



# Judicial Council of California

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## INVITATION TO COMMENT

### SPR24-29

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**Title**

Probate Conservatorship: Confidential  
Declaration Forms

**Action Requested**

Review and submit comments by May 3, 2024

**Proposed Rules, Forms, Standards, or Statutes**

Adopt form GC-325; revise form GC-335;  
revoke form GC-335A

**Proposed Effective Date**

January 1, 2025

**Contact**

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**Proposed by**

Probate and Mental Health Advisory  
Committee  
Hon. Jayne Chong-Soon Lee, Chair

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### Executive Summary and Origin

The Probate and Mental Health Advisory Committee proposes adopting one form, revising one form, and revoking one form related to probate conservatorships. The new form for mandatory use would be used to certify that a conservatee, proposed conservatee, or person alleged to lack capacity is medically unable to attend a hearing that they would otherwise be required to attend. The revised form—also for mandatory use—would (1) expand the scope of the existing capacity declaration to allow the assessing clinician to provide additional information needed by the court to make the legal determinations at issue, and (2) incorporate other capacity determinations related to a conservatee’s treatment for a major neurocognitive disorder, such as dementia. The existing attachment form with the major neurocognitive disorder capacity determinations would be revoked as no longer necessary. The proposal is part of the committee’s project to update the conservatorship forms to conform to recent legislation promoting self-determination for persons subject to protective proceedings, including conservatorships.

*This proposal has not been approved by the Judicial Council and is not intended to represent the views of the council, its Rules Committee, or its Legislation Committee. It is circulated for comment purposes only.*

## Background

California conservatorship law has undergone many changes over the past 18 years. Beginning with the Omnibus Conservatorship and Guardianship Act of 2006,<sup>1</sup> the Legislature has enacted multiple measures intended to protect the rights and interests of conservatees and persons for whom appointment of a conservator is proposed.<sup>2</sup> Recently, Assembly Bill 1194 (Stats. 2021, ch. 417) and Assembly Bill 1663 (Stats. 2022, ch. 894) amended the conservatorship statutes in several respects to promote self-determination by persons in conservatorships or subject to petitions for appointment of a conservator.

The Probate Code requires an assessment of the needs of a proposed conservatee to determine the appropriateness and extent of a conservatorship, to provide that the health and psychosocial needs of the proposed conservatee are met, and to set goals for increasing a conservatee's functional abilities to the extent possible.<sup>3</sup> In addition, the code bars a court from granting a petition for appointment of a conservator unless the court makes an express finding, after considering the proposed conservatee's abilities and capacities with current and possible supports, that "the granting of the conservatorship is the least restrictive alternative needed for the protection of the conservatee."<sup>4</sup> To make these determinations and issue narrowly tailored orders that protect a person's interests and preserve their autonomy, the court needs detailed specialized information about the person's physical and mental health and mental capacity.

Currently, a single mandatory form, *Capacity Declaration—Conservatorship* (form GC-335), serves as the vehicle through which experts provide the court with their conclusions to inform several statutory determinations. Items 1 through 4 of the form seek information about the declarant's identity, qualifications, and relationship with the subject of the declaration. Item 5 then implements statutory provisions that authorize a person who is otherwise required to attend or be produced at a hearing not to attend the hearing because of "medical inability."<sup>5</sup>

The balance of form GC-335 serves as the declaration of an expert clinical evaluator regarding the person's mental capacity to give or refuse informed consent to medical treatment generally. Item 6 of the form calls for an assessment of the person's mental functions and identification of any deficits in those functions.<sup>6</sup> Item 7 then asks the clinician to give their opinion whether the

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<sup>1</sup> The Omnibus Act comprised Assembly Bill 1363 (Stats. 2006, ch. 493), Senate Bill 1116 (Stats. 2006, ch. 490), Senate Bill 1550 (Stats. 2006, ch. 491), and Senate Bill 1716 (Stats. 2006, ch. 492). See also Assem. Bill 1727 (Stats. 2007, ch. 553) (Omnibus Act cleanup legislation).

<sup>2</sup> Unless a distinction between categories is material to the discussion, this proposal refers to members of all these categories jointly as *persons*.

<sup>3</sup> Prob. Code, § 1800(b) & (c). Section 1800 was amended by section 4 of AB 1663 (Stats. 2022, ch. 553, § 4). All subsequent statutory references are to the Probate Code unless otherwise specified.

<sup>4</sup> § 1800.3(b) & (c). Section 1800.3 was amended by section 5 of AB 1663 (Stats. 2022, ch. 553, § 5).

<sup>5</sup> §§ 1825(a)(2) & (b), 1860.5(e)(2), 1863(b)(1)(B) & (b)(2), 1893(b), 2253(d)(1) & (e), 2356.5(f)(2). See also *id.*, §§ 1956, 2250.4(b), 3141.

<sup>6</sup> The mental functions in item 6 on form GC-335 are based on the list in section 811.

