



MEMORANDUM

DATE	March 9, 2022
TO	Professional Fiduciaries Bureau – Advisory Committee
FROM	Gregory Pruden, Legislative Manager Division of Legislative Affairs Department of Consumer Affairs
SUBJECT	SB 602 and GC-355

Overview

The Professional Fiduciaries Bureau and the Division of Legislative Affairs were asked to explain the difference between SB 602 (Laird) Review of conservatorships: care plans and the GC-355, a form created by the Judicial Council of California.

Background

In 2006, then-Chief Justice Ron George appointed a Probate Conservatorship Task Force to evaluate the court's role in the conservatorship system and to make recommendations for reform, if necessary. Among the Task Force's recommendations were the creation of a requirement for the submission of a care plan by the conservator of the person and/or estate that includes an estimate of the conservator's fees for the first year, which can enable courts to discern whether fees billed exceed that amount. The Task Force also recommended requiring follow-up reports, which may be reviewed by examiners or investigators to make a recommendation as to whether the judicial officer should set a hearing to review the plan. Additionally, it was recommended that the plan, along with the inventory and appraisal, be filed and served within 90 days on all persons required to be listed in the original petition or an order to show cause will automatically issue. Finally, the Task Force recommended adopting a uniform, mandatory Judicial Council form for the submission of the care plan and combining existing level-of-care evaluations with the care plan in one form. The Task Force argued a care plan would give court information on what to expect and a baseline of data to compare against

subsequent experience in each case.¹ These reforms were never codified.

Current Law:

Requires a conservator to submit an inventory and appraisal of the conservatee's assets within 90 days of appointment. Existing law also required, by January 1, 2008, the Judicial Council to develop a form for conservator's to use for the inventory and appraisal requirement. (Probate code § 2610.)

In practice, the Judicial Council has implemented this requirement with the creation of the GC-355. According to the Judicial Council, a conservator's determination must include an evaluation of the level of care that existed when the petition for the appointment as conservator was filed and the steps that would be necessary to keep the conservatee in his or her personal residence. The conservator must reevaluate the conservatee's placement and level of care whenever a significant change occurs in the circumstances affecting the conservatee's needs for placement and care. These reevaluations are not required to be filed with the court, and there is no court form for them, but conservator's may decide to file a reevaluation as part of a report filed with an accounting if they or someone else was appointed as conservator of the estate. In addition to the level-of-care determination, some courts require a care plan, often on local forms adopted by the court. If a local court requires a care plan, conservator's must comply with the requirement in addition to filing the GC-355.²

SB 602: Proposed Law

SB 602 requires a conservator, within 30 days of appointment or 30 days before a hearing to determine the continuation or termination of an existing conservatorship, to submit a care plan for the care, custody, and control of the conservatee using a form developed by the Judicial Council. The plan must be provided to specified parties and family members. Failure to timely submit the care plan may result in a civil penalty, administrative discipline, and removal from the conservatorship.

The form must include a description of:

- a) The current living arrangement for the conservatee and any plans to modify this arrangement within the next 12 months;
- b) The conservatee's current level of care and any plans to modify this level of care within the next 12 months;
- c) The conservatee's health status, including medications and medical devices the conservatee needs, as well as their health care providers;
- d) The conservator's schedule of visitation with the conservatee and actions to ensure the conservatee is able to exercise their rights to visitation and communications;

¹ Senate Judiciary Committee analysis from April 9, 2021.

² Judicial Council of California, Handbook for Conservators, Revised 2016. <https://capagpc.org/wp-content/uploads/2017/03/HandbookforConservators2016Revised.pdf>

- e) The conservatee's normal activities;
- f) Any problems raised by the court investigator, the court, or by any interested person, and how these problems were or are being addressed.
- g) The conservatee's financial needs, including the conservatee's monthly income and expenses;
- h) Assets that may be sold within the next 12 months and the reasons for the sale; and
- i) Any valuable assets in the conservatee's residence that need to be protected and what steps the conservator has taken or intends to take to protect those items from loss or theft.

The information required by SB 602 appears to go beyond what is currently required in the GC-355. Additionally, the bill includes "shall include, but not be limited to" language, which may allow the Judicial Council to require more information on the form than what is prescribed by the bill.

