

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

\_\_\_\_\_, the conservator of the person/estate of \_\_\_\_\_ hereby submits the  conservator's Care Plan  Status Report in compliance with local court rules.

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

- a. Type of facility (i.e. own home, skilled nursing, hospital, etc.) : \_\_\_\_\_
- b. How long has the conservatee been in the present residence? \_\_\_\_\_
- c. Do you anticipate making any changes in the conservatee's residence in the next year?  
 No     Yes (explain) \_\_\_\_\_
- d. What is the plan to return the conservatee to his/her personal residence if not now living at home?  
 \_\_\_\_\_
- e. 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?  
 \_\_\_\_\_
- f. Address: \_\_\_\_\_

**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 client of a regional center, identify regional center and social worker and telephone number:**

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

\* 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: _____
<b>CONSERVATEE</b>	

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

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

b. Are any other health providers involved?     No     Yes

_____ visiting nurse _____ podiatrist _____ counselor _____ speech therapist	_____ social worker _____ dentist _____ physical therapist _____ other (specify): _____
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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            \$ _____ Nursing/Care Home       \$ _____ Food                         \$ _____ Medical/Dental            \$ _____ Transportation            \$ _____	Utilities                    \$ _____ In-Home Care             \$ _____ Clothing                    \$ _____ Medications               \$ _____ Entertainment            \$ _____ Other (specify)            \$ _____
Total Estimated Monthly Expenses    \$ _____	

b. OTHER EXPENSES

TAXES	Current	Estimated Amount
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 Care Plan 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.**