(proposed) conservatee has or lacks the capacity to consent to medical treatment generally. If a petition seeks authority to place the person in a secured-perimeter residential care facility because of a major neurocognitive disorder (NCD) or to administer medication for care and treatment of major NCDs, the clinician may use *Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship* (form GC-335A) to express opinions whether the person has capacity to give or withhold informed consent to either or both.

This proposal is part of the committee’s continuing effort to update the Judicial Council forms used in probate conservatorship proceedings to implement the Legislature’s intent to promote self-determination and enhance autonomy. The revised form would ask parties and experts to provide more extensive and precise information to the courts, thereby enabling the latter to make fine-grained determinations about a person’s abilities and needs and issue more narrowly tailored orders that limit the intrusions on a conservatee’s autonomy to those necessary to protect those other rights and interests.<sup>7</sup>

## The Proposal

Form GC-335 currently contains both a declaration on a person’s medical ability to attend a hearing and a declaration regarding the person’s mental capacity.<sup>8</sup> The committee proposes revising form GC-335 to focus on a clinical evaluator’s assessment of the person’s mental capacity. This proposed reorganization would lead to the adoption of a new form, *Confidential Declaration on Medical Ability to Attend Hearing—Probate Conservatorship* (form GC-325), for use to make the declaration regarding a person’s ability to attend a hearing.<sup>9</sup> The proposed revisions to form GC-335 would, among other things, give the evaluator an opportunity to offer opinions on a broader range of issues, including the capacity of a person with a major NCD, such as dementia, to give or withhold informed consent to placement in a secured-perimeter residential care facility for the elderly, the administration of medications appropriate for the care and treatment of a major NCD, or both.<sup>10</sup> This information is currently provided, when applicable, on *Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship* (form GC-335A), which would be revoked because it is no longer needed.

For several reasons, a single form is not suitable to serve both as a declaration regarding a person’s medical ability to attend a hearing and a declaration regarding a person’s mental capacity to perform actions or make decisions. First, the statutory qualifications required to complete a declaration on medical ability differ from those required to complete a capacity

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<sup>7</sup> See, for example, Judicial Council of Cal., Advisory Com. Rep., *Probate Conservatorship: Less Restrictive Alternatives* (July 17, 2023), <https://jcc.legistar.com/View.ashx?M=F&ID=12246541&GUID=2D040B09-36A5-4157-85D0-428F176C4608>.

<sup>8</sup> As used in this proposal, “declaration” includes an affidavit. Cal. Rules of Court, rule 1.6(21).

<sup>9</sup> See *supra* note 5 and accompanying text.

<sup>10</sup> § 2356.5(b) & (c).

declaration.<sup>11</sup> Medical inability to attend a hearing may be established by the declaration of a “licensed medical practitioner” or, if the person is an adherent of a religion that calls for reliance on prayer alone for healing, the declaration of an accredited practitioner of that religion who is treating the person. On the other hand, where the law requires a declaration to support a judicial determination that a person lacks legal capacity, that declaration must be executed by a “licensed physician, or a licensed psychologist [who is acting] within the scope of [their] licensure.”<sup>12</sup> Furthermore, the parenthetical instruction in the current form (item 3) that the religious practitioner may address only whether the person is able to attend a hearing (item 5) can be easily overlooked. Completion and submission of items 6 and 7 on current form GC-335 by a religious practitioner would waste time and resources; it could, if unnoticed, also prejudice the determinations in the conservatorship proceeding.

Second, the declaration on medical ability to attend a hearing must contain information different from that contained in a capacity declaration. A person’s medical ability to attend a hearing depends primarily on their physical health on and around the date of the hearing.<sup>13</sup> A person’s mental capacity, on the other hand, depends on whether any deficits in the person’s mental functions exist, whether those deficits significantly impair the person’s practical abilities, the frequency, severity, and duration of periods of impairment, and the kinds of acts or decisions at issue.<sup>14</sup>

Third, the statutes expressly provide that the declaration on medical ability is evidence only of the person’s inability to attend the hearing. The court must not consider that declaration in determining whether the person has or lacks legal capacity to perform an act or make a decision.<sup>15</sup> A capacity declaration, however, provides material evidence to support the court’s determinations whether to appoint a conservator for a person and, if so, what powers to grant to enable the conservator to protect the conservatee. Separating the declarations into two forms will promote the proper use and independent consideration of the contents of each one.

The committee therefore proposes separating current form GC-335 into two forms. The first would be a new mandatory form GC-325, *Confidential Declaration on Medical Ability to Attend Hearing—Probate Conservatorship*. The second would be a revised and retitled form GC-335, *Confidential Capacity Assessment and Declaration—Probate Conservatorship* with content from

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<sup>11</sup> Compare, for example, section 1893(b) (licensed medical practitioner or, if the person adheres to such a religion, an accredited practitioner of a religion that relies on prayer alone for healing who is treating the person) with section 1890(c) (“a licensed physician, or a licensed psychologist [acting] within the scope of ... licensure”).

