

|   |  |
|---|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) <span style="float: right;">Telephone Number</span><br><br>E-MAIL ADDRESS<br>ATTORNEY FOR (Name):             | FOR COURT USE ONLY<br><br><br><br><br><br><br><br><br><br>CASE NUMBER: |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA<br>Juvenile Courthouse<br>4353 Vineyard Ave<br>Oxnard, CA 93036   |  |
| IN THE MATTER OF:   |  |
| <b>CONSERVATORSHIP</b><br><input type="checkbox"/> LEVEL OF CARE <input type="checkbox"/> STATUS REPORT<br><b>Ventura Superior Court Local Rule 10.02.I &amp; J</b> |  |

\_\_\_\_\_, the conservator of the person/estate of \_\_\_\_\_ hereby submits the  conservator's Level of Care  Status Report in compliance with Ventura Superior Court Local Rules.

**1. Conservatee's current residence:\***

- a. Address: \_\_\_\_\_
- b. Type of placement (i.e. own home, group home, skilled nursing facility, etc.) : \_\_\_\_\_
- c. How long has the conservatee been in the present residence? \_\_\_\_\_
- d. Do you anticipate making any changes in the conservatee's residence in the next year?  
 No    Yes (explain) \_\_\_\_\_
- e. What is the plan to return the conservatee to his/her personal residence if not now living at home?  
 \_\_\_\_\_
- f. If there are no plans to return the conservatee to his/her personal residence in the foreseeable future, explain the limitations or restrictions for not doing so?  
 \_\_\_\_\_

**2. Current level of care (mark all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> requires total care | <input type="checkbox"/> requires assistance with care | <input type="checkbox"/> has feeding tube |
| <input type="checkbox"/> able to do own care | <input type="checkbox"/> uses a wheelchair/walker      | <input type="checkbox"/> has catheter     |
| <input type="checkbox"/> ambulatory          | <input type="checkbox"/> urinary/bowel incontinence    |   |

Details: \_\_\_\_\_  
 \_\_\_\_\_

**If residing in a facility or group home, attach copy of the facility's care plan:**

**If the challenged adult is a Regional Center consumer, and it is reasonable to do so, please attach a complete copy of the current Individual Program Plan (IPP):**

\_\_\_\_\_  
 \_\_\_\_\_

**\* Please note that the Probate Investigator's Office, and Conservatee's Counsel, must be notified of any change of address.**

|                                  |                    |
|----------------------------------|--------------------|
| CONSERVATORSHIP OF (Name): _____ | Case number: _____ |
| CONSERVATEE                      |                    |

**3. Conservatee's physical and medical condition:** \_\_\_\_\_

a. Please list health problems: \_\_\_\_\_

b. Are any other health providers involved?     No     Yes

|                        |                              |
|------------------------|------------------------------|
| _____ visiting nurse   | _____ social worker          |
| _____ podiatrist       | _____ dentist                |
| _____ counselor        | _____ physical therapist     |
| _____ speech therapist | _____ other (specify): _____ |

c. Medications: \_\_\_\_\_

d. Activities conservatee is involved in? \_\_\_\_\_

**4. How often do you expect to visit the conservatee?** \_\_\_\_\_ . **Does the family visit?** \_\_\_\_\_ .

**5. Are there plans to give the conservator a rest?** \_\_\_\_\_

\_\_\_\_\_ respite care    \_\_\_\_\_ adult day care    \_\_\_\_\_ other care takers

\_\_\_\_\_ In Home Support Services (IHSS)

