

CALIFORNIA PROBATE CODE 2952 DECLARATION

1. My Name of Elder Abuse Investigator / Badge #:

Agency Name / Address / Phone Number(s):

2. I am a duly sworn peace officer presently employed by (Agency Name) in the County of Ventura, in the State of California.

3. On (Month / Day / Year) I personally interviewed (Legal Name of Victim) at (Time - a.m. / p.m.) at (Location of Contact / Adress).

The victim resides at (Address, contact number, and name of facility, if applicable).

4. There is probable cause to believe that:

- a) _____ (Victim) is substantially unable to manage his or her financial resources or to resist fraud or undue influence, and
- b) There exists a significant danger the victim will lose all or a portion of his or her property as a result of fraud or misrepresentations or the mental incapacity of the victim, and
- c) There is probable cause to believe that the crime is being committed against the victim, and
- d) The crime connected to the victim's inability to manage his or her financial resources or to resist fraud or undue influence, and
- e) The victim suffers from that inability as a result of deficits in one or more of the following mental functions:

INSTRUCTIONS TO PEACE OFFICER: (Check all boxes that apply)

[A] ALERTNESS AND ATTENTION:

- 1. Levels of arousal. (Lethargic, responds only to vigorous and persistent stimulation, stupor.)
- 2. Orientation. Person _____
Time _____ (day, date, month, season, year),
Situation _____ (why am I here?).
- 3. Ability to attend and concentrate. (Give detailed answers from memory, mental ability required to thread a needle).

[B] INFORMATION PROCESSING / ABILITY TO:

- Remember, i.e., short- and long-term memory, immediate recall. (Deficits reflected by forgets question before answering, cannot recall names, relatives, past presidents, events of last 24 hours)
- Understand and communicate either verbally or otherwise. (Deficits reflected by inability to comprehend questions, follow instructions, use words correctly or name objects; nonsense words.)
- Recognize familiar objects and people. (Deficits reflected by inability to recognize familiar faces, objects, etc.)
- Understand and appreciate quantities. (Perform simple calculations.)
- Reason using abstract concepts. (Grasp abstract aspects of his or her situation; interpret idiomatic expressions or proverbs.)
- Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest. (Break complex tasks down into simple steps and carry them out.)
- Reason logically.

[C] THOUGHT DISORDERS

- Severely disorganized thinking. (Rambling, nonsensical, incoherent, or nonlinear thinking.)
- Hallucinations. (Auditory, visual, olfactory.)
- Delusions. (Demonstrably false belief maintained without or against reason or evidence.)
- Uncontrollable or intrusive thoughts, compulsive behavior.

[D] ABILITY TO MODULATE MOOD AND AFFECT

Pervasive and persistent or recurrent emotional state which appears severely inappropriate in degree to the patient's circumstance. Encircle the appropriate moods:

Anger	Euphoria	Helplessness
Anxiety	Depression	Apathy
Fear	Hopelessness	Indifference
Panic	Despair	Other: _____

4. The property at risk is identified as, but not limited to, the following:

Bank located at: Name, address, and telephone number of bank branch

Account Number(s): _____

Securities/other funds located at: Name, address, and contact number of financial institution.

Account Number(s): _____

Real Property located at: (Address)

Automobile description: (Year, Make, Model, Color, and state license plate)

Other property described as: _____

Other property located at: _____

5. A criminal investigation for alleged financial abuse will or will not be commenced against:
(Name of Suspected Perpetrator(s), address, and telephone number)

BLOCKS 1, 2, AND 3 MUST BE CHECKED IN ORDER FOR THIS DECLARATION TO BE VALID.

- 1. I am a peace officer in the county identified above.
- 2. I have consulted concerning this case with a supervisor in the county's Adult Protective Services Agency who has signed below, indicating that he or she concurs that, based on the information I provided to him or her, or based on the information he or she obtained independently, this declaration is warranted under the circumstances.
- 3. I have consulted concerning this case with an individual qualified to perform a mental status examination.

Signature of Declarant Peace Officer

Date

Signature of Concurring Adult Protective Services Supervisor

Date

CERTIFICATE OF AUTHORITY

THIS IS AN OFFICIAL CERTIFICATE ENTITLING THE PUBLIC GUARDIAN TO TAKE
POSSESSION OF ANY AND ALL PROPERTY BELONGING TO THE FOLLOWING
INDIVIDUAL:

(NAME OF VICTIM)

This Certificate of Authority has been issued by the Ventura County Public Guardian pursuant to and in compliance with the Financial Abuse of the Mentally Impaired Elders statute, Chapter 4 (commencing with Section 2950) of Part 5 of Division 4 of the California Probate Court. Under California law, this Certificate of Authority authorized the Public Guardian to take possession or control of property belonging to the above individual.

SPECIAL NOTE TO FINANCIAL INSTITUTIONS:

State law required that upon receiving a copy of this Certificate of Authority, financial institutions shall provide the Public Guardian with information concerning property held by the above-named individual and surrender the property to the Public Guardian if requested.

This Certificate of Authority shall only be valid when signed and dated by the Public Guardian or a Deputy Public Guardian of the County of Ventura and affixed with the official seal of the Public Guardian below:

Date: _____

Authorized Signature of the Public Guardian

Official Seal