court for a probate conservatorship case is called the Petitioner, and may be the spouse, domestic partner, relative, or friend of the proposed conservatee, or may be an interested state or local agency, employee of the agency, or public officer. To learn more, visit: <https://selfhelp.courts.ca.gov/conservatorships>.

How does the Petitioner start the probate conservatorship process?

To start the probate conservatorship process, **complete the forms in this packet**, which cover information about the proposed conservator and conservatee, the conservatee's relatives, the reasons why a conservatorship is necessary, and why alternatives to a conservatorship are not available. The conservatee's doctor will complete the Capacity Declaration and optional Major Neurocognitive Disorder Attachment, if necessary. Once the forms are complete, take them to the **Tulare County Superior Court's Self-Help Resource Center (SHRC)**, where staff will assist with completing the remaining forms for filing with the Clerk of Court.

About the Self-Help Resource Center (SHRC):

SHRC staff can provide instructions on how to complete forms, how to properly serve notice on all necessary parties, and can answer questions about the court process. However, SHRC staff **CANNOT** provide legal advice or represent you in court. SHRC offices are located at:

- County Civic Center: 221 S. Mooney Blvd., Room 203, Visalia CA 93291
- South County Justice Center: 300 E. Olive Ave., Porterville, CA 93257

SHRC hours are Monday through Thursday from 8 a.m. to 4 p.m., and Fridays from 8 a.m. to 12 noon. Litigants are assisted on a first come, first served basis; appointments are not available. SHRC staff can be reached at (559) 737-5500 and selfhelp@tulare.courts.ca.gov.

Attorney or Party without Attorney (name and address) Email address: Attorney for (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE <input type="checkbox"/> Office of the Clerk, 221 S. Mooney Blvd, Room 201, Visalia, CA 93291 <input type="checkbox"/> Office of the Clerk, 300 E. Olive Ave, Porterville, CA 93257	
IN THE MATTER OF THE <input type="checkbox"/> LIMITED CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF: <p style="text-align: center;">CONSERVATEE</p>	
CONFIDENTIAL CONSERVATORSHIP CARE PLAN Per Tulare County Superior Court Local Rule 1013	CASE NUMBER:

NOTICE TO CONSERVATOR/S

You must complete, sign and return to the court on or before (date): _____. **If you are conservator of the estate only, you must complete at least items 1,2, & 6-9. All other Conservators must complete the entire form. Print legibly or type.**

Failure to complete, sign and return this form will result in further court action, possibly including your removal as conservator. A conservator who willfully submits any material information required by this form that he or she knows to be false is guilty of a misdemeanor.

An "Attachment" is one or more separate sheets of paper attached to this form. You may use any letter-sized paper for this purpose, including copies of Judicial Council form MC-025, Attachment, available from the court or located in .pdf format on the Judicial Council website, www.courts.ca.gov. Label each attachment with the items or question number you are answering.

Before completing your Care Plan, please carefully read and review the 2016 Revised Edition of the Handbook for Conservators which you may obtain by downloading the handbook at: <http://www.courts.ca.gov/documents/handbook.pdf>.

If you are conservator of the estate, you must file regular accountings with the court in addition to this care plan.

1) **Conservator** (Continue on Attachment 1 if necessary. If there is more than one conservator, each must provide the information requested in items 1a-f, and each must sign this form):

a) Conservator's primary language: English Spanish Other:

b) (Full Name):

c) Present address (street address, including apartment number, **city state and zip code of each conservator**):

d) **Telephone of each conservator** (home): _____ (work): _____ (cell): _____
(Please circle the best number to reach you during court hours).

e) Does the Conservatee reside with you?
 No Yes

f) If the conservatee does not reside with you, how often do you visit?
 Daily Weekly Monthly Other:

How often do you have contact with facility staff?
 Daily Weekly Monthly Other:

g) Is this Care Plan a short or long term plan?
If a short term plan, what is the long term plan?

h) Do you have any significant health problems that would interfere with your ability to continue as conservator in the next two years?
 No Yes (If your answer is "yes", please explain in Attachment 1d)

i) Since your appointment or your last report, have you been arrested for, charged with, or convicted of (1) any felony or misdemeanor; or (2) any other offense involving alcohol, illegal drugs, sexual misconduct or financial affairs?
 No Yes (If your answer is "yes", please explain in Attachment 1e. You need not report minor traffic offenses that do not involve alcohol or illegal drugs.)

j) Are you a court-appointed guardian or conservator for any other child or adult under a different case number or court? No
 Yes (If your answer is "yes", please identify in Attachment 1f each other child or adult by name, court and case number.)

