CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR: NAME: FIRM NAME: STREET ADDRESS: CITY AND ZIP CODE: E-MAIL ADDRESS: ATTORNEY FOR (NAME):	**FOR COURT USE ONLY**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO STREET ADDRESS MAILING ADDRESS: 400 MCALLISTER STREET, ROOM 103 CITY AND ZIP CODE: SAN FRANCISCO, 94102 BRANCH NAME:	
CONSERVATOR(S):	
CONSERVATORSHIP OF: ☐ PERSON ☐ ESTATE ☐ LIMITED CONSERVATORSHIP	
GENERAL PLAN FOR PERSONAL AND FINANCIAL NEEDS OF CONSERVATEE	CASE NUMBER:

All questions on the 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 Arrangement

Current address of Conservatee _____ Phone: _____

_____

_____

(include name of facility, if appropriate)

Current living arrangement

☐ Personal residence ☐ Home of relative ☐ Board and care home

☐ Assisted living ☐ Skilled nursing facility

The Conservatee has been at the present residence since _____

If the Conservatee is in his or 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 personal residence:

What is the plan to return the 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 limitation or restrictions for not doing it.

_____

_____

Medications

Name	Purpose of Medication	Name	Purpose of Medication

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 (i.e. Face Time/Skype/Zoom) _____
☐ Educational _____
☐ Recreational _____
☐ Unwilling to participate _____ ☐ Unable to participate _____
☐ Other (i.e. reading material) Describe _____

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	$	Estimated Income from 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 Dates	Estimated Monthly Amount
Income	☐ Yes ☐ No		$
Real Estate	☐ Yes ☐ No		$

INSURANCE

	Company	Premium Paid?	Coverage Amount	Estimated Monthly Amount
Homeowners		☐ Yes ☐ No	$	$
Renters		☐ Yes ☐ No	$	$
Automobile		☐ Yes ☐ No	$	$
Workers Comp		☐ Yes ☐ No	$	$
Health		☐ Yes ☐ No	$	$
Life		☐ Yes ☐ No	$	$
Other		☐ Yes ☐ No	$	$

LIVING EXPENSES

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

Describe any planned changes in investments to be made in the next year and the reason for any changes.

Identify any major asset that may be sold in the coming year and explain the reason for such sale.

Identify the contents of any safe 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 taken to protect these items from loss or theft.

Date: _____ Date: _____

Attorney Conservator(s)