

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address): TELEPHONE NO: FAX NO.(Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	Reserved for Clerk's Office Stamp
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO Hall of Justice, Probate Division, 1 st Floor 400 County Center Redwood City, CA 94063	
CONSERVATORSHIP OF: <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> LIMITED	CASE NUMBER:
CONFIDENTIAL GENERAL PLAN	HEARING DATE:

Superior Court, County of San Mateo requires the General Plan to be filed within ninety (90) days of appointment. If a question 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.

I. GENERAL PLAN

Current address of conservatee _____

Telephone _____

Personal Caregiver:

If the Conservatee has a personal caregiver, please state:

Is the care provider a family member(s)? Yes No. If so, is the family member(s) paid? Yes No

Is the care provider(s) employed by an agency? Yes No. If yes, what agency? _____

Is the care provider(s) a private hire? Yes No

Who prepares the caregiver's paychecks or payroll? (Wages, state & federal taxes, SDI, FICA, etc.) _____

Describe conservatee's general medical condition:

generally in good health generally in poor health has developmental disability has head injury has dementia

has mental illness substance abuse issues (alcohol, drugs)

How often does the conservatee see a doctor? _____ Name of doctor? _____

Any other health providers involved?

- | | | |
|---|---|---|
| <input type="checkbox"/> dentist | <input type="checkbox"/> social worker | <input type="checkbox"/> hospice care worker |
| <input type="checkbox"/> podiatrist | <input type="checkbox"/> visiting nurse | <input type="checkbox"/> psychiatrist/counselor |
| <input type="checkbox"/> physical therapist | <input type="checkbox"/> speech therapist | <input type="checkbox"/> other (specify) _____ |

Is the conservatee being administered psychotropic medications for the treatment of dementia? Yes No. If yes, has the Court granted the conservator "special dementia powers" as to medication? Yes No. ***If not, contact your attorney or the Court Investigator's Office.***

Is the conservatee placed in a secured perimeter or locked facility with no freedom of egress? Yes No. If yes, has the Court granted the conservator "special dementia powers" as to placement? Yes No ***If not, contact your attorney or the Court Investigator's Office.***

Activities (Describe the normal activities of the conservatee):

- School - Name: _____
- Day Program - Name: _____
- Employment - Name: _____
- Conservatee unwilling to participate Conservatee unable to participate

Visitation:

How often do you visit the Conservatee? _____
 Do family, friends or neighbors also visit? Yes No. If yes, please explain who visits and the frequency of visits: _____

Did conservatee express any end-of-life preferences in a California Advance Health Care Directive/Health Care Power of Attorney? Yes No. If yes, what are the expressed wishes? _____

II. FINANCIAL PLAN

Does the conservatee have a trust? Yes No If yes, is it a revocable living trust a special needs trust
 Has it been funded? Yes No Approximate current value: _____

Does the conservatee have a Representative Payee? Yes No If yes, Name: _____

Does the conservatee receive Medi-Cal benefits? Yes No If conservatee resides out of his/her home, what is the Medi-Cal share of cost? \$ _____

Estimated Monthly Income (to be completed by conservators of person or conservators of person and estate)

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Social Security/SSI | \$ _____ | <input type="checkbox"/> Dividend Income | \$ _____ |
| <input type="checkbox"/> Pension | \$ _____ | <input type="checkbox"/> Rental Income | \$ _____ |
| <input type="checkbox"/> Veteran's Benefits | \$ _____ | <input type="checkbox"/> Interest Income | \$ _____ |
| <input type="checkbox"/> Other (specify) _____ | | <input type="checkbox"/> Distributions from Trust | \$ _____ |
- Total estimated monthly income \$ _____

Estimated Monthly Expenses

LIVING EXPENSES (to be completed by conservators of person or conservators of person and estate)

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Rent or Mortgage | \$ _____ | <input type="checkbox"/> Telephone/Cell | \$ _____ |
| <input type="checkbox"/> Nursing/Care Home | \$ _____ | <input type="checkbox"/> Utilities (PG&E, Water, Garbage, Cable TV, etc.) | \$ _____ |
| <input type="checkbox"/> Live-In Attendants | \$ _____ | <input type="checkbox"/> Food | \$ _____ |
| <input type="checkbox"/> Other Care Providers | \$ _____ | <input type="checkbox"/> Transportation and gasoline | \$ _____ |
| <input type="checkbox"/> Medical & Dental | \$ _____ | <input type="checkbox"/> Laundry & Cleaning | \$ _____ |
| <input type="checkbox"/> Medicines | \$ _____ | <input type="checkbox"/> Medical & Dental Supplies | \$ _____ |
| <input type="checkbox"/> Clothing | \$ _____ | <input type="checkbox"/> Entertainment (subscriptions, recreation, etc.) | \$ _____ |
| <input type="checkbox"/> Other: | \$ _____ | | |
- Total estimated monthly expenses \$ _____

Other Expenses (to be completed by conservators of estate or conservators of person and estate)

TAXES	Current?	Estimated amount
Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

INSURANCE	Company	Premium Paid	Coverage Amount	Premium Amount
Homeowners	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Renters	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Auto	_____	<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	_____	\$ _____

III. FINANCIAL MANAGEMENT PLAN

Estimated annual income \$ _____ Estimated market value (FMV) of investments \$ _____
 Estimated FMV of real estate \$ _____

1. Manner of vesting: Cash accounts Certificates of Deposit Mutual funds Stocks Other?
 Specify _____
 Is there a brokerage account? Yes No. If yes, name of brokerage _____

2. Estimated annual cost of personal care plan: _____
 If the conservatee's monthly expenses are greater than monthly income, explain how the shortfall will be met? _____

3. Estimated CONSERVATOR'S FEES for the first year? \$ _____ Not Applicable

4. Estimated ATTORNEY FEES for the first year? \$ _____ Not Applicable

5. Anticipated Estate Activities, i.e. Sales of Estate Assets, Change of Investment Plan, Purchase of Real Property, Establishment of a Trust, Amendment to an Existing Trust, etc. _____

6. Are there any valuables in the conservatee's residence that need to be protected? No Yes, if so, describe them and specify what steps have been taken to protect these items from theft or loss. _____

7. What is the surety bond amount? _____ Does the bond meet the requirements for cost of recovery to collect on the bond, including attorney's fees and costs? (Prob. C. §2320 and California Rules of Court 7.207) Yes No (explain)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ at _____, California

By: _____, Conservator

Print Name