- 2) **Personal Information of Conservatee** (continue on Attachment 2 if necessary):
- a) Conservatee's primary language: English Spanish Other:
 - i) If the conservatee's primary language is not English, who will interpret for the Conservatee, and how will conversation be provided to the Conservatee in his/her native language?
 - b) (Full Name):
 - c) (Birthdate): (Age):
 - d) Present address if different from above (street address, including apartment number, city state and zip code of the conservatee):

How long at this address: Date of admission:

- e) Telephone (home): (work): (cell):
- f) Type of Facility:
 - private home board and care assisted living skilled nursing State Developmental Hospital
 - Other:
- g) Name of Facility:
- h) Contact Person at the Facility: Contact Number at the Facility:

- 3) **Current Level of Care** (continue on Attachment 3 if necessary):
- a) requires total care requires assistance with care able to do own care ambulatory uses a walker/wheelchair has a catheter has feeding tube urinary/bowel incontinence Other:
 - b) If residing in a facility or group home, attach a copy of the facility's care plan.
 - c) Do you plan to make any changes to the Conservatee's residence in the next two years?
 - No Yes ; If yes, explain:
 - d) What is the plan to return the conservatee to his/her person residence if not now living at home? Why not?

- 4) **Conservatee's Physical and Emotional Health** (continue on Attachment 4 if necessary):
- a) Please describe the Conservatee's health, general well-being, and level of functioning:
 - b) Please provide a brief description of the Conservatee's adjustment, progress, and the reason(s) the conservatorship should continue:
 - c) Please describe your feelings about the care and treatment the conservatee is receiving:
 - d) Please Provide the names of the medical professionals providing services to the conservatee:
 - i) Doctor(s):
 - ii) Dentist:
 - iii) Optician/Ophthalmologist:
 - iv) Audiologist:
 - v) Psychiatrist/Social Worker/therapist/Case Worker:

- h) Who will pay board and care for the Conservatee?
- i) Amount of personal and incidental monies available to Conservatee per month:
 - i) Who will monitor or assist use of funds?
- j) Does the conservatee have a trust or is s/he a beneficiary of a trust and entitled to receive income from the trust?
 - No Yes
 - i) If yes, please provide an attachment with the name of the trust, the name(s) of the trustee(s) and their contact information, and if applicable, court case number for the trust:
- k) Does the conservatee own a home in which s/he does not live? No Yes
 - If yes, is it rented? No Yes; If yes, amount of monthly rent:
 - If not rented, explain why:

8) Need for Conservatorship

The conservatorship is is not still necessary (state reasons. Continue on Attachment 8 if necessary.)

9) Continuation as Conservator

I am am not able to continue my duties and obligations as the conservator. (If you are not able to continue as conservator, state reasons. Continue on Attachment 9 if necessary. If you cannot continue as conservator, you must petition the court to relieve you of your duties.):

File Stamp the original Confidential Conservatorship Care Plan with the Court and either mail or bring a copy of the conformed (stamped) copy to Family Court Services at: 221 S. Mooney Blvd, Room 203, Visalia, CA 93292 or drop off at the Clerk's Office at the South County Justice Center at: 300 E. Olive Ave, Porterville, CA 93257 for Family Court Services.

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct to the best of my ability.

Executed on _____ in _____
 (Date) (City) (State)

 Print Name Signature

 Print Name Signature

 Print Name Signature

Attorney's/Conservator's Name: _____

Attorney's/Conservator's address: _____

Attorney's/Conservator's Telephone #: () _____

Attorney for/Acting In Pro Per

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF TULARE**

Conservatorship of:)	
)	
_____)	
(Conservatee))	CONSERVATORSHIP QUESTIONNAIRE
)	
_____)	
(Case number))	
)	

Because you may be making medical, financial, and life decisions for the proposed Conservatee, the Court, prior to granting Conservatorship powers, would like to determine the stability, experience, and decision-making ability of the proposed Conservator(s). **For each person petitioning the Court for conservatorship, please complete the following questionnaire.** If you have questions, feel free to call the Court Investigator's office at (559) 733-6052.