<sup>12</sup> E.g., §§ 1890(c), 2365.5(f)(3). See § 1826(a)(4)(B).

<sup>13</sup> “Emotional or psychological instability is not good cause for the absence of the proposed conservatee from the hearing unless, by reason of such instability, attendance at the hearing is likely to cause serious and immediate *physiological* damage to the proposed conservatee.” § 1825(c), italics added (attendance at hearing on petition for appointment of conservator); see also §§ 1860.5(e)(3), 1863(b)(3), 1893(b), 2253(d)(1).

<sup>14</sup> §§ 811–813.

<sup>15</sup> §§ 1825(b), 1860.5(e)(2), 1863(b)(2), 1893(b), 2253(e).

form GC-335A, *Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship* incorporated into form GC-335.

***Confidential Declaration on Medical Ability to Attend Hearing—Probate Conservatorship (form GC-325)***

The committee proposes adopting form GC-325 as a separate, standalone form for mandatory use and clarifying the individuals authorized to complete the form. In addition to physicians, the committee proposes expressly authorizing nurse practitioners and physician’s assistants as well as physicians and psychologists to complete the form. This expansion is consistent with the ordinary understanding of the statutory term “licensed medical practitioner.” In addition, these practitioners would, if treating the subject of the request, have the expertise and information needed to complete the declaration.

***Capacity Declaration—Conservatorship (form GC-335)***

The committee recommends retitling form GC-335 as *Confidential Capacity Assessment and Declaration—Probate Conservatorship* and revising it substantially. To support a judicial determination that a person lacks legal capacity to perform an act or make a decision and should therefore be legally disabled from performing that act or making that decision, the law requires evidence that the person has a deficit in at least one of many specified mental functions and a correlation between the deficit or deficits and the action or decision in question such that the deficit, alone or together with other mental function deficits, significantly impairs the person’s ability to understand and appreciate the consequences of the type of action or decision in question.<sup>16</sup> The current form does not give the clinician an opportunity to identify functional impairments resulting from a deficit, explain how an impairment affects the person’s ability to perform everyday activities, or connect their clinical conclusions to their professional opinions on the ultimate issues of fact in terms that courts can use to decide the cases before them.

Proposed revisions to form GC-335 include:

- Retitling the form as *Confidential Capacity Assessment and Declaration—Probate Conservatorship* to emphasize that the form must be kept confidential and contains more than a conclusory declaration regarding a person’s mental capacity;
- Adding a new introductory section that explains the purpose of the form, a checklist of the specific judicial determinations requested in the petition, and more details about the person to be assessed to inform the clinician of the purpose and context of the assessment;
- Adding detailed instructions to the clinician and requiring the clinician to provide background about the clinician’s relationship with the assessed person; the date and

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<sup>16</sup> § 811(a) & (b). The diagnosis of a mental or physical disorder, without more, is not sufficient to warrant a judicial determination that a person lacks the capacity to perform an act or make a decision. § 811(c).

duration of the most recent examination of the person; and the bases of the clinician's conclusions and opinions;

- Adding items for the clinician to discuss the general state of the person's physical and mental condition;
- Expanding former item 6 (now Part II) to allow the clinician to provide a more thorough assessment of the person's mental functions, including an option to indicate whether the person has a mild deficit in each function and an opportunity for the clinician to indicate whether any temporary or reversible factors may be causing or contributing to mental function deficits;
- Adding Part III to allow the clinician to connect any mental function deficit found and described in Part II to the impairment, if any, of the person's ability to perform everyday activities; and
- Expanding, in new Part IV, the number and detail of the items asking the clinician to offer an opinion on questions of ultimate fact—including, if applicable, the questions about the capacity of a person with a major NCD to give or withhold informed consent that are currently on form GC-335A—and correlating these items with the checklist in item 1 of the form.

The committee intends its proposed revisions to provide a form that will allow clinicians to communicate the information courts need to make informed judgments using language that courts will be able to understand and use in the cases before them.

### ***Major Neurocognitive Disorder Attachment to Capacity Declaration—Conservatorship (form GC-335A)***

As discussed above, the information and conclusions required to support a judicial determination that a person lacked capacity to give or withhold informed consent (1) to placement in a secured-perimeter residential care facility because of a major NCD and (2) to administration of medication for treatment of major NCDs would be moved to form GC-335. This attachment would no longer be needed. The committee therefore proposes revoking it.

### **Alternatives Considered**

The committee did not consider taking no action because some elements on form GC-335 are inconsistent with the law and need revision to conform. The committee considered maintaining a separate attachment for major NCD declarations, but, as discussed above, determined that that information would be more appropriate as part of the capacity declaration itself. The committee also considered proposing revisions to additional forms but currently lacks the necessary resources.

## Fiscal and Operational Impacts

The proposed form revisions are not likely to have any significant fiscal or operational effect on court operations.

### Request for Specific Comments

In addition to comments on the proposal as a whole, the advisory committee is interested in comments on the following:

- Does the proposal appropriately address the stated purpose?
- Would adding a space to the caption box on form GC-325, form GC-335, or both, for use to indicate a hearing date be useful?

