

ATTORNEY:

Name _____

Address _____

Phone _____

CONSERVATOR(S):

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN FRANCISCO
400 McALLISTER, ROOM 103
SAN FRANCISCO, CA 94102-4512**

For court use only

CONSERVATORSHIP OF PERSON ESTATE LIMITED CONSERVATORSHIP Case No. _____

Name of Conservatee

**Status Report on Conservatee
Confidential**

(Required of all Conservators of the Person one year after appointment and every two years thereafter.)

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, _____ am the Conservator of the above named Conservatee and my status report is as follows:

Present age of the Conservatee _____ Date of birth _____.

**PERSONAL NEEDS
Living Arrangements**

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
- Hotel 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) _____

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 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 _____
- 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: _____

Days and Hours of Attendance: _____

Name of Regional Center: _____

(If applicable) _____

Name of Social Worker: _____

Phone: _____

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