

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
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**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**

STREET ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY AND ZIP CODE: \_\_\_\_\_  
 BRANCH NAME: \_\_\_\_\_

CONSERVATORSHIP OF THE  PERSON  ESTATE OF (Name): \_\_\_\_\_ **Patient name**

CONSERVATEE  PROPOSED CONSERVATEE

<b>CAPACITY DECLARATION—CONSERVATORSHIP</b>	CASE NUMBER
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**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, 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 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 dementia medications. (Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.)

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

**COMPLETE ITEMS 1-4 OF THIS FORM IN ALL CASES.**

**GENERAL INFORMATION**

1. (Name): \_\_\_\_\_ **Doctor's name**

2. (Office address and telephone number): \_\_\_\_\_ **Doctor's address and phone number**

3. I am

a.  a California licensed  physician  psychologist acting within the scope of my licensure  with at least two years' experience in diagnosing dementia.

b.  an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. (Religious practitioner may make the determination under item 5 ONLY.)

4. (Proposed) conservatee (name): \_\_\_\_\_ **Patient name**

a. I last saw the (proposed) conservatee on (date): \_\_\_\_\_ **Appointment date**

b. The (proposed) conservatee  is  is NOT a patient under my continuing treatment.

**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):

If 5 b is marked, must also mark one of these boxes

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

Date: \_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature**

**Print Name** \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE  PERSON  ESTATE OF (Name): \_\_\_\_\_  
 CONSERVATEE  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

Must mark all sections on this page!

**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

Marking "e" should be avoided whenever possible

**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  PERSON  ESTATE OF (Name):  CASE  Patient name

CONSERVATEE  PROPOSED CONSERVATEE

Must mark one or the other!

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):

Must mark one or the other

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.

Must mark one or the other

**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.

Do not forget to initial this if 7b is checked!

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

8. Number of pages attached: \_\_\_\_\_

If additional records or notes are provided

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

Date:

Date

Signature

Print name

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)