The advisory committee also seeks comments from *courts* on the following cost and implementation matters:

- Would the proposal provide cost savings? If so, please quantify.
- What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?
- Would three months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?
- How well would this proposal work in courts of different sizes?

## Attachments and Links

1. Forms GC-325, GC-335, and GC-335A, at pages 8–19

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b> <b>FILE IN CONFIDENTIAL FOLDER</b>  <b>DRAFT</b> <b>Not approved by</b> <b>the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> 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 <input type="checkbox"/> OTHER	CASE NUMBER:
<b>CONFIDENTIAL DECLARATION ON MEDICAL ABILITY TO ATTEND HEARING—PROBATE CONSERVATORSHIP</b>	

**INSTRUCTIONS**

1. A petition that requires a hearing
  - a.  has been filed in the conservatorship proceeding named above and set for hearing on (date):  
The petition is titled (give exact title):
  - b.  will be filed in the conservatorship proceeding named above.
2. The (proposed) conservatee is expected to attend the hearing, but may be excused if medically unable to attend. Please complete items 4–8, below, to give your opinion whether the (proposed) conservatee is medically unable to attend.
3. Emotional or psychological instability does not qualify as medical inability to attend unless, because of that instability, attending the hearing is likely to cause the (proposed) conservatee serious and immediate physiological damage.

**DECLARANT'S INFORMATION**

4. Name:
5. Office address, telephone number, and email:
6. a.  I am a California-licensed  physician  nurse practitioner  physician's assistant  
 psychologist acting within the scope of my license.  
My license number is:
- b.  I am 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 treatment.
7. a. I last examined the (proposed) conservatee on (date):  
b. The (proposed) conservatee  is  is **not** a patient under my ongoing care and treatment.

**ABILITY TO ATTEND COURT HEARING**

8. a.  The (proposed) conservatee is currently able to attend a court hearing (check all that apply):  
 in person  remotely.
- b.  The (proposed) conservatee is medically unable to attend a court hearing (check all that apply):  
(1)  in person  remotely  from (date): until (date):  
(2)  in person  remotely  for the foreseeable future.
- c. **Factual basis for conclusion** (supporting facts are stated  below  in Attachment 8c.)

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)
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ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<p style="text-align: center;"><i>FOR COURT USE ONLY</i> <i>FILE IN CONFIDENTIAL FOLDER</i></p> <p style="text-align: center;"><b>DRAFT</b> <b>Not approved by</b> <b>the Judicial Council</b></p>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> 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	
<b>CONFIDENTIAL CAPACITY ASSESSMENT AND DECLARATION—PROBATE CONSERVATORSHIP</b>	CASE NUMBER:
This form is intended to inform the court about the care and support needed by the person described in item 2 so that the court can determine whether the person needs a conservatorship and, if they do, can determine the appropriate scope of the conservatorship.	

**TO THE PETITIONER:** Complete items 1 and 2.

1. **The petition.** A petition asks or will ask the court to determine that the person described in item 2 lacks the ability to perform the actions or make the decisions checked below (check all that apply):

- a.  Provide properly for their own needs for physical health, food, clothing, or shelter. (Probate Code, § 1801(a).)
- b.  Stay or return to live safely in their own residence (*Id.*, §§ 2352, 2352.5.)
- c.  Give or withhold informed consent to the medical treatment specified in the petition. (*Id.*, §§ 811, 813, 2357.)
- d.  Give or withhold informed consent to medical treatment generally. (*Id.*, §§ 811, 813, 1880–1891, 2355.)
- e.  Give or withhold informed consent to placement in a secured perimeter (locked) residential care facility for the elderly. (*Id.*, §§ 811, 2356.5.)
- f.  Give or withhold informed consent to administration of medication appropriate for care and treatment of major neurocognitive disorders (e.g., dementia). (*Id.*, §§ 811, 2356.5.)
- g.  Manage their own financial resources or property. (*Id.*, §§ 811, 812, 1801(b), 1872, 1873; Civil Code, § 39(b).)
- h.  Resist fraud or undue influence. (*Ibid.*)
- i.  Other (specify):

**Note to petitioner:** Provide a copy of the petition to the clinician who will be assessing the person named in item 2 for the clinician's reference. Do **not** attach Confidential Supplemental Information (form GC-312).

2. **The person to be assessed**

- a. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Highest level of education completed (grade or degree): \_\_\_\_\_  
 Marital or partnership status:  single  married/partnered  dissolved  widowed  
 Preferred language: \_\_\_\_\_  speaks  reads  writes

- b. The person currently resides:
  - (1)  independently in a house or apartment.
  - (2)  in an assisted-living facility.
  - (3)  in an intermediate care nursing facility.
  - (4)  in a skilled nursing facility.
  - (5)  in a secured-perimeter (locked) residential facility.
  - (6)  other (describe): \_\_\_\_\_

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**TO THE CLINICIAN:** Complete items 4 through 31. If you cannot answer one or more applicable questions on the form, please check the appropriate box or, if there is no box, leave the question blank. Secure or destroy your copy of the petition. Do not send it to the court.

