

Attorney or Party without Attorney (name and address) Email address: Attorney for (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE <input type="checkbox"/> Office of the Clerk, 221 S. Mooney Blvd, Room 201, Visalia, CA 93291 <input type="checkbox"/> Office of the Clerk, 300 E. Olive Ave, Porterville, CA 93257	
IN THE MATTER OF THE <input type="checkbox"/> LIMITED CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF: <p style="text-align: center;">CONSERVATEE</p>	
CONFIDENTIAL CONSERVATORSHIP CARE PLAN Per Tulare County Superior Court Local Rule 1013	CASE NUMBER:

NOTICE TO CONSERVATOR/S

You must complete, sign and return to the court on or before (date): _____. **If you are conservator of the estate only, you must complete at least items 1,2, & 6-9. All other Conservators must complete the entire form. Print legibly or type.**

Failure to complete, sign and return this form will result in further court action, possibly including your removal as conservator. A conservator who willfully submits any material information required by this form that he or she knows to be false is guilty of a misdemeanor.

An "Attachment" is one or more separate sheets of paper attached to this form. You may use any letter-sized paper for this purpose, including copies of Judicial Council form MC-025, Attachment, available from the court or located in .pdf format on the Judicial Council website, www.courts.ca.gov. Label each attachment with the items or question number you are answering.

Before completing your Care Plan, please carefully read and review the 2016 Revised Edition of the Handbook for Conservators which you may obtain by downloading the handbook at: <http://www.courts.ca.gov/documents/handbook.pdf>.

If you are conservator of the estate, you must file regular accountings with the court in addition to this care plan.

- 1) **Conservator** (Continue on Attachment 1 if necessary. If there is more than one conservator, each must provide the information requested in items 1a-f, and each must sign this form):
- a) Conservator's primary language: English Spanish Other:
 - b) (Full Name):
 - c) Present address (street address, including apartment number, **city state and zip code of each conservator**):

 - d) **Telephone of each conservator** (home): _____ (work): _____ (cell): _____
 (Please circle the best number to reach you during court hours).
 - e) Does the Conservatee reside with you?
 No Yes
 - f) If the conservatee does not reside with you, how often do you visit?
 Daily Weekly Monthly Other:

 How often do you have contact with facility staff?
 Daily Weekly Monthly Other:
 - g) Is this Care Plan a short or long term plan?
 If a short term plan, what is the long term plan?
 - h) Do you have any significant health problems that would interfere with your ability to continue as conservator in the next two years?
 No Yes (If your answer is "yes", please explain in Attachment 1d)
 - i) Since your appointment or your last report, have you been arrested for, charged with, or convicted of (1) any felony or misdemeanor; or (2) any other offense involving alcohol, illegal drugs, sexual misconduct or financial affairs?
 No Yes (If your answer is "yes", please explain in Attachment 1e. You need not report minor traffic offenses that do not involve alcohol or illegal drugs.)
 - j) Are you a court-appointed guardian or conservator for any other child or adult under a different case number or court? No Yes (If your answer is "yes", please identify in Attachment 1f each other child or adult by name, court and case number.)
- 2) **Personal Information of Conservatee** (continue on Attachment 2 if necessary):

- a) Conservatee's primary language: English Spanish Other:
 - i) If the conservatee's primary language is not English, who will interpret for the Conservatee, and how will conversation be provided to the Conservatee in his/her native language?
- b) (Full Name):
- c) (Birthdate): (Age):
- d) Present address if different from above (street address, including apartment number, city state and zip code of the conservatee):

- e) Telephone (home): (work): (cell):
- f) Type of Facility:
 - private home board and care assisted living skilled nursing State Developmental Hospital
 - Other:
- g) Name of Facility:
- h) Contact Person at the Facility: Contact Number at the Facility:

3) **Current Level of Care** (continue on Attachment 3 if necessary):

- a) requires total care requires assistance with care able to do own care ambulatory uses a walker/wheelchair has a catheter has feeding tube urinary/bowel incontinence Other:
- b) If residing in a facility or group home, attach a copy of the facility's care plan.
- c) Do you plan to make any changes to the Conservatee's residence in the next two years?
 - No Yes ; If yes, explain:
- d) What is the plan to return the conservatee to his/her person residence if not now living at home? Why not?

4) **Conservatee's Physical and Emotional Health** (continue on Attachment 4 if necessary):

- a) Please describe the Conservatee's health, general well-being, and level of functioning:
- b) Please provide a brief description of the Conservatee's adjustment, progress, and the reason(s) the conservatorship should continue:
- c) Please describe your feelings about the care and treatment the conservatee is receiving:
- d) Please Provide the names of the medical professionals providing services to the conservatee:
 - i) Doctor(s):
 - ii) Dentist:
 - iii) Optician/Ophthalmologist:
 - iv) Audiologist:
 - v) Psychiatrist/Social Worker/therapist/Case Worker:

