

SUPERIOR COURT INVESTIGATORS SUPERIOR COURT OF SAN JOAQUIN COUNTY	PHONE: (209) 992-5696
In The Conservatorship of:	
REPORT TO THE COURT ON THE STATUS OF CONSERVATEE	CASE NUMBER

I, _____ am the Conservator of the above-named Conservatee and my status report is as follows:

1. Present age of the Conservatee: _____ Conservatee's Date of birth: _____

2. Current Living arrangements of the Conservatee:

- A. Name of care facility/board and care: _____
- B. Current address: _____

- C. Phone number of Conservatee: _____
- D. The Conservatee's residence is

<input type="checkbox"/> own home/apartment	<input type="checkbox"/> Conservator's home/apartment
<input type="checkbox"/> nursing home	<input type="checkbox"/> hospital or medical facility
<input type="checkbox"/> boarding home	<input type="checkbox"/> relative's home (relationship) _____
<input type="checkbox"/> other (specify) _____	
- E. The Conservatee has been in the present residence since (date): _____. If moved within the past year, state reason(s) for change: _____
- F. I rate the Conservatee living arrangement as

<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
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 (Explain) _____
- G. I believe the Conservatee is: content with the living situation unhappy with the living situation
- H. I recommend a more suitable living arrangement for the adult as follows:

3. Physical Health

- A. I believe that the Conservatee's current physical condition is

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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- B. During the past year the Conservatee's physical condition has:

<input type="checkbox"/> remained about the same
<input type="checkbox"/> improved (Explain) _____
<input type="checkbox"/> worsened (Explain) _____
- C. During the past year the Conservatee received the following medical treatment; (Include check-ups and dental):

Date	Ailment	Type of Treatment	Doctor's Name

STATUS REPORT ON CONSERVATEE

CONFIDENTIAL

4. Mental Health

A. I believe the Conservatee's current mental condition is Excellent Good Fair Poor

B. During the past year the Conservatee's mental condition has:

remained about the same.

improved (Explain) _____

worsened (Explain) _____

C. During the past year, treatment or evaluation by a psychologist or social worker:

was provided was not provided _____

D. **IF** conservatee is a client of **Valley Mountain Regional Center** please provide:

(Case Manager Name): _____ (Phone Number): _____

5. Social Activities/Services

A. The conservatee's social condition is Excellent Good Fair Poor

B. During the past year, the Conservatee's social condition has:

remained about the same improved (Explain) _____

C. **IF** conservatee participates in a **day-program** please provide

Name of Program: _____

Address: _____

Phone Number: _____

D. During the past year, the Conservatee has participated in the following activities:

Recreational _____

Educational _____

Social _____

Occupational _____

Other organizations/programs the Conservatee participates in; describe: _____

If the conservatee **does not** attend a day-program, please explain why: _____

6. List of Visits Please check this box if the conservatee lives with the conservator.

A. The last visit to the conservatee was on _____. During the past year, I visited the Conservatee as follows: _____

B. The average amount of time I spent on each visit was: _____

7. I intend to change or I request the court to be able to change the following:

A. The Conservatee's living arrangement (describe); _____

B. The current financial management of estate including the sale of any assets (describe); _____

8. The conservatorship **should be** **should not be** continued because:

9. A. I **am** the Conservator of the Person Only for the Conservatee.

B. I **am** the Conservator of the Person and Estate and my accounting will be filed separately.

(Signature)

Address: _____

Check if new address

(Date)

Phone: _____

Check if new phone #