SB 602 does not appear to repeal the form requirement that exists in current law, located in Probate Code section 2610, which established the GC-355. It is unclear if the form required by SB 602 would replace the currently used GC-355 or if both would be required.

County Courts May Have Local Plans Currently in Place

Some county courts have issued local plans which require more detailed information than the existing GC-355 and may require more detailed information than the care plan proposed by SB 602. It is unclear whether the form required by SB 602 would replace these local plans. Marin County, for example, requires a Conservatorship General Plan to be submitted within 90 days of the conservator's appointment. For example, the General Plan requires detailed information about the conservatee's medical condition, financial affairs, including monthly sources of income and monthly expenses, and the frequency of visits the conservator will make. Some of this information, such as the conservator's schedule of visitation, would be required by SB 602, but other items in Marin County's General Plan, may not. For example, Marin County requires information about items held in any safety deposit boxes and information about whether the conservatee receives IHSS or Medi-Cal benefits. For county courts which require local plans, it is unclear if conservators in those counties would need to submit three forms: the GC-355, the local plan, and the new SB 602 plan.

Other Differences Between SB 602 and GC-355

SB 602 subjects a conservator who fails to timely submit a care plan to a civil penalty of up to \$5,000 unless the court finds good cause not to impose the penalty. The bill also provides that a failure to timely submit is a basis to remove the conservator. If the conservator is a professional fiduciary, they may additionally be subject to an administrative penalty, a suspension or revocation of the conservator's license.

The GC-355 is required to be filed under penalty of perjury, but the law does not appear to allow for any civil penalty, as SB 602 would provide. Local plans are also filed under penalty of perjury.

Chart of Changes

	SB 602	GC-355	Local Plans
Days to provide to court	30 calendar days	60 days	Varies. 60 days for Los Angeles. 90 days for Marin.
Subsequent Reports	Yes.	Not required and no form exists.	Unclear.
Trigger	Appointment and before a hearing.	Appointment	Appointment
Penalty	Yes. Up to \$5,000. Possible administrative sanction or license revocation or suspension.	Form is filed under penalty of perjury.	Forms are filed under penalty of perjury.
Information Required	A care plan for the care, custody, and control of the conservatee. Detailed information about health and medications, finances and expenses, schedule of visitation.	Inventory and appraisal of the estate. Determination of level of care and care necessary to keep conservatee in their home.	Varies. Some counties with local plans require detailed information significantly beyond the GC-355. Some counties appear to require more detailed information than proposed by SB 602.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE PERSON <input type="checkbox"/> AND ESTATE OF (<i>Name</i>): _____ CONSERVATEE	
DETERMINATION OF CONSERVATEE'S APPROPRIATE LEVEL OF CARE	CASE NUMBER: _____

Notice to Conservator of the Person

You must prepare a written determination of the conservatee's appropriate level of care, sign it under penalty of perjury, and file it with the court within 60 days of the date of the court's order appointing you as conservator. You must use this form for that purpose. Your determination must include an evaluation of the conservatee's level of care on the date the conservatorship proceeding was started (the date the petition for the appointment of a conservator was filed with the court or, if more than one petition was filed, the date the first petition was filed), and the measures that would be necessary to keep the conservatee in his or her **personal residence**. If the conservatee was not living in that residence on the date the proceeding was started, your determination must include either a plan to return the conservatee to that residence or an explanation of the reasons why the conservatee cannot return to that residence in the foreseeable future. **This determination is in addition to, not a replacement for, any written care or placement plan the court may require. Check the court's local rules to see if a care or placement plan must also be filed.**

The conservatee's **personal residence** is the residence he or she understood or believed, or appeared to understand or believe, was his or her permanent residence on the date the conservatorship proceeding was started, whether or not he or she was living there on that date. If the conservatee could not then form or communicate an understanding or belief about his or her permanent residence, the conservatee's personal residence is the residence he or she last previously understood or appeared to understand was his or her permanent residence. (See Cal. Rules of Court, rule 7.1063.)