**Names & relationships of relief caregivers:** \_\_\_\_\_

**6. Conservatee's Estimated Monthly Income (complete even if a conservatorship of the person only):**

\_\_\_\_\_

**7. Conservatee's Estimated Monthly Expenses (complete even if a conservatorship of the person only):**

\_\_\_\_\_

a. LIVING EXPENSES

|                                  |    |       |                 |    |       |
|----------------------------------|----|-------|-----------------|----|-------|
| Rent/Mortgage                    | \$ | _____ | Utilities       | \$ | _____ |
| Nursing/Care Home                | \$ | _____ | In-Home Care    | \$ | _____ |
| Food                             | \$ | _____ | Clothing        | \$ | _____ |
| Medical/Dental                   | \$ | _____ | Medications     | \$ | _____ |
| Transportation                   | \$ | _____ | Entertainment   | \$ | _____ |
|                                  |    |       | Other (specify) | \$ | _____ |
| Total Estimated Monthly Expenses |    |       |                 | \$ | _____ |

b. OTHER EXPENSES

|              | Current  | Estimated Amount |
|--------------|----------|------------------|
| <b>TAXES</b> |          |                  |
| Income Tax   | \$ _____ | \$ _____         |
| Property     | \$ _____ | \$ _____         |
| Payroll      | \$ _____ | \$ _____         |

c. INSURANCE

|               | Current  | Estimated Amount |
|---------------|----------|------------------|
| Homeowner     | \$ _____ | \$ _____         |
| Renters       | \$ _____ | \$ _____         |
| Automobile    | \$ _____ | \$ _____         |
| Worker's Comp | \$ _____ | \$ _____         |
| Health        | \$ _____ | \$ _____         |
| Life          | \$ _____ | \$ _____         |

**8. What are the contents of any safe deposit boxes?** \_\_\_\_\_

|                            |              |
|----------------------------|--------------|
| CONSERVATORSHIP OF (Name): | Case number: |
| CONSERVATEE                |              |

9. Does the conservatee receive Medi-Cal benefits?  No  Yes \$ \_\_\_\_\_ share of cost
10. Do you expect to sell any of the conservatee's real or personal property in the next year?  No  Yes  
 If yes, what will be sold and explain reason why: \_\_\_\_\_
11. Does the conservatee own a home in which (s)he does not live in?  No  Yes  
 If yes, is it rented?  No  Yes Amount of rent: \$ \_\_\_\_\_  
 If not rented, explain why: \_\_\_\_\_
12. If the Conservatee's monthly expenses are greater than his/her income explain how the shortfall will be met:  
 \_\_\_\_\_
13. Does the conservatee have a trust or is (s)he a beneficiary of a trust and entitled to receive income from the trust? If so, please provide an attachment with the name of the trust, the name(s) of the trustee(s) and their contact information, and if applicable court case number for the trust:  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Do you anticipate any unusual activities related to the management of the conservatee's estate during the next year?  No  Yes (explain): \_\_\_\_\_  
 \_\_\_\_\_
15. Are there any special problems or needs raised by the Court Investigation, the Court, or other interested? If yes, how have you addressed them:  
 \_\_\_\_\_  
 \_\_\_\_\_

- The undersigned conservator will:**
- a. Inventory all assets in which the conservatee has any interest.
  - b. Submit accurate, complete, and timely accountings.
  - c. Carry out all mandatory usual and general duties of a conservator.
  - d. Maintain periodic contact with the conservatee's physician and other health care providers, if appointed conservator of the person.
  - e. Maintain periodic contact with the conservatee's family and friends, if applicable.
  - f. Be available to the conservatee on a 24 hour basis for emergencies, or arrange for such coverage by a qualified agent.
  - g. Maintain accurate records related to the estate.
  - h. Maintain all estate assets in a separate identifiable manner.
  - i. Maintain estate cash assets in interest-bearing accounts, except as necessary for every day administration.
  - j. Maintain an adequate surety bond as required by law.
  - k. Update care plan as needed.
  - l. Refer to the "Conservator's Handbook."

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I have retained a copy for my record.

\_\_\_\_\_ Dated \_\_\_\_\_ Signature of Conservator \_\_\_\_\_  
 \_\_\_\_\_ Type or Print Name \_\_\_\_\_

**File the original Conservatorship Level of Care / Status Report with the court and mail a copy to the Probate Investigations Office at: 800 S. Victoria Ave, Ventura, CA 93009 and Public Defender's Office at: 800 S. Victoria Ave. Suite 207, Ventura, CA 93009.**