

**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. \_\_\_\_\_

**General Plan for Personal and Financial Needs of Conservatee  
Confidential**

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 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

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 personal residence?

\_\_\_\_\_  
\_\_\_\_\_

If the Conservatee is not living in his/her personal residence:

What is the plan to return the Conservatee to his or her personal residence?

If there are no plans to return the Conservatee to his/her personal residence in the foreseeable future, explain the limitations 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 \_\_\_\_\_
- 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 Pension (Type _____)	\$ _____	Estimated Income from other Sources	\$ _____
Veterans Benefits	\$ _____	Dividends	\$ _____
Supplemental Security Income	\$ _____	Rentals	\$ _____
Estimated Interest from Investment	\$ _____	Other	\$ _____
		<b>TOTAL Estimated Monthly Income</b>	<b>\$ _____</b>

Estimated Monthly Expenses

TAXES		Currently Paid?	Next Due Date	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		\$ _____		<b>TOTAL Estimated Monthly Expenses</b>	<b>\$ _____</b>

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 safety 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: \_\_\_\_\_ Attorney Date: \_\_\_\_\_ Conservator