

SUPERIOR COURT INVESTIGATORS 2826 SUPERIOR COURT OF SAN JOAQUIN COUNTY	PHONE: (209) 468-  FAX: (209) 468-	
In The Conservatorship of:		
<b>REPORT TO THE COURT ON THE STATUS OF CONSERVATEE</b>		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

**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 #