**3. Instructions.** Please complete this form to tell the court,

- a. in items 4–8, about yourself, your professional background, the assessment, and the bases for your conclusions;
- b. in Part I, about the general physical and mental health of the person described in item 2;
- c. in Part II, whether, in your professional opinion, the person in item 2 suffers from any deficits in the mental functions described;
- d. in Part III, whether the person's mental function deficits, if any, impair their ability to perform, with or without assistance, any of the activities of daily living or instrumental activities of daily living listed; and
- e. in Part IV, whether the deficits or impairments discussed in Parts II and III lead you to conclude that the person lacks any of the abilities or capacities checked in item 1, describing how the impairments affect each diminished ability or capacity.

**Clinician's background and assessment history**

- 4. a. (Name):  
 b. (Office address, telephone number, and email):
  
- 5. a.  I am a California-licensed physician. License no:  
 b.  I am a California-licensed psychologist acting within the scope of my license. License no:  
 I have at least two years' experience diagnosing major neurocognitive disorders (including dementia).  
 c. I have been practicing as a licensed physician or psychologist for \_\_\_\_\_ years.
  
- 6. a. The person named in item 2  is  is **not** a patient under my continuing care and treatment.  
 b. I have known this person for (specify length of time in months or years):
  
- 7. a. Date of the examination on which this assessment is based or, if based on multiple examinations, the date I most recently examined the person:  
 b. Time spent in most recent examination:
  
- 8. My responses to the questions and prompts on this form are based on (check all that apply):
  - a.  My examination of this person for the purpose of evaluating the person's abilities and capacities.
  - b.  Multiple examinations of this person for purposes of general health care and medical treatment.
  - c.  Administration of standardized examinations or tools that measure the person's mental functioning. All tests administered and dates of administration are listed  below  in Attachment 8c.
  - d.  My review of the person's medical records.
  - e.  Discussions with other practitioners responsible for providing health care to the person. These discussions are described  below  in Attachment 8e.
  - f.  Discussions with team members or other professionals who participated in the person's assessment. These discussions are described  below  in Attachment 8f.
  - g.  Discussions with the person's family or friends (names and relationships given  below.  in Attachment 8g.)
  - h.  Other sources of information, which are described  below  in Attachment 8h.

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**PART I. GENERAL PHYSICAL AND MENTAL HEALTH**

**9. Physical health**

- a. Overall physical health is:  Excellent  Good  Fair  Poor  I don't know
- b. Overall physical health is likely to:  Improve  Remain stable  Deteriorate  I don't know  
 The person should be reevaluated in \_\_\_\_\_ weeks.
- c. Chronic conditions that require ongoing care and treatment are listed  below  in Attachment 9c.

**10. Mental health**

- a. Overall mental health is:  Excellent  Good  Fair  Poor  I don't know
- b. Overall mental health is likely to:  Improve  Remain stable  Deteriorate  I don't know  
 The person should be reevaluated in \_\_\_\_\_ weeks.
- c. All known diagnosed mental health disorders (current *Diagnostic and Statistical Manual of Mental Disorders*) are listed  below  in Attachment 10c.

**PART II. MENTAL FUNCTIONING**

This part documents the existence and degree of any deficits found by the assessment in the mental functioning of the person described in item 2. Deficits are indicated as follows:

**a = no deficit; b = mild deficit; c = moderate deficit; d = major deficit or no function; e = not evaluated or don't know**

**11. Alertness and attention** (ability to recognize and react to a stimulus)

- a. Level of arousal or consciousness (deficit may be shown by lethargy, lack of response without constant stimulation, or stupor)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
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- b. Orientation to:
 

(1) Time (When? Year, month, day, hour)	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
(2) Place (Where? State, city, address)	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
(3) Person (Who? Name, relationship)	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
(4) Situation (What? How? Why?)	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
- c. Ability to attend to and concentrate on tasks (ability to attend to a stimulus; concentrate on a stimulus over brief time periods)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
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Notes:

**12. Information processing**

- a. Memory
 

(1) Immediate recall	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
(2) Short-term memory and learning (the ability to encode, store, and retrieve information)	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
(3) Long-term memory (ability to remember information from the past)	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
- b. Understanding (the ability to receive and accurately process information given in written, spoken, visual, or other media)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
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- c. Communication (the ability to express oneself and indicate preferences in speech, writing, signs, pictures, etc.)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
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- d. Visual-spatial reasoning (recognition of familiar objects; spatial perception, problem solving, and design)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
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- e. Quantitative reasoning (the ability to understand basic quantities and make simple calculations)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- f. Verbal reasoning (the ability to compare options, to reason using abstract concepts, and to reason logically about outcomes)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- g. Executive functioning (the ability to plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Notes:

