

COURT INVESTIGATOR'S OFFICE  
BERKELEY COURTHOUSE  
2120 MARTIN LUTHER KING, JR. WAY  
BERKELEY, CA 94704

**SUPERIOR COURT - ALAMEDA COUNTY**

**STATUS REPORT ON CONSERVATEE  
(Local Court Rule 7.870)**

In the Matter of the Conservatorship of:    )  
  )  
  )  
\_\_\_\_\_, Conservatee                            )

PROBATE NUMBER:  
  
HEARING DATE:

**THIS IS A CONFIDENTIAL REPORT**

CONFIDENTIAL STATUS REPORT

Name of Conservatee: \_\_\_\_\_ Probate No.: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Phone: \_\_\_\_\_

Please provide the following information about the conservatee.

1. Current Health Status -  
a) Doctor's Name: \_\_\_\_\_ Date of last appointment: \_\_\_\_\_  
b) Describe conservatee's current health status, including diagnoses. \_\_\_\_\_

c) Describe any significant health changes since the last review. \_\_\_\_\_

2. Current Function Level -  
a) Describe conservatee's ability to care for self \_\_\_\_\_

b) Describe conservatee's communication/understanding level \_\_\_\_\_

c) Describe any significant changes in the conservatee's ability to care for self or communicate/understand since the last review.

3. Current General Well Being -  
a) Describe the current living situation (own home/board & care/skilled nursing/etc.) \_\_\_\_\_

b) If the conservatee lives at home, does he/she receive IHSS benefits? \_\_\_\_\_

If, yes, name of care provider \_\_\_\_\_ Phone \_\_\_\_\_

Name of social worker at IHSS \_\_\_\_\_ Phone \_\_\_\_\_

c) Describe any plans to change the living situation \_\_\_\_\_

d) Date of last visit by conservator \_\_\_\_\_

Frequency of visits by conservator \_\_\_\_\_

Does the conservatee have other visitors? \_\_\_\_\_

4. Current estate situation -  
a) Present market value \_\_\_\_\_

b) Adequate to meet needs of the conservatee \_\_\_\_\_

Explain \_\_\_\_\_

c) If you plan to make significant changes in the way the estate is being handled, please describe them. (e.g., a reverse annuity mortgage in order to keep the conservatee in own home).

5. Name and phone no. of Day Program, if applicable \_\_\_\_\_

6. Conservator's comments - Please indicate any unusual problems/successes you wish the court to be aware of that occurred since the last review. \_\_\_\_\_

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

Date signed: \_\_\_\_\_

Conservator's Signature

Mailing Address

City, State, Zip Code

Telephone Number/Email address

\*Attach additional pages if necessary.