Residence:

Do you Rent _____ Lease _____ Own _____ your residence? Years lived at this address _____

Do you plan to remain in the residence? Yes ___ No ___

List residences for the three previous years _____

Is your residence provided by your employer? ___ Value of donated housing per month _____

Is your residence a Mobile Home _____? Apartment? _____ House? _____ Other? _____

If other, please explain _____

Is your residence in a rural setting? _____ Residential neighborhood? _____

Mobile home park? _____ Apartment complex? _____ Other? _____

If other, please explain _____

How much is your rent/mortgage payment per month? _____

To whom are payments made? _____ (Name)

_____ (Address)

If you are buying your home, provide the following information:

Purchase price _____
Current estimated market value _____
Balance owed _____
Lending Institution _____ (Name)
_____ (Address)

What are your monthly utility bills? Gas _____ Propane _____
Electricity _____ Telephone _____ (home)
Sewer/Water _____ (cell/pager)
Garbage _____ (other)

Have you ever been served with a Three Day Notice to Pay Rent or Quit Possession of Real Property pursuant to an oral or written agreement for the rental of residential real property? If so, provide the date and the name and address of the lessor or landlord.

Income:

Monthly income from employment _____

Monthly income from commissions _____

Do you have checking accounts? Yes _____ No _____

Please list the balance of each account separately.

Do you have savings accounts? Yes _____ No _____

Please list the balance of each account separately.

Monthly income from investments _____

Name and address of investment broker _____

Monthly income from other sources:

Sources of income _____ Amount _____

Monthly income from public assistance _____ Social Security

_____ Disability payments

_____ Veteran's benefits

Monthly/annual income from insurance settlement(s) _____

Debts:

Describe all long term debt other than mortgage listed above (include second, third, and fourth mortgages, vehicles, business property, rental property, etc.)

List all short term debt including each credit card debt, debt to private parties or family members, etc. (do not include bankruptcy debt)

Have you have ever filed for bankruptcy? Yes___ No___

Please provide the following information for each time

Type of petition_____

Date filed_____

Court in which filed_____

Outcome_____

Date debts discharged_____

Have you ever been sued? Yes_____ No_____

Please explain_____

Have you ever sued another person or entity, individually or on behalf of an entity? Yes___No___

Please explain_____

Employment:

Current employer_____ Employer's telephone number_____

Employer's address_____ Job description_____

_____ Length of employment_____

(List your previous employers for the last 5 years)

1. Name_____ Telephone_____

Address_____ Job description_____

_____ Date began_____ Date left_____

Reason for leaving_____

2. Name_____ Telephone_____

Address_____ Job description_____

_____ Date began_____ Date left_____

Reason for leaving_____

3. Name _____ Telephone _____
Address _____ Job description _____

_____ Date began _____ Date left _____

Reason for leaving _____

Education:

Highest level completed _____ Age left school _____
Reason for leaving _____
Last school attended _____ Last year attended _____
Degree(s) achieved _____

Health:

Do you have health insurance? Yes _____ No _____
Name of company and type of coverage _____
Dental _____ Vision _____
Health Status: Good _____ Fair _____ Poor _____
Fair or poor, please explain _____
Are you taking any medication, prescription or over-the-counter? Yes _____ No _____
If yes, list types and for what reasons _____
List any special health problems _____

Have you ever had a problem with any of the following:

Drugs: Prescription or Illegal _____ Alcohol _____
Mental/Emotional problems _____

Please explain _____

Vehicles:

For each vehicle you own provide the make, model, year, and license number, as well as the name(s) on the registration.

Make Model Year License Number

1. _____
2. _____
3. _____
4. _____

For each vehicle you own, list the whether or not insured and the amount of public liability coverage.

