CONFIDENTIAL

VN233

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number E-MAIL ADDRESS ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA Juvenile Courthouse 4353 Vineyard Ave Oxnard, CA 93036	
IN THE MATTER OF:	
CONSERVATORSHIP ☐ **CARE PLAN** ☐ **STATUS REPORT** **Ventura Superior Court Local Rule 10.02.I & J**	CASE NUMBER:

_____, the conservator of the person/estate of _____ hereby submits the ☐ conservator's Care Plan ☐ Status Report in compliance with Ventura Superior Court Local Rules.

1. Conservatee's current residence:*

a. Address: _____

b. Type of facility (i.e. own home, skilled nursing, hospital, 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):

☐ requires total care ☐ requires assistance with care ☐ has feeding tube
☐ able to do own care ☐ uses a wheelchair/walker ☐ has catheter
☐ ambulatory ☐ 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 as well as a complete copy of the most recent individual program planning (IPP) report:

_____

_____

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

CONSERVATORSHIP OF (Name): CONSERVATEE	Case number:

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

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): CONSERVATEE	Case number:

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 if 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.