

Attorney or Party without attorney (Name and Address) Telephone No.:	
Attorney for:	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA</b>	
MAILING ADDRESS: 1515 Court Street, Room 110	
STREET ADDRESS: 1515 Court Street, Room 110	
CITY AND ZIP CODE: Redding, CA 96001	
BRANCH NAME:	
IN THE MATTER OF	
<b>CONSERVATORSHIP CARE PLAN</b>	Case Number:

\_\_\_\_\_, the Conservator of the person/estate of \_\_\_\_\_ hereby submits the Conservator's General Plan in compliance with local court rules.

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

- a. Type of facility (i.e. 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: \_\_\_\_\_

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

- requires total care
- requires assistance with care
- able to do own care
- ambulatory
- has feeding tube
- has a catheter
- uses wheelchair/walker
- urinary/bowel incontinence

Other relevant information: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

<input type="checkbox"/> visiting nurse	<input type="checkbox"/> social worker
<input type="checkbox"/> podiatrist	<input type="checkbox"/> dentist
<input type="checkbox"/> counselor	<input type="checkbox"/> physical therapist
<input type="checkbox"/> speech therapist	<input type="checkbox"/> 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 Supportive 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	\$ _____

Total Estimated Monthly Expenses:      \$ \_\_\_\_\_

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

**b. OTHER EXPENSES**

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

**c. INSURANCE**

	<b>Coverage Amount</b>	<b>Estimated Premiums</b>
Homeowner	\$ _____	\$ _____
Renters	\$ _____	\$ _____
Automobile	\$ _____	\$ _____
Worker's Comp	\$ _____	\$ _____
Health	\$ _____	\$ _____
Life	\$ _____	\$ _____

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

**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 the reasons: \_\_\_\_\_

**11. Does the Conservatee own a home in which s/he does not live?** \_\_\_\_\_

If so, is it rented? \_\_\_\_\_ 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:** \_\_\_\_\_

CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

**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 others 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 everyday 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 correct, and that I have retained a copy of this case plan for my record.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Conservator

\_\_\_\_\_  
Type or print name