SUPERIOR COURT INVESTIGATORS PHONE: (209) 468-2826 SUPERIOR COURT OF SAN JOAQUIN COUNTY FAX: (209) 468-	
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
   ☐ own home/apartment ☐ Conservator's home/apartment
   ☐ nursing home ☐ hospital or medical facility
   ☐ boarding home ☐ relative's home (relationship) _____
   ☐ 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
   ☐ Excellent ☐ Average ☐ Below average
   (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
   ☐ Excellent ☐ Good ☐ Fair ☐ Poor
   B. During the past year the Conservatee's physical condition has:
   ☐ remained about the same
   ☐ improved (Explain) _____
   ☐ 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 #**