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| NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NUMBER | <i>Reserved for Clerk's File Stamp</i> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES | | |
| COURTHOUSE ADDRESS: | | |
| IN THE CONSERVATORSHIP OF: | | |
| PROBATE COURT APPOINTED COUNSEL'S REPORT FOR DEVELOPMENTALLY DISABLED ADULTS WITH MAJOR OR MILD NEUROCOGNITIVE DISORDER (DEMENTIA) ATTACHMENT | | CASE NUMBER: |

1. Has the proposed conservatee been diagnosed with major or mild Neurocognitive Disorder (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: _____

2. 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

3. 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: _____

4. 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: _____