

8. Current health status/functional level: stable declined improved

Primary Diagnosis: _____

Comments: _____

9. Hospitalizations during the review period? Yes No If yes, list dates and reasons for hospitalizations:

10. **DAY PROGRAM** - If the conservatee attends a day program such as a vocational program, sheltered work program, adult day health program or any other day program, please complete the following information:

Program Name: _____

Address: _____

Phone: _____ Contact person: _____

Days attended: _____ Hours: _____

Program services and activities: _____

For a Conservatorship of the Estate, an accounting is required unless waived by the Court pursuant to Section 2628 of the Probate Code. If waived, a **Declaration in Support of Waiver of Accounting (Local Form Number PR-24)** must be filed each review period.

If an accounting is being filed, complete the following information: (Use additional sheets of paper if necessary.)

Total current fair market value (FMV) of estate: _____

Total average monthly income: _____

Total average monthly expenses: _____

1) Explain any “internal accounting adjustments” not otherwise delineated in the accounting:

2) Describe any unusual receipts or disbursements, sales, purchases or changes in the form of assets not otherwise delineated in the accounting. Address any unusual compensation paid to third parties, especially if they are relatives of the conservatee or the conservator. (*For example, if the monthly phone bill averages \$50.00, explain a phone bill of \$250.00; or, if a rental property earns gross monthly rent of \$2,500.00, explain why the listed net rent is \$2,275.00.*) **Use additional sheets, if necessary.**

13. **Current Issues:** Conservator’s personal observations and compliance with Court orders and recommendations; also include information regarding any criminal matters or civil litigation involving the conservatee or conservator.

14. The conservator has a recent photograph of the conservatee taken and preserved by the conservator on an annual basis for the purpose of identifying the conservatee if he or she becomes missing.

Yes; Date of photograph: _____

15. Name of person completing this document: _____

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

Executed on _____ at _____
Date Location

Conservator Signature: _____

Print Name: _____

I am a co-conservator in this matter and I have read the Confidential Status Report of Conservatee and know the contents thereof. The report is true of my own knowledge and understanding.

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

Executed on _____ at _____
Date Location

Conservator Signature: _____

Print Name: _____

Please mail a completed form and one additional copy, at least thirty (30) days prior to the review hearing date, to:

**Superior Court, County of San Mateo
Probate Clerk's Office
400 County Center, 1st Floor
Redwood City, CA 94063-1655**