

**CONFIDENTIAL**

ATTORNEY OR PARTY WITHOUT ATTORNEY    STATE BAR: NAME: FIRM NAME: STREET ADDRESS: CITY AND ZIP CODE: E-MAIL ADDRESS: ATTORNEY FOR (NAME):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO</b> 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	
<b>STATUS REPORT ON CONSERVATEE</b> <i>(Required of all Conservators of the Person one year after appointment and every two years thereafter)</i>	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:
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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: \_\_\_\_\_

**CONFIDENTIAL**  
STATUS REPORT ON CONSERVATEE

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.

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**COMMENTS**

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Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Conservator(s)