

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: <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> 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?

CONFIDENTIAL

GENERAL PLAN FOR PERSONAL AND FINANCIAL NEEDS OF CONSERVATEE

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	\$ _____

CONFIDENTIAL

GENERAL PLAN FOR PERSONAL AND FINANCIAL NEEDS OF CONSERVATEE

Estimated Monthly Expenses

TAXES

	Currently Paid?	Next Due Dates	Estimated Monthly Amount
Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____

INSURANCE

	Company	Premium Paid?	Coverage Amount	Estimated Monthly Amount
Homeowners	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Renters	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Automobile	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Workers Comp	_____	<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	\$ _____	\$ _____

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)

CONFIDENTIAL

GENERAL PLAN FOR PERSONAL AND FINANCIAL NEEDS OF CONSERVATEE