

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	<i>Reserved for Clerk's File Stamp</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>		
COURTHOUSE ADDRESS:		
IN THE CONSERVATORSHIP OF:		
PVP COUNSEL'S REPORT FOR DEVELOPMENTALLY DISABLED ADULTS DEMENTIA ATTACHMENT		CASE NUMBER:

- Has the proposed conservatee been diagnosed with dementia? \_\_\_\_ Yes \_\_\_\_ No  
Diagnosis confirmed by:  
\_\_\_\_ Capacity Declaration on file in this proceeding  
\_\_\_\_ Review of medical records  
\_\_\_\_ Discussions with medical staff at facility where proposed conservatee resides  
\_\_\_\_ Discussions with proposed conservatee's physician  
\_\_\_\_ Other: \_\_\_\_\_
- I have considered, to the extent practicable, whether I believe that the proposed conservatee suffers from any of the mental deficits listed in subdivision(a) of Probate Code Section 811 that significantly impair the proposed conservatee's ability to understand and appreciate the consequences of his/her action(s) in connection with the proposed conservatee's ability to:  
\_\_\_\_ Provide properly for his or her personal needs for physical health, food, clothing or shelter.  
\_\_\_\_ Able \_\_\_\_ Unable  
\_\_\_\_ Manage his or her own financial resources or resist fraud or undue influence.  
\_\_\_\_ Able \_\_\_\_ Unable
- Does the proposed conservatee currently reside in a locked skilled nursing facility which specializes in the care and treatment of people with dementia pursuant to subdivision (c) of Section 1569.691 of the Health and Safety Code and which has a care plan that meets the requirements of Section 87724 of Title 22 of the California Regulations? \_\_\_\_ Yes \_\_\_\_ No  
If yes, is this the least restrictive placement? \_\_\_\_ Yes \_\_\_\_ No  
Comments: \_\_\_\_\_
- Is the proposed conservatee administered medications appropriate to the care of dementia?  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A (Cannot determine)  
Comments: \_\_\_\_\_

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

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ Print Name: \_\_\_\_\_