ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number ATTORNEY FOR (Name):	FOR COURT USE ONLY
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 Proposed 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) _____ on www.youtube.com.

☐ Other: _____

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

Date: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____