

Attorney or party without attorney (Name, State Bar number, and address)  <div style="text-align: center;">TELEPHONE NUMBER:</div>     Email Address:  ATTORNEY FOR (Name): _____ FAX NUMBER: _____	FOR COURT USE ONLY          
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b> <input type="checkbox"/> <b>Riverside:</b> 4050 Main St. (P.O. Box 431), Riverside, CA 92502-0431 <input type="checkbox"/> <b>Palm Springs:</b> 3255 E. Tahquitz Canyon Way, Palm Springs, CA 92262 <input type="checkbox"/> <b>Hemet:</b> 880 N State St., Hemet, CA 92543	Case Number: _____
<b>Conservatorship of (<i>Conservatee</i>):</b> _____	
<b>PLACEMENT AND LEVEL OF CARE ASSESSMENT FOR CONSERVATEE (PrC §2352.5)</b>	
<div style="text-align: center;"><b>NOTICE TO CONSERVATOR</b></div> <p>You must complete, sign and return this form to the Court Investigator within 60 days of your appointment.</p> <p>Failure to complete, sign and return this form will result in further court action, possibly including your removal as conservator. A conservator who willfully submits any material information required by this form that he or she knows to be false is guilty of a misdemeanor.</p>	

**Pursuant to Probate Code §2352.5, which states that the personal residence of the conservatee is presumed to be the least restrictive appropriate residence, the conservator declares as follows:**

**1. At the time of the commencement of the conservatorship, the conservatee was residing in:**

- |  |  |
|--|--|
| <input type="checkbox"/> own home<br><input type="checkbox"/> skilled nursing facility<br><input type="checkbox"/> other _____ | <input type="checkbox"/> residential care or assisted living facility<br><input type="checkbox"/> acute hospital |
|--|--|

**2. If not residing in their own home, what steps would be necessary to return the conservatee to their home? What steps have been taken? If none, why not?**

☐ Continue on Attachment 2

**PLACEMENT AND LEVEL OF CARE ASSESSMENT FOR CONSERVATEE  
(P.C. §2352.5)**

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3. If the conservatee is residing in their own home, what steps are necessary to keep them in their own home?

☐ Continue on Attachment 3

4. What services are in place to ensure the conservatee's safety and well being?

☐ Continue on Attachment 4

5. Describe the limitations and/or restrictions for a plan to return the conservatee to their home.

☐ Continue on Attachment 5

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**(P.C. §2352.5)**

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**6. Since your appointment, has there been a material change in the conservatee's circumstances affecting the conservatee's need for placement and care? If yes, explain:**

☐ Continue on Attachment 6

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Conservator

