

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address):   TELEPHONE NO: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	Reserved for Clerk's Office Stamp
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO</b> 450 Fourth Street Hollister, CA 95023	
CONSERVATORSHIP OF:  PERSON    ESTATE    LIMITED	<b>CASE NUMBER:</b> _____
<b>CONFIDENTIAL GENERAL PLAN</b>	<b>HEARING DATE:</b> _____

*Superior Court, County of San Benito requires the General Plan to be filed within ninety (90) days of appointment. If a question 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. GENERAL PLAN**

**Current address of conservatee** \_\_\_\_\_  
 \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
 \_\_\_\_\_

**Personal Caregiver:**

If the Conservatee has a personal caregiver, please state:

Is the care provider a family member(s)?    Yes    No.    If so, is the family member(s) paid?    Yes    No  
 Is the care provider(s) employed by an agency?    Yes    No.    If yes, what agency? \_\_\_\_\_  
 Is the care provider(s) a private hire?    Yes    No  
 Who prepares the caregiver's paychecks or payroll? (Wages, state & federal taxes, SDI, FICA, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Describe conservatee's general medical condition:**

generally in good health    generally in poor health    has developmental disability    has head injury    has dementia  
 has mental illness    substance abuse issues (alcohol, drugs)  
 How often does the conservatee see a doctor? \_\_\_\_\_    Name of doctor? \_\_\_\_\_

Any other health providers involved?

dentist                                  social worker                                  hospice care worker  
 podiatrist                                  visiting nurse                                  psychiatrist/counselor  
 physical therapist                          speech therapist                                  other (specify) \_\_\_\_\_

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 medication?    Yes    No. ***If not, contact your attorney or the Court Investigator's Office.***

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 *If not, contact your attorney or the Court Investigator's Office.*

Activities (Describe the normal activities of the conservatee):

School - Name: \_\_\_\_\_

Day Program - Name: \_\_\_\_\_

Employment - Name: \_\_\_\_\_

Conservatee unwilling to participate Conservatee unable to participate

Visitation:

How often do you visit the Conservatee? \_\_\_\_\_

Do family, friends or neighbors also visit? Yes No. If yes, please explain who visits and the frequency of visits: \_\_\_\_\_

Did conservatee express any end-of-life preferences in a California Advance Health Care Directive/Health Care Power of Attorney? Yes No. If yes, what are the expressed wishes? \_\_\_\_\_

II. FINANCIAL PLAN

Does the conservatee have a trust? Yes No If yes, is it a revocable living trust a special needs trust Has it been funded? Yes No Approximate current value: \_\_\_\_\_

Does the conservatee have a Representative Payee? Yes No If yes, Name: \_\_\_\_\_

Does the conservatee receive Medi-Cal benefits? Yes No If conservatee resides out of his/her home, what is the Medi-Cal share of cost? \$ \_\_\_\_\_

Estimated Monthly Income (to be completed by conservators of person or conservators of person and estate)

Social Security/SSI \$ \_\_\_\_\_ Dividend Income \$ \_\_\_\_\_
Pension \$ \_\_\_\_\_ Rental Income \$ \_\_\_\_\_
Veteran's Benefits \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_
Other (specify) \_\_\_\_\_ Distributions from Trust \$ \_\_\_\_\_
Total estimated monthly income \$ \_\_\_\_\_

Estimated Monthly Expenses

LIVING EXPENSES (to be completed by conservators of person or conservators of person and estate)

Rent or Mortgage \$ \_\_\_\_\_ Telephone/Cell \$ \_\_\_\_\_
Nursing/Care Home \$ \_\_\_\_\_ Utilities (PG&E, Water, Garbage, Cable TV, etc.) \$ \_\_\_\_\_
Live-In Attendants \$ \_\_\_\_\_ Food \$ \_\_\_\_\_
Other Care Providers \$ \_\_\_\_\_ Transportation and gasoline \$ \_\_\_\_\_
Medical & Dental \$ \_\_\_\_\_ Laundry & Cleaning \$ \_\_\_\_\_
Medicines \$ \_\_\_\_\_ Medical & Dental Supplies \$ \_\_\_\_\_
Clothing \$ \_\_\_\_\_ Entertainment (subscriptions, recreation, etc.) \$ \_\_\_\_\_
Other: \$ \_\_\_\_\_
Total estimated monthly expenses \$ \_\_\_\_\_

Other Expenses (to be completed by conservators of estate or conservators of person and estate)

TAXES Current? Estimated amount
Income Yes No \$ \_\_\_\_\_
Property Yes No \$ \_\_\_\_\_
Payroll Yes No \$ \_\_\_\_\_

INSURANCE Company Premium Paid Coverage Amount Premium Amount
Homeowners Yes No \$ \_\_\_\_\_
Renters Yes No \$ \_\_\_\_\_
Auto Yes No \$ \_\_\_\_\_
Health Yes No \$ \_\_\_\_\_
Life Yes No \$ \_\_\_\_\_

Other \_\_\_\_\_ Yes No \_\_\_\_\_ \$ \_\_\_\_\_

**III. FINANCIAL MANAGEMENT PLAN**

Estimated annual income \$ \_\_\_\_\_ Estimated market value (FMV) of investments \$ \_\_\_\_\_  
Estimated FMV of real estate \$ \_\_\_\_\_

1. Manner of vesting: Cash accounts Certificates of Deposit Mutual funds Stocks Other?  
Specify \_\_\_\_\_  
Is there a brokerage account? Yes No. If yes, name of brokerage \_\_\_\_\_

2. Estimated annual cost of personal care plan: \_\_\_\_\_  
If the conservatee's monthly expenses are greater than monthly income, explain how the shortfall will be met? \_\_\_\_\_  
\_\_\_\_\_

3. Estimated CONSERVATOR'S FEES for the first year? \$ \_\_\_\_\_ Not Applicable

4. Estimated ATTORNEY FEES for the first year? \$ \_\_\_\_\_ Not Applicable

5. Anticipated Estate Activities, i.e. Sales of Estate Assets, Change of Investment Plan, Purchase of Real Property, Establishment of a Trust, Amendment to an Existing Trust, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there any valuables in the conservatee's residence that need to be protected? No Yes, if so, describe them and specify what steps have been taken to protect these items from theft or loss. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. 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? (Prob. C. §2320 and California Rules of Court 7.207) Yes No (explain) \_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: \_\_\_\_\_ at \_\_\_\_\_, California

By: \_\_\_\_\_, Conservator

\_\_\_\_\_  
*Print Name*