Make/Year Insured or not Type/Amount of coverage

1. _____
2. _____
3. _____
4. _____

Do you have a valid California driver's license? Yes ___ No ___ Number _____
Expiration Date _____

Criminal History:

Have you ever been arrested or had charges filed against you for any crime other than a traffic infraction? **(This question must be answered even if you were only arrested and not convicted, or if convicted, the charges were thereafter dismissed and the record ordered sealed.)** Yes ___ No ___ Please indicate the reason for arrests, charges, years, county, and state.

Have you ever been arrested for driving under the influence of alcohol or a controlled substance?
Yes ___ No ___

If so, please indicate date(s), year, county, and state _____

Have you ever been tried for any crime in any court? Please indicate the crime, year, county, and state. If so, please explain _____

Have you ever been convicted, pled guilty or pled no contest to a crime other than a traffic infraction? Indicate the type of conviction, year, county, and state.

If so, please explain _____

What was the sentence? _____

Was the sentence completed? Yes ___ No ___ Release date _____

Are you currently or have you ever been on probation or parole? Yes ___ No ___

If so, please explain _____

Name of Probation or Parole Officer _____ Telephone No. _____

Are you the plaintiff or defendant in any current or pending criminal or civil matter?

Yes ___ No ___

If so please _____

Have you ever applied for a domestic violence restraining order or had one issued against you?

Yes ___ No ___

If so, please explain _____

Have you ever been the victim or perpetrator of physical, verbal, emotional, psychological, or sexual abuse? Yes ___ No ___

If so, Please explain _____

Household Composition:

Please list the names and telephone numbers and relationship of all persons who reside with you on a daily or part-time basis.

- 1. _____
- 2. _____
- 3. _____

Please list all persons who may have access to the personal mail, bank statements, or other financial records or information about the Conservatee.

- 1. _____
- 2. _____
- 3. _____

Proposed Conservatee:

What is the Conservatee's present address/telephone number? _____

Length at the present address. _____

List all residences/placements of the proposed Conservatee for the last 5 years.

- 1. _____
- 2. _____
- 3. _____

Will it be necessary to change of residence of the proposed Conservatee now?
If yes, please explain _____

Does the proposed Conservator work for the proposed Conservatee in any capacity (health care, housekeeping, etc.)?

If yes, please explain _____

Will the proposed Conservator be available to transport the proposed Conservatee to medical, dental, optical, audiological, psychiatric, or other appointments? Yes ___ No ___

If no, please explain how these needs will be met _____

Who will actually manage the proposed Conservatee's money? Pay the bills?

Does the proposed Conservatee have a Will?

If so, where is it located? _____
When was it signed? _____
Who are the beneficiaries _____ Relationship _____

Does a Durable Power of Attorney or a Durable Power of Attorney for Health Care exist?
If so, where is it located? _____
When was it signed? _____
Who is named with powers? _____

Does the proposed Conservatee have a Trust(s)? Revocable ___ Irrevocable ___
If so, please list (a) Preparer of the Trust _____
(b) Date of Trust _____
(c) Assets and value of assets in Trust _____

(d) Named Trustee(s) _____

Is the proposed Conservatee the beneficiary of a Trust? Revocable ___ Irrevocable ___
If so, please list (a) Preparer of the Trust _____
(b) Date of Trust _____
(c) Named Trustee _____
(d) Nature of beneficial interest for the Conservatee _____

Current marital status of the proposed Conservatee is:
___ Married ___ Divorced ___ Remarried ___ Widowed ___ Domestic partners
___ Separated ___ Currently living apart from spouse (please explain)

Is the proposed Conservatee's spouse deceased? ___ Yes ___ No Date of death? _____
Was there community property? _____
Was there a Will? _____
Has a probate petition of the Will been filed? If so, where? _____
Will a probate petition of the Will be filed? If so, where? _____

FOR RELATIVES SEEKING CONSERVATORSHIP:

How are you related to the proposed Conservatee? Please state the exact nature of the relationship.

What has been the nature and frequency of contact with the Conservatee prior to petitioning the Court for conservatorship?

FOR NON-RELATIVES SEEKING CONSERVATORSHIP:

How long have you known the proposed Conservatee? _____

How did you become acquainted with the proposed Conservatee? _____

Describe the nature of your previous relationship with the proposed Conservatee including frequency and nature of the contact. _____

Please use additional lines below to complete any previous section.

