ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO	_
STREET ADDRESS: 600 Union Avenue 321 Tuolumne Street	
MAILING ADDRESS: P.O. Caller 5000 321 Tuolumne Street	
CITY AND ZIP CODE: Fairfield, CA 94533 Vallejo, CA 94590 IN RE THE CONSERVATORSHIP OF:	_
IN RETTIE CONSERVATORSTIIF OF .	
	CASE NUMBER:
VERIFICATION OF VIEWING OF CONSERVATORSHIP VIDEO	
<u>Instructions</u>	
Before you may be appointed as a conservator, you must watch a video called With Heart:	
Understanding Conservatorships. This video discusses the duties	s and responsibilities of a
conservator.	
The video is available to you in two ways:	
 You may make an appointment with the Court Investigators Office 	ice to view it at the courthouse.
 You may view the video online at https://www.youtube.com/wa 	
Once you have watched the video, you must fill out, sign, and file this form with the court.	
I have petitioned the court to be appointed the conservator of the person and/or estate of (name):	
I viewed the court's videotape presentation on the duties and responsibilities of the conservator on (date) at the following location:	
(date) at the following	location:
Court Investigators Office	
On-line viewing located at https://www.youtube.com/watch?v=A-SX6YkFsP4	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true	
and correct.	
(Type or print name) (Signature of D	eclarant)
(Signature of D	ood any