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	
STATUS REPORT ON CONSERVATEE *(Required of all Conservators of the Person one year after appointment and every two years thereafter)*	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.

I/We _____ am/are the Conservator(s) of the above named Conservatee and my status report is as follows:

Present age of the Conservatee: _____ Date of birth: _____

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 ☐ Hotel

☐ Skilled nursing facility ☐ Assisted living ☐ Other: _____

The Conservatee has been at the present residence since _____.

PHYSICAL HEALTH

During the past year the Conservatee's physical condition has

☐ remained about the same

☐ improved (explain) _____

☐ worsened (explain) _____

CASE NAME:	CASE NUMBER:

During the past year, the Conservatee received the following medical treatment (including check-ups, physical therapy, speech therapy, dental work, or other):

Date	Ailment	Type of Treatment	Medical Provider

MENTAL HEALTH

During the past year, the Conservatee's mental condition has

☐ remained about the same
☐ improved (explain) _____
☐ worsened (explain) _____

During the past year, treatment or evaluation by a mental health therapist, psychologist, or psychiatrist

☐ was provided ☐ was not provided

MEDICATIONS

Name	Purpose of Medication	Name	Purpose of Medication

SOCIAL ACTIVITIES

During the past year, the Conservatee has participated in the following activities:

☐ Outings _____
☐ Television/Radio _____
☐ Social (i.e. FaceTime/Skype/Zoom) _____
☐ Educational _____
☐ Recreational _____
☐ Unwilling to participate _____ ☐ Unable to participate _____
☐ Other (i.e. reading material) Describe _____

Name of current activity program: _____
Address: _____
Phone: _____
Name of Social Worker: _____
Phone: _____
Day and Hours of Attendance: _____

Name of Regional Center (if applicable): _____
Name of Social Worker: _____
Phone: _____

CASE NAME:	CASE NUMBER:

VISITATIONS

During the past year, I visited the Conservatee as follows:

Dates of Visits	Dates of Visits

SPECIAL PROBLEMS

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

COMMENTS

Date: _____

Attorney

Date: _____

Conservator(s)