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| NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NUMBER | Reserved for Clerk's File Stamp |
| ATTORNEY FOR (Name): | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES | | |
| Name of Court: Branch Name: Street Address: City and Zip Code: | | |
| In the Matter of: | | |
| CONSERVATORSHIP CARE PLAN | | 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 | _____ has feeding tube |
| _____ requires assistance with care | _____ has a catheter |
| _____ able to do own care | _____ uses wheelchair/walker |
| _____ ambulatory | _____ urinary/bowel incontinence |

Other relevant information _____

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 must be notified of any change of address by using the Notification to Court of Address form number PRO 003.**

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| CONSERVATORSHIP OF (Name): _____ <div style="text-align: right;">CONSERVATEE</div> | 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 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 | \$ _____ |
| | | Other (specify) | \$ _____ |

Total Estimated Monthly Expenses: \$ _____

| | |
|---|--------------|
| CONSERVATORSHIP OF (Name): <div style="text-align: right; margin-top: 20px;">CONSERVATEE</div> | CASE NUMBER: |
|---|--------------|

b. OTHER EXPENSES

| TAXES | Current | Estimated Amount |
|------------|----------|------------------|
| Income Tax | \$ _____ | \$ _____ |
| Property | \$ _____ | \$ _____ |
| Payroll | \$ _____ | \$ _____ |

c. INSURANCE

| | Coverage Amount | Estimated Premiums |
|---------------|-----------------|--------------------|
| 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 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): _____ <div style="text-align: right;">CONSERVATEE</div> | CASE NUMBER _____ |
|--|----------------------|

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 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."

File stamp the original Conservatorship Care Plan with the court and mail a copy to the Probate Investigations Office at: 111 N. Hill Street, Room 208, Los Angeles, CA 90012.

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 record.

Dated: _____

Signature of Conservator

Type or Print Name