

CONFIDENTIAL

GC-325

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY FILE IN CONFIDENTIAL FOLDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF 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		
CONFIDENTIAL DECLARATION ON MEDICAL ABILITY TO ATTEND HEARING—PROBATE CONSERVATORSHIP		CASE NUMBER:

The person requesting the declaration must complete item 1.

1. A petition that requires a hearing
 - a. has been filed in the conservatorship proceeding named above and set for hearing on (date):
 - b. will be filed in the conservatorship proceeding named above.

INSTRUCTIONS TO DECLARANT (PRACTITIONER)

The (proposed) conservatee is expected to attend the hearing, but may be excused if medically unable to attend. Please complete items 2–6, below, to give your professional opinion whether the (proposed) conservatee is medically able to attend.

Note: 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 CONTACT INFORMATION AND QUALIFICATIONS

2. Name:
 3. Office address, telephone number, and email:
 4. a. I am a California-licensed physician psychologist nurse practitioner physician assistant registered nurse other medical practitioner (specify):
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.
Accrediting religious organization (name): _____
 - a. I last examined the (proposed) conservatee on (date): _____
 - b. The (proposed) conservatee is is **not** a patient under my ongoing care and treatment.
- MEDICAL ABILITY TO ATTEND COURT HEARING**
6. a. The (proposed) conservatee is medically 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 one):
(1) from (date): _____ until (date): _____
(2) for the foreseeable future.
 - c. **Factual basis for conclusion** (Supporting facts are stated below in Attachment 6c.)

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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