I declare, under penalty of perjury under the laws of the State of California, the foregoing is true and correct.

Date

Print Name

Signature

THIS QUESTIONNAIRE IS CONFIDENTIAL. IT WILL BE PLACED IN A SEALED ENVELOPE IN THE COURT FILE TO PROTECT YOUR PRIVACY.

CONFIDENTIAL

CONTACT INFORMATION

Pursuant to Probate Code § 2250.6(a)(b)(c), 1826(A)(1)(2), 1851(A) This Information is Confidential

Attorney or Party _____)
Address: _____)
_____)
Phone Number: _____)
Bar Number: _____)
_____)
_____)
 Limited)
Conservatorship of Person Estate of)
_____)
(Name of Conservatee))
Date of Birth: _____ Age: _____)
_____)

Case Number: VPR _____
Hearing Date: _____
Time: _____ Dept. _____

THIS FORM MUST BE FILED WITH PETITION FOR THE APPOINTMENT OF A COSERVATOR, FOR APPOINTMENT OF A SUCCESSOR CONSERVATOR, AND WITH SUBSEQUENT ACCOUNTINGS. PLEASE ADD PAGES AS NECESSARY TO GIVE COMPLETE INFORMATION.
THANK YOU.

PROPOSED CONSERVATEE

Name Address

Telephone (residence) Telephone (day program, if applicable)

NOTE: The Court must be notified immediately of any address change of Conservatees and Conservators.

PETITIONER (If different from Proposed Conservator)

Name Address

Home Telephone Number Work and or Cell Number

Relationship to proposed conservatee: _____

(PROPOSED) CONSERVATOR

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

SPOUSE OR REGISTERED DOMESTIC PARTNER

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

RELATIVES WITHIN THE FIRST DEGREE (Adult Children, Parents)

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

RELATIVES WITHIN THE SECOND DEGREE (Grandparents, Adult Grandchildren, Sisters, Brothers)

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

RELATIVES PURSUANT to PC § 1821(b)

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

NEIGHBORS

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

FRIENDS

Name

Address

Home Telephone Number

Work and or Cell Number

Relationship to proposed conservatee: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CAPACITY DECLARATION-CONSERVATORSHIP	CASE NUMBER:

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee (*check all that apply*):

A. is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for (date): _____ . (Complete item 5, then sign and file page 1 of this form.)

B. has the capacity to give informed consent to medical treatment. (Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)

C. has a major neurocognitive disorder (such as dementia) and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from medication for the treatment of major neurocognitive disorders (including dementia). (Complete items 6 and 8 of this form and complete form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and file form GC-335A.)

(If more than one item is checked above, sign the last applicable page of this form or, if item C is checked, form GC-335A. File page 1 through the last applicable page of this form; if item C is checked, file form GC-335A as well.)

COMPLETE ITEMS 1-4 OF THIS FORM IN EVERY CASE.

GENERAL INFORMATION

1. (Name):
2. (Office address and telephone number):
3. I am
 - a. a California-licensed physician psychologist acting within the scope of my license with at least two years' experience in diagnosing and treating major neurocognitive disorders (including dementia).
 - b. an accredited practitioner of a religion that calls for reliance on prayer alone for healing. The (proposed) conservatee is an adherent of my religion and is under my care. (Practitioner may make ONLY the determination in item 5.)
4. (Proposed) conservatee (name):
 - a. I last saw the (proposed) conservatee on (date):
 - b. The (proposed) conservatee is is NOT a patient under my continuing treatment and care.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. (Complete a or b.)
 - a. The proposed conservatee is able to attend the court hearing.
 - b. Because of medical inability, the proposed conservatee is NOT able to attend the court hearing (*check all items below that apply*)
 - (1) on the date set (see date in box in item A above).
 - (2) for the foreseeable future.
 - (3) until (date):
 - (4) **Supporting facts** (State facts in the space below or check this box and state the facts in Attachment 5.)

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

Date:

_____ _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): Check the appropriate designation as follows: **a** = no apparent impairment; **b** = moderate impairment; **c** = major impairment; **d** = so impaired as to be incapable of being assessed; **e** = I have no opinion.

