

MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	FOR COURT USE ONLY
CONSERVATORSHIP OF THE: <input type="checkbox"/> Person <input type="checkbox"/> Estate of: <div style="text-align: right;">Conservatee</div>	
CONSERVATORSHIP - GENERAL PLAN	CASE NUMBER PR

The conservator(s) of the person/estate of _____, hereby submits the conservator's General Plan. I understand this General Plan must be filed with the court within 90 days after I am appointed as conservator and that I should retain a copy for my records.

Conservatee's Information:

Name: _____
 Date of Birth: _____
 Address: _____
 Telephone: _____

Conservatee's Residence:

- | | |
|---|---|
| <input type="checkbox"/> own home/apartment | <input type="checkbox"/> conservator's home/apartment |
| <input type="checkbox"/> skilled nursing home | <input type="checkbox"/> board and care home |
| <input type="checkbox"/> hospital (medical/psychiatric) | <input type="checkbox"/> other: _____ |

How long has the Conservatee been in the present residence? _____

Do you anticipate making any changes in the Conservatee's residence in the next year?

- Yes No If yes, please explain:

Are there any plans to return the Conservatee to his or her personal residence?

- Yes No

Please note that the Court Investigator's Office must be notified of any change of address.

Current Level of Care:

- | | |
|--|---|
| <input type="checkbox"/> requires total care | <input type="checkbox"/> urinary/bowel incontinence |
| <input type="checkbox"/> requires assistance with care | <input type="checkbox"/> has a catheter |
| <input type="checkbox"/> able to do own care | <input type="checkbox"/> uses wheelchair/walker |
| <input type="checkbox"/> has feeding tube | <input type="checkbox"/> ambulatory |

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Other relevant information:

Conservatee's Physical and Medical Condition:

- | | |
|--|--|
| <input type="checkbox"/> in good health | <input type="checkbox"/> has mental illness |
| <input type="checkbox"/> confusion/disorientation | <input type="checkbox"/> substance abuse issues (alcohol, drugs) |
| <input type="checkbox"/> memory loss | <input type="checkbox"/> is developmentally disabled |
| <input type="checkbox"/> in poor health | <input type="checkbox"/> unable to read/write |
| <input type="checkbox"/> had head injury | <input type="checkbox"/> deaf or communication problem |
| <input type="checkbox"/> takes regular medications (describe): | |

Please list health problems:

How often does the Conservatee see a doctor? _____

Doctor's name: _____

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 medications?

- Yes No

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

Did Conservatee express any end of life preferences in a California Advance Healthcare Directive/ Power of Attorney?

- Yes No If yes, what are the expressed wishes ?

CASE NO: PR _____

Are any other health providers involved?

Yes No

visiting nurse

social worker

hospice care worker

dentist

psychiatrist / counselor

physical therapist

podiatrist

other: _____

speech therapist

Personal Caregiver:

If the Conservatee has a personal caregiver, please state:

Is the care provider a family member(s)?

Yes No

If yes, is the family member(s) paid?

Yes No

Is the care provider employed by an agency?

Yes No

If yes, what agency? _____

Is the care provider(s) a private hire?

Yes No

If yes, who prepares the caregivers paychecks or payroll (wages, state & federal taxes, SDI, FICA, etc.)?

Does the conservatee receive IHSS benefits?

Yes No

If yes, how many hours a month? _____

Who is the IHSS social worker? _____

Describe the normal activities of Conservatee:

outings

day program

television

employment

social

unwilling to participate

educational

unable to participate

other (i.e., reading material, etc.):

How often do you expect to visit the Conservatee? _____

Will other family or friends visit the Conservatee? _____

Are visitations from family or friends valued or upsetting? _____

Do you plan to request conservator fees at the end of the first year?

Yes No

If yes, anticipated amount of request? \$ _____

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Conservatee's Estimated Monthly Income (complete even if a conservatorship of the person only):

Social Security/SSI	\$ _____
Veteran's Benefits	\$ _____
Dividends	\$ _____
Rental	\$ _____
Interest	\$ _____
Pension (<i>source</i>) _____	\$ _____
Other (<i>specify</i>) _____	\$ _____
Other (<i>specify</i>) _____	\$ _____
<i>Total Estimated Monthly Income</i>	<u>\$ _____</u>

Describe any planned changes in investments to be made in the next year and the reason for any change.

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.

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Conservatee's Estimated Monthly Expenses (complete even if a conservatorship of the person only):

Living Expenses:

Rent/Mortgage	\$ _____	Medical/Dental	\$ _____
Food	\$ _____	Medications	\$ _____
Utilities	\$ _____	Nursing/Care Home	\$ _____
Clothing	\$ _____	In-Home Care	\$ _____
Transportation	\$ _____		
Entertainment	\$ _____		
Other (<i>specify</i>)	_____		\$ _____
<i>Total Estimated Monthly Expenses</i>			\$ _____

Other Expenses:

TAXES:	Taxes Current?		Estimated Amount
Income Tax	<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	\$ _____

INSURANCE:	Company	Coverage Amount	Estimated Premium
Homeowner	_____	\$ _____	\$ _____
Renters	_____	\$ _____	\$ _____
Automobile	_____	\$ _____	\$ _____
Health	_____	\$ _____	\$ _____
Life	_____	\$ _____	\$ _____
Worker's Comp	_____	\$ _____	\$ _____
Long-Term Care	_____		\$ _____

Long-Term Care Benefits:

Do you expect to sell any of the Conservatee's real or personal property in the next year?

Yes No If yes, please explain:

Does the conservatee own a home in which he/she does not live?

Yes No If yes, is it rented? Yes No Amount of rent? \$ _____

If not rented, explain why: _____

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If the Conservatee's monthly expenses are greater than monthly income, explain how the shortfall will be met:

Does the Conservatee have a trust or is he/she entitled to receive income from a trust?

Yes No

If yes, please provide an attachment with the name of the trust, any court case number for the trust, the name(s) of the trustee(s) and their contact information.

Does the conservatee have a Representative Payee?

Yes No

If yes, name of payee? _____

Does the conservatee receive Medi-Cal benefits?

Yes No

What is the Medi-Cal share of cost? \$ _____

Do you anticipate any unusual activities related to the management of the Conservatee's estate during the next year?

Yes No

If yes, please explain: _____

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? Yes No

The undersigned Conservator will periodically review the *Duties of Conservator* Form GC-348 or consult with an attorney if needed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I have retained a copy of this case plan for my records.

DATE

PRINT NAME

CONSERVATOR'S SIGNATURE

DATE

PRINT NAME

CONSERVATOR'S SIGNATURE