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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a = no deficit; b = mild deficit; c = moderate deficit; d = major deficit or no function; e = not evaluated or don't know

13. Thought processes

- a. Organization of thinking (deficit may be demonstrated by severely disorganized, nonsensical, or incoherent thinking)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- b. Correspondence of thoughts to reality (deficit may be demonstrated by hallucinations or delusions)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- c. Control of thoughts (deficit may be demonstrated by uncontrollable, repetitive, or intrusive thoughts)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Notes:

- 14. Ability to modulate mood and affect (deficit may be demonstrated by pervasive and persistent or recurrent mood or affect inappropriate in kind or degree to the circumstances)
 

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Notes:

- 15. Ability to accept and cooperate with appropriate care or assistance (deficit may be demonstrated by inability to acknowledge illness or disorder, acting without regard for consequences, or inability or refusal to accept appropriate care)

<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> d	<input type="checkbox"/> e
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Notes:

- 16. Variation (some or all of the deficits noted above vary in frequency, severity, or duration):

Yes  No  I don't know Variation of deficits is described  below  in Attachment 16.

Possible Temporary or Reversible Causes of Mental Function Deficits

17. Medications

- a. Is the person currently taking any medication—prescription or nonprescription—that may impair the person's mental functioning?

Yes  No  I don't know

If yes, each of those medications, with dosage and treatment indications, is listed  below  in Attachment 17a.

Name	Dosage/Schedule	Indications
------	-----------------	-------------

- b.  Each medication listed in item 17a can impair a person's mental functioning as explained

below  in Attachment 17b.

- 18. Reversible causes Have temporary or reversible causes of mental impairment been considered, assessed, diagnosed, or treated?

Yes  No  I don't know All causes considered are discussed  below  in Attachment 18.

- 19. Physical or emotional factors Are there physical or emotional factors (e.g., hearing, vision, or speech impairment; bereavement; or others) present that could cause some or all of the person's capabilities to appear diminished and that could improve with time, treatment, or assistive devices?

Yes  No  I don't know Any applicable physical or emotional factors are described  below  in Attachment 19.

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**PART III. EVERYDAY ACTIVITIES**

This part describes any impairment of the person's ability to engage in activities of daily living and instrumental activities of daily living due to the mental function deficits discussed in Part II.

**20. Activities of Daily Living (care of self and related activities)**

- a. Maintain adequate hygiene (for example, bathing, grooming, dressing, caring for teeth, going to the toilet)
 

<input type="checkbox"/> Able; fully independent	<input type="checkbox"/> Able with advice and passive support	<input type="checkbox"/> Able, but only with active assistance	<input type="checkbox"/> Unable, no matter type or extent of assistance	<input type="checkbox"/> I don't know
Comments <input type="checkbox"/> below <input type="checkbox"/> in Attachment 20a.				
  
- b. Prepare meals and eat for adequate nutrition
 

<input type="checkbox"/> Able; fully independent	<input type="checkbox"/> Able with advice and passive support	<input type="checkbox"/> Able, but only with active assistance	<input type="checkbox"/> Unable, no matter type or extent of assistance	<input type="checkbox"/> I don't know
Comments <input type="checkbox"/> below <input type="checkbox"/> in Attachment 20b.				
  
- c. Identify abuse or neglect and protect self from harm
 

<input type="checkbox"/> Able; fully independent	<input type="checkbox"/> Able with advice and passive support	<input type="checkbox"/> Able, but only with active assistance	<input type="checkbox"/> Unable, no matter type or extent of assistance	<input type="checkbox"/> I don't know
Comments <input type="checkbox"/> below <input type="checkbox"/> in Attachment 20c.				

**21. Instrumental Activities of Daily Living**

- a. **Financial** (if appropriate, note dollar limits)
  - (1) Protect and spend small amounts of cash
 

<input type="checkbox"/> Able; fully independent	<input type="checkbox"/> Able with advice and passive support	<input type="checkbox"/> Able only with active assistance	<input type="checkbox"/> Unable, no matter type or extent of assistance	<input type="checkbox"/> I don't know
Comments <input type="checkbox"/> below <input type="checkbox"/> in Attachment 21a(1).				
  
  - (2) Manage and use checks; pay monthly bills
 

<input type="checkbox"/> Able; fully independent	<input type="checkbox"/> Able with advice and passive support	<input type="checkbox"/> Able only with active assistance	<input type="checkbox"/> Unable, no matter type or extent of assistance	<input type="checkbox"/> I don't know
Comments <input type="checkbox"/> below <input type="checkbox"/> in Attachment 21a(2).				
  
  - (3) Enter into a contract (including, for example, to buy, sell, or lease real property or to obtain and use a credit card)
 

<input type="checkbox"/> Able; fully independent	<input type="checkbox"/> Able with advice and passive support	<input type="checkbox"/> Able only with active assistance	<input type="checkbox"/> Unable, no matter type or extent of assistance	<input type="checkbox"/> I don't know
Comments <input type="checkbox"/> below <input type="checkbox"/> in Attachment 21a(3).				

