

<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES</b>	Reserved for Clerk's File Stamp
COURTHOUSE ADDRESS:	
PLAINTIFF/PETITIONER	
DEFENDANT/RESPONDENT	
<b>Conservatorship Re-Evaluation Physicians Declaration</b>	CASE NUMBER

NAME AND ADDRESS OF CONSERVATEE:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AGE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 MALE  
 FEMALE

PREVIOUS DIAGNOSIS \_\_\_\_\_  
 DATE OF EVALUATION \_\_\_\_\_

Please **LEGIBLY** complete the following four areas of interest to assist the Judge in making a decision as to whether or not the above referenced person should continue to have a Conservatorship.

1. Is there a mental disorder?  YES  NO  
 Please give a **DIAGNOSIS** and explain the symptoms in lay language.
  
2. Can individual provide for basic needs; food, clothing, shelter in an unsupervised setting?  YES  NO  
 WHY? **State facts in lay language.**
  
3. Do you feel this individual is capable and willing to accept voluntary treatment?  YES  NO  
 WHY? **State facts in lay language.**
  
4. Does this individual have the capacity of knowingly and intelligently accepting or refusing to accept prescribed medication?  
 YES  NO

I declare under penalty of perjury, under the Laws of the State of California, that the foregoing is true and correct to the best of my knowledge.

Executed on \_\_\_\_\_ at \_\_\_\_\_, California  
(Date) (City)

\_\_\_\_\_  
 Signature of Evaluator

\_\_\_\_\_  
 Signature of Evaluator

\_\_\_\_\_  
 Printed Name of Evaluator

\_\_\_\_\_  
 Printed Name of Evaluator