

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
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> Hall of Justice, Probate Division, 1 <sup>st</sup> Floor 400 County Center Redwood City, CA 94063	
CONSERVATORSHIP OF:  <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> LIMITED	<b>CASE NUMBER:</b>
<b>CONFIDENTIAL GENERAL PLAN</b>	<b>HEARING DATE:</b>

*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?**

dentist                                       social worker                                       hospice care worker  
 podiatrist                                       visiting nurse                                       psychiatrist/counselor  
 physical therapist                               speech therapist                                       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	\$ _____

<b>INSURANCE</b>	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*