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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21. b. **Medical**

(1) Choose and direct caregivers

Able; fully independent  
  Able with advice and passive support  
  Able only with active assistance  
  Unable, no matter type or extent of assistance  
  I don't know

Comments  below  in Attachment 21b(1).

(2) Admit self to health-care facility

Able; fully independent  
  Able with advice and passive support  
  Able only with active assistance  
  Unable, no matter type or extent of assistance  
  I don't know

Comments  below  in Attachment 21b(2).

(3) Manage own medication (take proper dose as scheduled; refill or renew prescriptions as needed)

Able; fully independent  
  Able with advice and passive support  
  Able only with active assistance  
  Unable, no matter type or extent of assistance  
  I don't know

Comments  below  in Attachment 21b(3).

(4) Contact help if ill or in an emergency

Able; fully independent  
  Able with advice and passive support  
  Able only with active assistance  
  Unable, no matter type or extent of assistance  
  I don't know

Comments  below  in Attachment 21b(4).

c. **Home and community life**

(1) Maintain a reasonably safe and clean home or other living environment; arrange for home maintenance or repair

Able; fully independent  
  Able with advice and passive support  
  Able only with active assistance  
  Unable, no matter type or extent of assistance  
  I don't know

Comments  below  in Attachment 21c(1).

(2) Recognize and avoid common hazards (for example, a hot stove or poisons)

Able; fully independent  
  Able with advice and passive support  
  Able only with active assistance  
  Unable, no matter type or extent of assistance  
  I don't know

Comments  below  in Attachment 21c(2).

(3) Drive a car safely

Able; fully independent  
  Able with advice and passive support  
  Able only with active assistance  
  Unable, no matter type or extent of assistance  
  I don't know

Comments  below  in Attachment 21c(3).

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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21. c. (4) Use public transportation (for example, a bus, a train, or a car with a driver)  
 Able; fully independent  Able with advice and passive support  Able only with active assistance  Unable, no matter type or extent of assistance  I don't know  
 Comments  below  in Attachment 21c(4).

(5) Initiate and follow a schedule of daily activities  
 Able; fully independent  Able with advice and passive support  Able only with active assistance  Unable, no matter type or extent of assistance  I don't know  
 Comments  below  in Attachment 21c(5).

**PART IV. PERSON'S NEED FOR SUPPORT OR CONSERVATORSHIP**

This part gives my professional opinion about the issues checked in item 1 based on my assessment of the person's mental functions, described in Part II, and the person's ability to perform applicable activities or instrumental activities of daily living, described in Part III.

**22. Ability to provide properly for personal needs for physical health, food, clothing, or shelter (Probate Code, § 1801(a).)**

Based on my assessment of the person's applicable mental functions and abilities, it is my professional opinion that:

- a.  The person **has** the ability to provide properly for their own needs for physical health, food, clothing, and shelter  without support.  with the support described  below  in Attachment 22a.
- b.  The person does **not** have the ability to provide properly for their own needs for  physical health,  food,  clothing, or  shelter because the person is not able, with or without support, to perform the applicable activities described  in Part III of this form  below  in Attachment 22b.
- c.  I do not have enough information to form an opinion on this issue.

**23. Ability to live safely in the personal residence (Probate Code, §§ 2352, 2352.5.)**

Based on my assessment of the person's applicable mental functions and abilities, it is my professional opinion that:

- a.  The person **is** able to live safely in the personal residence (check (1) or (2))
  - (1)  without support or supervision.
  - (2)  with available and accepted support or supervision. The person needs  and will accept (check (A), (B), or (C):
    - (A)  Some support; can live in the personal residence with support of family members or friends.
    - (B)  Some supervision; can live in the personal residence with in-home supportive services.
    - (C)  24-hour supervision; can live in the personal residence with a live-in caregiver.

Additional information is provided  in Parts II and III of this form  below  in Attachment 23a.

- b.  The person is **not** able to live safely in the personal residence even with support or supervision. The person needs placement in a  secured residential care facility.  
 Additional information is provided  in Parts II and III of this form  below  in Attachment 23b.
- c.  I do not have enough information to form an opinion on this issue.

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF <i>(name):</i> <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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**24. Capacity to give or withhold informed consent to the medical treatment specified in the petition (Probate Code, § 2357.)**

The following medical treatment has been recommended for the person *(describe)*:

Based on my assessment of the person's applicable mental functions and abilities, it is my professional opinion that:

- a.  The person **has** the capacity to give or withhold informed consent to the recommended medical treatment because the person can do **all** of the following: (1) respond knowingly and intelligently to questions about the treatment; (2) participate in the treatment decision by means of a rational thought process; and (3) understand (A) the nature and seriousness of the diagnosed disorder, (B) the nature of the recommended treatment, (C) the probable degree and duration of and benefits and risks of the recommended treatment, (D) the consequences of lack of treatment, and (E) the nature, risks, and benefits of any reasonable alternatives to the recommended treatment.
- b.  The person **lacks** the capacity to give or withhold informed consent to the recommended medical treatment because the person **cannot do at least one** of the following: (1) respond knowingly and intelligently to questions about the treatment, (2) participate in the treatment decision by means of a rational thought process, or (3) understand at least one of the following: (A) the nature and seriousness of the diagnosed disorder, (B) the nature of the recommended treatment, (C) the probable degree and duration of and benefits and risks of the recommended treatment, (D) the consequences of lack of treatment, or (E) the nature, risks, and benefits of any reasonable alternatives to the recommended treatment.

