			L-3016
ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (sema);	STATE BAR N STATE: FAX NO.:	io.: ZIP CODE:	FOR COURT USE ONLY
ATTORNEY FOR (name):			-
SUPERIOR COURT OF CALIFORNIA CENTRAL JUSTICE CENTER 700 Civic Center Drive West Santa Ana, CA 92701- 4045	A, COUNTY (	OF ORANGE	
CONSERVATORSHIP OF (Name):			CASE NUMBER:
			1

# ACTIVITIES OF DAILY LIVING (ADL) ASSESSMENT OF THE PROPOSED CONSERVATEE

### TO PETITIONER:

The purpose of this form is to provide information from the Petitioner(s), the proposed conservatee, the proposed conservatee's counsel, and/or the proposed conservatee's primary care physician.

- A. For Individuals with Cognitive Impairment
- B. For Individuals with Intellectual Disabilities
- C. For Individuals with Acquired Brain Injuries
- D. For Individuals with Psychiatric Disorders

This form is to be completed in all general conservatorship matters. If no capacity declaration is required, this form is to be completed by a psychiatrist/psychologist/primary care physician. If a capacity declaration is required, this form is to be completed by petitioner, petitioner's counsel, proposed conservatee's counsel, or if advised by counsel, the proposed conservatee themselves. A relative, non-relative, or friend may also complete the form. Nothing prevents more than one person from completing and filing local form L-3016.

### GENERAL INFORMATION:

- 1. Name of person completing form:
- 2. Address and phone number of the person completing form:
- 3. Relationship to Proposed Conservatee:
  - a. I am a 🗌 Relative 🗌 Non-Relative/Friend 🗌 Petitioner 🗌 Petitioner's Counsel
  - □ Proposed Conservatee □ Proposed Conservatee's Counsel
  - Proposed Conservatee's Psychiatrist, Psychologist, or Primary Care Physician.
- 4. I last saw the Proposed Conservatee on (date):

## EVALUATION OF PROPOSED CONSERVATEE'S DAILY FUNCTION ABILITY:

## Proposed Conservatee's Level of Education:

Language(s) Spoken:

<b>CLIENT DESCRIPTION</b>	(including their concerns,	abuse information,	and current services in	place) and CLIENT
APPEARANCE:				

## CAREER HISTORY:

HEALTH STATUS and PROVIDERS:

Functioning Levels (Activities of Daily Living/ADL)								
<b>Bathing:</b> either sponge, shower, or tub	☐ No impairment	Impairment present	So impaired as to be incapable of being assessed	☐ Not assessed				
Comments:								
<b>Dressing:</b> includes choosing and obtaining clothing	☐ No impairment	Impairment present	So impaired as to be incapable of being assessed	☐ Not assessed				
Comments:								
<b>Toileting:</b> going to toilet, cleaning self, and changing clothes	□ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	□ Not assessed				
Comments:								

<b>Transfer:</b> can get in and out of bed; can get on and off chair	☐ No impairment	Impairment present	So impaired as to be incapable of being assessed	Not assessed			
Comments:	_						
<b>Continence:</b> both urine and bowel function completely by self	□ No impairment	Impairment present	So impaired as to be incapable of being assessed	Not assessed			
Comments:			<u> </u>				
Feeding:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	□ Not assessed			
Comments:							
Any other information regarding this evaluation of the client's "Activities of Daily Living" function:							

Instrumental Activities of Daily Living (IADL)							
Ability to use Telephone/Cellular Phone:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	☐ Not assessed			
Comments:							
Shopping:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	□ Not assessed			
Comments:	1		1				
Approved for Mandatory Use				SC rule 611.03			

Food Preparation:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	□ Not assessed	
Comments:					
Housekeeping:	□ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	□ Not assessed	
Comments:					
Laundry:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	□ Not assessed	
Comments:					
Mode of Transportation:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	Not assessed	
Comments:					
Responsible for Medications:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	□ Not assessed	
Comments:	·		·	·	
Any other information regard function:	ing this evalua	tion of the c	lient's "Activities of Daily Li	ving"	

Managing Finances							
Ability to handle finances:	No impairment	Impairment present	So impaired as to be incapable of being assessed	Not assessed			
Comments:							
Ability to appreciate the value of money:	☐ No impairment	Impairment present	So impaired as to be incapable of being assessed	Not assessed			
Comments:							
<b>Can manage small amounts</b> <b>of cash for purchases:</b> (Less than \$20) – (Understanding cost of items and change needed)	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	☐ Not assessed			
Comments:							
Can manage large amounts of cash for purchases: (More than \$20) – (Understanding cost of items and change needed)	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	☐ Not assessed			
Comments:							
Can understand how to make online purchases with a credit card:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	□ Not assessed			

Can understand how to use a debit card/credit card responsibly:	□ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	Not assessed			
Comments:							
Can resist others who may take advantage of client's money: (Cash, debit, or credit card)	□ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	☐ Not assessed			
Comments:							
Can keep track of charitable donations and resist requests if they exceed reasonable donation allowance given client's income:	☐ No impairment	☐ Impairment present	So impaired as to be incapable of being assessed	☐ Not assessed			
Comments:							
Any other information regarding this evaluation of the client's financial management function/skills:							
Please note activities which assistance needed to mainta			ality and enjoyment of life a	nd			
Safety Observations:							
Social Network/Circle of Sup	port:						

			☐ Financia abuse	Financial Self-		Abandonment	Emotional abuse	□ Sexual abuse		Unable to assess
Comments:										
Client possibly risk for:	at	☐ Physical abuse	Financia abuse	ncial Self-		Abandonment	Emotional abuse	Sexu abus		☐ Other
Comments:										
Services client may benefit from:		Dusing ources	House- keeping esources	House- Financial keeping resources		Transportation resources	☐ Mental health resources	Legal services	_egal Moni	
Comments:										
Other services not mentioned above:										
Case Management Need:										
Additional relev	/ant	informa	tion: (any i	infor	mation not	included in any of th	e areas above).			
l declare under pe correct.	enal	ty of perj	ury under	the	e laws of	the State of Ca	lifornia that	the forego	oing i	s true and

Date

Type or Print Name

Signature of Declarant

This form was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$494,048 with 75% funded by ACL/HHS and \$0 amount and 25% (pro bono, UCI Division of Geriatrics) funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government. The form has been shared for court use.

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