

SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF SAN MATEO

PROBATE COURT INVESTIGATIONS 400 County Center, 8th Floor, SMC-127 PI Redwood City, CA 94063

CONFIDENTIAL STATUS REPORT

Status Report of Conservatee Pursuant to Local Court Rule 4.81.18

NOTE: If there is more than one conservator, only one Status Report must be completed. Each co-conservator must sign the Status Report or attach a separate signature page that, when signed indicates agreement to the contents of the Confidential Status Report. The Confidential Status Report is also available online at www.sanmateo.courts.ca.gov.

Please type or print legibly when completing this document.

Case Number:	Date of Birth:	Age:
Name of Facility	(if applicable):	
Facility or Home	Address:Street	
	Street	
	City	Zip
Phone:	Facility Contact:	
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I WIND OF RECIDENCE		
What is date of p	(Nursing Home, Residential Care, Assisted placement? Describe facility services and meanting placement?	
What is date of p		
What is date of p	placement? Describe facility services and med	
What is date of p	placement? Describe facility services and med	
What is date of p	placement? Describe facility services and med	
What is date of pDo you plan to co	placement? Describe facility services and med	dical monitoring of conse
What is date of pDo you plan to co	placement? Describe facility services and medontinue placement or change placement?	dical monitoring of conse
What is date of pDo you plan to co	placement? Describe facility services and medontinue placement or change placement?	dical monitoring of conse

Primary Diagnosis:		
Comments:		
Hospitalizations during	the review period? Yes No If yes, list dates and re-	95O1
hospitalizations:	the review period. Tes Two II yes, list dates and re-	u301
,		
DAY DOCDAR IS		
	The conservatee attends a day program such as a vocational, adult day health program or any other day program, please com	
following information:		1
Program Name:		
Address:		
Address:Phone:	Contact person:	
Address: Phone: Days attended:	Contact person:Hours:	
Address: Phone: Days attended:	Contact person:	
Address: Phone: Days attended:	Contact person:Hours:	

Date:	Date:	Date:
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FINANCIAL I CONSERVATOR Does the conservat If yes, Trustee: Does the conservat If yes, Trustee:	Date:	Date:
FINANCIAL I CONSERVATOR Does the conservat If yes, Trustee: Does the conservat If yes, Trustee: Does the conservat If yes, Trustee:	Date:	Date:
FINANCIAL I CONSERVATOR Does the conservat If yes, Trustee: Does the conservat If yes, Trustee: Does the conservat If yes, what is the s	Date:	Date:
FINANCIAL I CONSERVATOR Does the conservat If yes, Trustee: Does the conservat If yes, Trustee: Does the conservat If yes, what is the s Total average mont	Date:	Date:
FINANCIAL I CONSERVATOR Does the conservat If yes, Trustee: Does the conservat If yes, Trustee: Total average mont Average monthly e	Date:	Date: Date: Date: Date: UST BE COMPLETED FOR No Current Market Value: t? Yes No Current Market Value: Yes No Yourplemental Security Income (SSI)/Trust/Oth

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. 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.

13.

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