

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 216 Brookside Avenue MAILING ADDRESS: 216 Brookside Avenue CITY AND ZIP CODE: Redlands, CA 92373 BRANCH NAME: Redlands District	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	
CONFIDENTIAL GENERAL CARE PLAN OF CONSERVATEE	CASE NUMBER: _____
All questions on this form must be completed and answered. If the question or blank does not apply, write "not applicable" or "none". If you need additional space to fully respond, please note on the form that a separate attachment is being provided and staple the attachment to the form.	

PERSONAL NEEDS

Living Arrangements

Current address of Conservatee: _____ Phone: _____

(Include name of facility if appropriate)

Current living arrangement:

- Personal residence Home of relative Board & care home Assisted living Skilled nursing facility

The Conservatee has been at the present residence since _____.

If the Conservatee is in his/her personal residence, what is the current level of care?

- No assistance needed at this time.
 Household help _____ Hours per week
 Personal caregivers _____ Hours per week

What will be necessary to keep the Conservatee in his/her residence?

If the Conservatee is not living in his/her residence:

What is the plan to return Conservatee to his/her personal residence? If there are no plans to return the Conservatee to his/her personal residence in the foreseeable future, explain the limitations or restrictions: _____

Medical Information

- | | |
|---|--|
| <input type="checkbox"/> Is in good health | <input type="checkbox"/> Is developmentally disabled |
| <input type="checkbox"/> Confusion / Disorientation | <input type="checkbox"/> Unable to read / write |
| <input type="checkbox"/> Memory loss | <input type="checkbox"/> Deaf or communication problem |
| <input type="checkbox"/> Other _____ | |

Name	Purpose of Medication	Name	Purpose of Medication

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CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
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Provider	Name	Phone number	Last visit
Physician	_____	_____	_____
Dentist	_____	_____	_____
Other <small>(e.g. visiting nurse, case worker)</small>	_____	_____	_____

Visitations

How often do you visit the Conservatee? _____

How often does the Conservatee receive visits from family and friends? _____

Are any visitations particularly valued or upsetting to the Conservatee? _____

Activities

Describe the normal activities of Conservatee:

- Outings _____
- Television / Radio _____
- Social _____
- Educational _____
- Recreational _____
- Unwilling to participate _____ Unable to participate _____
- Other (i.e. reading material) _____

Special Problems

Explain how you have addressed any special needs or problems raised by the Court Investigator, the Court, or other interested persons: _____

FINANCIAL NEEDS

Estimated Monthly Income

Social Security	\$ _____	Income - other sources	\$ _____
Pension (type _____)	\$ _____	Dividends	\$ _____
Veterans Benefits	\$ _____	Rentals	\$ _____
Supplemental Security Income	\$ _____	Other	\$ _____
Estimated Interest from Investment	\$ _____	TOTAL Estimated Monthly Income	\$ _____

Estimated Monthly Expenses

TAXES	Currently Paid?	Next Due Date	Estimated Monthly Payment
Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____

INSURANCE

Company	Premium Paid	Coverage Amount
Estimated Monthly Payment		
Homeowners	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Renters	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Automobile	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Workers Comp	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

LIVING EXPENSES

Rent or Mortgage	\$ _____	Utilities	\$ _____
Nursing Home or Board & Care Home	\$ _____	Telephone	\$ _____
Live-In Attendants	\$ _____	Laundry and Cleaning	\$ _____
Other Care Providers	\$ _____	Clothing	\$ _____
Medical and Dental Supplies	\$ _____	Entertainment / Recreation	\$ _____
Food	\$ _____	Transportation	\$ _____
		Other _____	\$ _____
		TOTAL Estimated Monthly Expenses	\$ _____

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If monthly expenses exceed monthly income, how do you plan to meet the shortfall a) for the present and b) for the long term? _____

Describe any planned changes in investments to be made and/or any major assets that may be sold in the coming year and the reason for these changes and/or sales: _____

Identify the contents of any safety deposit box. _____

Are there any valuable assets in the conservatee's residence that need to be protected? If so, describe them and specify what steps have been take to protect these items from loss or theft: _____

Conservator believes it will be necessary to provide the following additional services to properly care for and maintain the personal and financial needs of the Conservatee: _____

The undersigned conservator will:

- a. Carry out all mandatory duties of a conservator (refer to form GC-348);
- b. Maintain periodic contact with the conservatee's family and friends, if applicable;
- c. Be available to the conservatee on a 24-hour basis for emergencies, or arrange for such coverage by a qualified agent;

If appointed conservator of the estate

- d. Inventory all assets in which the conservatee has any interest;
- e. Render timely, accurate and complete accountings to the court;
- f. Maintain accurate records related to the estate;
- g. Maintain all estate assets in interest-bearing account, except as necessary for everyday administration;
- h. Maintain an adequate surety bond as required by law;

If appointed conservator of the person

- i. Maintain periodic contact with the conservatee's physician and other health care providers.
- j. Maintain conservatee in the least restrictive placement and, if moved, notice the court and interested parties.

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 of this case plan for my records.

Date Attorney Date Conservator