

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 46-200 Oasis St., Indio, CA 92201
 RIVERSIDE 4050 Main St., Riverside, CA 92501

TEMECULA 41002 County Center Dr., #100, Temecula, CA 92591

RI-PR075

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p> <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p>CASE NUMBER: _____</p>
<p>IN THE MATTER OF:</p>	
<p>DECLARATION OF PHYSICIAN OR PSYCHOLOGIST REGARDING CURRENT GRAVE DISABILITY OR CHRONIC ALCOHOLISM</p>	

I, _____, hereby declare:

1. I am a physician or a licensed psychologist with a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders.

2. My offices are located at the following address:

_____ (ADDRESS) _____ (CITY) _____ (ZIP CODE)

3. I examined the Conservatee on (date): _____. Based on this examination, I have reached the following conclusions:

a. There is is not a necessity for continued conservatorship of the Conservatee. This opinion is based on the following facts:

b. The Conservatee does does not suffer from mental disorder. The conservatee's diagnosis and symptoms are as follows:

IN THE MATTER OF:	CASE NUMBER:
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c. The Conservatee cannot can provide for his or her basic needs (i.e. food, clothing, or shelter) in an unsupervised setting. If not, please provide details why you feel he or she cannot:

d. The Conservatee is capable or willing to accept voluntary treatment is not. The opinion is based on the following facts:

The Conservatee is is not currently gravely disabled as a result of a mental disorder as defined in Cal. Welf. & Inst. Code § 5008(A)(1)(h) or impairment by chronic alcoholism, and a conservatorship is is not appropriate.

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 OF DECLARANT)

(SIGNATURE OF DECLARANT)