

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 4353 E. VINEYARD AVE., OXNARD, CA 93036		
CONSERVATORSHIP OF (NAME):		
CONFIRMATION OF VIEWING CONSERVATORSHIP VIDEO (Ventura County Local Rule 10.02A(3))		CASE NUMBER:

This shall confirm that (name of conservator(s)) _____, viewed the video *“With Heart: Understanding Conservatorship”*, pursuant to Rule 10.02A(3) of the Ventura County Rules of Court.

The video was viewed on (date) _____ at the following location:

- Ventura Self-Help Legal Access Center

- JC Family Resource Center

- Law Firm of (name): _____
 Address of firm: _____

- Other: _____

I am the [proposed] conservator and I certify that I have viewed this video:

Date: _____

Print Name: _____

Signature: _____

Confirmed by: _____
Signature of SHLA Staff or Law Firm Representative

Date: _____