A. Alertness and attention

- (1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)
 a b c d e
- (2) Orientation (types of orientation impaired)
- a b c d e Person
- a b c d e Time (day, date, month, season, year)
- a b c d e Place (address, town, state)
- a b c d e Situation ("Why am I here?")
- (3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)
 a b c d e

B. Information processing. Ability to:

- (1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)
- i. Short-term memory a b c d e
- ii. Long-term memory a b c d e
- iii. Immediate recall a b c d e
- (2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)
 a b c d e
- (3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)
 a b c d e
- (4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)
 a b c d e
- (5) Reason using abstract concepts (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)
 a b c d e
- (6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)
 a b c d e
- (7) Reason logically
 a b c d e

C. Thought disorders

- (1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)
 a b c d e
- (2) Hallucinations (auditory, visual, olfactory)
 a b c d e
- (3) Delusions (demonstrably false belief maintained without or against reason or evidence)
 a b c d e
- (4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior)
 a b c d e

(Continued on next page)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <div style="text-align: center;"> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE </div>	CASE NUMBER:
---	--------------

6. (continued)

D. **Ability to modulate mood and affect.** The (proposed) conservatee has does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of item 6D.) I have no opinion.

(Instructions for item 6D): Check the degree of impairment of each inappropriate mood state (if any) as follows: **a** = mildly inappropriate; **b** = moderately inappropriate; **c** = severely inappropriate.

Anger	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Euphoria	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Helplessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Anxiety	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Depression	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Apathy	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Fear	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Hopelessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Indifference	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Panic	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Despair	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>				

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A-6D

- (1) do NOT vary substantially in frequency, severity, or duration.
- (2) do vary substantially in frequency, severity, or duration (explain; continue on Attachment 6E if necessary):

F. (Optional) Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is stated below stated in Attachment 6F.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee
- a. has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.
 - b. lacks the capacity to give informed consent to any form of medical treatment because he or she is **either** (1) unable to respond knowingly and intelligently regarding medical treatment **or** (2) unable to participate in a treatment decision by means of a rational thought process, **or both**. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____ .)

8. Number of pages attached: _____

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

Date:

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

**ATTACHMENT TO FORM GC-335, CAPACITY DECLARATION-CONSERVATORSHIP,
ONLY FOR (PROPOSED) CONSERVATEE WITH A MAJOR NEUROCOGNITIVE DISORDER**

9. It is my opinion that the (proposed) conservatee HAS does NOT have a major neurocognitive disorder (such as dementia) as defined in the current edition of *Diagnostic and Statistical Manual of Mental Disorders*.
- a. **Placement of (proposed) conservatee.** (If the (proposed) conservatee requires placement in a secured-perimeter residential care facility for the elderly, please complete items 9a(1)-9a(5).)
- (1) The (proposed) conservatee needs or would benefit from placement in a restricted and secure facility because (state reasons; continue on Attachment 9a(1) if necessary):
- (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include (describe; continue on Attachment 9a(2) if necessary):
- (3) The (proposed) conservatee HAS capacity to give informed consent to this placement.
- (4) The (proposed) conservatee does NOT have the capacity to give informed consent to this placement. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9a(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to placement in a restricted and secure environment.
- (5) A locked or secured-perimeter facility is is NOT the least restrictive environment appropriate to the needs of the (proposed) conservatee.
- b. **Administration of medications.** (If the (proposed) conservatee requires administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia), please complete items 9b(1)-9b(5).)
- (1) For the reasons stated in item 9b(5), the (proposed) conservatee needs or would benefit from the following medications appropriate to the care and treatment of major neurocognitive disorders (including dementia) (list medications; continue on Attachment 9b(1) if necessary):
- (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include (describe; continue on Attachment 9b(2) if necessary):
- (3) The (proposed) conservatee HAS the capacity to give informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia).
- (4) The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The deficits in mental function assessed in item 6 of form GC-335 and described in item 9b(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to the administration of medications for the care and treatment of major neurocognitive disorders (including dementia).
- (5) The (proposed) conservatee needs or would benefit from the administration of the medications listed in item 9b(1) because (discuss reasons; continue on Attachment 9b(5) if necessary):
10. Number of pages attached: _____

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 1