The reasons for these conclusions are further explained  below  in Attachment 24b.

- c.  I do not have enough information to form an opinion on this issue.

**25. Capacity to give or withhold informed consent to medical treatment generally (Probate Code, § 1881.)**

Based on my assessment of the person's applicable mental functions and abilities, it is my professional opinion that:

- a.  The person **has** the capacity to respond knowingly and intelligently to questions about at least some forms of medical treatment and to participate in at least some treatment decisions by means of a rational thought process.
- b.  The person **lacks** the capacity to respond knowingly and intelligently to questions about any form of medical treatment or to participate in a treatment decision by means of a rational thought process because the person cannot understand one or more of the following *(check all that apply)*:
  - (1)  the nature and seriousness of any illness, disorder, or defect that they have or may develop;
  - (2)  the nature of any medical treatment that is or may be recommended by their health-care providers;
  - (3)  the probable degree and duration of any benefits and risks of any medical intervention that is or may be recommended by the person's health-care providers and the consequences of lack of treatment; or
  - (4)  the nature, risks, and benefits of any reasonable alternatives

and the person's inability to understand is linked to one or more of the deficits described in Part II.

- c.  I do not have enough information to form an opinion on this issue.

**26. Capacity to give or withhold informed consent to placement in a secured-perimeter residential facility for persons with major neurocognitive disorders (Probate Code, § 2356.5.)**

- a.  The person has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*. See Part I of this form for more information.
- b.  The person needs or would benefit from placement in a restricted and secure environment for the reasons (for example, wandering, violence, or rejecting care) explained  below  in Attachment 26b.

c. Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:

- (1)  The person **has** the capacity to give or withhold informed consent to this placement.
- (2)  The person **lacks** the capacity to give or withhold informed consent to this placement. The mental function deficit or deficits described in Part III significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to placement in a restricted, secured-perimeter residential facility.



CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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26. d.  The proposed placement in a locked or secured-perimeter facility is the **least restrictive placement** appropriate to the person's needs. *(Describe the alternative placements you considered and explain why each is inappropriate.)*

e.  I do not have enough information to form an opinion on this issue.

**27. Capacity to give or withhold informed consent to administration of medication for treatment of major neurocognitive disorders** (Probate Code, § 2356.5.)

a.  The person has a major neurocognitive disorder (such as dementia) as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*. See Part I of this form for more information.

b.  The person needs or would benefit from appropriate medications for the care and treatment of major neurocognitive disorders (including dementia). Any medications and the need or potential benefit of each are described  below  in Attachment 27b.

c. Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:

(1)  The person **has** the capacity to give or withhold informed consent to the administration of medications appropriate for the care and treatment of major neurocognitive disorders (including dementia).

(2)  The person **lacks** the capacity to give or withhold informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The mental function deficit or deficits described in Part III 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).

d.  I do not have enough information to form an opinion on this issue.

**28. Ability to manage own financial resources (money and property)** (Probate Code, §§ 1801, 1872.)

Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:

a.  The person is able to manage their own financial resources  without assistance  with available and accepted assistance. If the person is able to manage financial resources with assistance, the nature and extent of that assistance are described  in Parts II and III of this form  below  in Attachment 28a.

b.  The person is substantially unable to manage their own financial resources, even with assistance, for the reasons given  in Parts II and III of this form  below  in Attachment 28b.

c.  I do not have enough information to form an opinion on this issue.

**29. Ability to resist fraud or undue influence** (Probate Code, §§ 1801, 1872.)

Based on my assessment of the person's relevant mental functions and abilities, it is my professional opinion that:

a.  The person is able  without assistance  with available and accepted assistance  to resist fraud or undue influence (excessive persuasion that overcomes the person's free will and results in inequity). If the person is able to resist fraud or undue influence with assistance, the nature and extent of that assistance are described  in Parts II and III of this form  below  in Attachment 29a.

b.  The person is substantially unable, even with assistance, to resist fraud or undue influence for the reasons given  in Parts II and III of this form  below  in Attachment 29a.

c.  I do not have enough information to form an opinion on this issue.

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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30.  Other information regarding my assessment of the person's mental functions, any deficits in those functions, and any resulting substantial impairments to the person's ability to understand and appreciate the consequences of acts or decisions is stated  below  in Attachment 30.

31. 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 9b(2) if necessary):

(3)  The (proposed) conservatee HAS the 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).

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).

(4) 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)