CONFIDENTIAL

GC-335A

CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(name):* ☐ CONSERVATEE ☐ PROPOSED CONSERVATEE	CASE NUMBER:

EVERYDAY ACTIVITIES ATTACHMENT TO CONFIDENTIAL CAPACITY ASSESSMENT AND DECLARATION—PROBATE CONSERVATORSHIP (FORM GC-335)

This form is for optional use in a probate conservatorship proceeding, in conjunction with *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335), to indicate the ability of the person described in item 1 to perform activities of daily living and instrumental activities of daily living.

The person whose abilities are described on this form

1. a. Name:
   b. Address:
   Telephone number: Email address:
   Date of birth:

The person who is completing this form

2. a. Name:
   b. Office address:
   Telephone number: Email address:

3. a. ☐ I am a California-licensed ☐ physician ☐ psychologist ☐ nurse practitioner ☐ physician assistant ☐ registered nurse ☐ clinical social worker ☐ occupational therapist ☐ other licensed professional *(specify profession):*
   b. My license number is:

4. *Check the box or boxes that apply to you.*
   a. ☐ I am the clinician who conducted the assessment of the person named in item 1 documented on the *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335) to which this form is attached, and I completed that form. The conclusions and opinions given in this form are based on the same assessment.
   b. ☐ I work or consult with the clinician who completed the *Confidential Clinical Assessment and Declaration—Probate Conservatorship* (form GC-335) to which this form is attached, and I participated in that clinician's assessment of the person named in item 1. The conclusions and opinions in this form are based on my participation in that assessment.
   c. ☐ The conclusions and opinions given in this form are based on the application of my knowledge, experience, and training to my personal observations of the person named in item 1, as described below.

Items 5–11 describe my conclusions about the ability of the person named in item 1 to perform activities in each of the listed categories based on information gathered as described in item 4.

Activities of Daily Living (care of self and related activities)

5. **Maintain adequate hygiene** (for example, bathing, grooming, dressing, caring for teeth, going to the toilet)
   ☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know
   Comments ☐ below ☐ in Attachment 5.

Form Approved for Optional Use
Judicial Council of California
GC-335A [New January 1, 2025]

Probate Code, §§ 1800.3, 1801, 1872–1873, 2351, 2351.5, 2450
www.courts.ca.gov

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Activities of Daily Living (care of self and related activities)

6. **Prepare meals and eat for adequate nutrition**

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 6.

7. **Identify abuse or neglect and protect self from harm**

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 7.

Instrumental Activities of Daily Living

8. **Financial** *(if appropriate, note dollar limits)*

a. Protect and spend small amounts of cash

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 8a.

b. Manage and use checks; pay monthly bills

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 8b.

c. Enter into a contract (including, for example, to buy, sell, or lease real property or to obtain and use a credit card)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 8c.

9. **Resist fraud or undue influence** (for example, has a history of being a victim of fraud or undue influence)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 9.

10. **Medical**

a. Choose and direct caregivers

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 10a.

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10. b. Admit self to health-care facility

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 10b.

c. Manage own medication (take proper dose as scheduled; refill or renew prescriptions as needed)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 10c.

d. Contact help if ill or in an emergency

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 10d.

11. **Home and community life**

a. Maintain a reasonably safe and clean home or other living environment; arrange for home maintenance or repair

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 11a.

b. Recognize and avoid common hazards (for example, a hot stove or poisons)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 11b.

c. Access transportation (for example, drive a car or use public transportation)

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 11c.

d. Initiate and follow a schedule of daily activities

☐ Able; fully independent ☐ Able with advice and passive support ☐ Able only with active assistance ☐ Unable, even with assistance ☐ I don't know

Comments ☐ below ☐ in Attachment 11d.

CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(name):* ☐ CONSERVATEE ☐ PROPOSED CONSERVATEE	CASE NUMBER:

12. ☐ Other information regarding my assessment of the person's ability to perform activities of daily living or instrumental activities of daily living, including any significant impairments to that ability, is given ☐ below ☐ in Attachment 12.

13. Number of pages attached: _____

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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