(*Name*): _____, declares as follows:

1. I am conservator of the person of the above-named conservatee. I am determining the conservatee's appropriate level of care as of (*date*): _____, the date of the order appointing me as conservator.
2. a. On the date stated in item 1, the conservatee was living at the following residence or facility (*address and name of facility, if any*):

Telephone: _____

- b. The conservatee has been living in the above residence or facility since (*date*): _____.

CONSERVATORSHIP OF _____ (Name):	CASE NUMBER:
CONSERVATEE	

2. c. The residence or facility identified in item 2a is described as follows (*select all that apply*):

- Conservatee's single family home, condominium, or apartment
 Relative's or friend's single family home, condominium, or apartment
 Acute care hospital Acute psychiatric hospital Intermediate-care facility Skilled nursing facility
 Licensed residential care facility Assisted living facility (7 or more beds)
 Board and care home (6 or fewer beds) Continuing-care retirement community Secured perimeter
 Congregate living health facility—terminal or life-threatening illness type (hospice)
 Other (*describe*):

3. a. The conservatee's care requirements as of the date given in item 1 are as follows (*select all that apply; you may provide additional information concerning any items selected below under "other assistance required"*):

- No assistance is needed at this time. Light housekeeping help required, _____ hours per week.
 Personal caregivers required, _____ hours per week: 24-hour care Part-time, _____ hours per day.
 Assistance with daily living skills, _____ hours per week.
 Nursing care required, _____ hours per week. Meal preparation assistance required, _____ hours per week.
 Assistance with medication required, _____ hours per week: Dispensing Set-up only
 Assistance with ambulation: Maximum Standby In-home hospice services.
 Other assistance required, _____ hours per week (*describe*):

Continued on Attachment 3a.

- b. A professional assessment of the conservatee's care needs has been made. A copy of the assessment, including a statement of the professional's qualifications, is provided on Attachment 3b. (*A professional assessment of the conservatee's care needs is not required, but is recommended if the conservatee's circumstances and condition warrant it and the conservatee can afford the expense. Include any written assessment performed by a professional fiduciary proposed for appointment or appointed as conservator.*)

CONSERVATORSHIP OF _____ (Name):	CASE NUMBER:
CONSERVATEE	

4. (Complete item 4a if the residence identified in item 2 is the conservatee's personal residence as defined in Cal. Rules of Court, rule 7.1063. Complete item 4b if the residence identified in item 2 is not the conservatee's personal residence.)

a. **Conservatee living in personal residence**

The residence or facility described in item 2 is the conservatee's **personal residence** within the meaning of Cal. Rules of Court, rule 7.1063. The following measures are necessary to keep the conservatee in that residence:

Continued on Attachment 4a.

b. **Conservatee not living in personal residence**

The residence or facility described in item 2 **is not** the conservatee's **personal residence** within the meaning of Cal. Rules of Court, rule 7.1063. The conservatee's **personal residence** is (address and name of facility, if any):

(Complete either item 4b(1) below or item 4b(2) on page 4. Complete item 4b(1) if you believe the conservatee can be returned to his or her personal residence in the foreseeable future. Complete item 4b(2) if you believe the conservatee cannot be returned to his or her personal residence in the foreseeable future.)

(1) The conservator's plan to restore the conservatee to his or her **personal residence** is as follows:

Continued on Attachment 4b(1).

CONSERVATORSHIP OF _____ (Name): CONSERVATEE	CASE NUMBER:
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4. b. (2) The limitations or restrictions on the conservatee's return to his or her **personal residence** in the foreseeable future are as follows:

Continued on Attachment 4b(2).

5. Number of pages attached: _____

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

Date:

 (TYPE OR PRINT NAME OF CONSERVATOR OF THE PERSON)

 _____
 (SIGNATURE OF CONSERVATOR OF THE PERSON)

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	<i>Reserved for Clerk's File Stamp</i>
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
Name of Court: Branch Name: Street Address: City and Zip Code:		
In the Matter of:		
CONSERVATORSHIP CARE PLAN		CASE NUMBER:

_____, the conservator of the person/estate of _____ hereby submits the conservator's General Plan in compliance with local court rules.

1. Conservatee's current residence address:*

- a. Type of facility (i.e. home, skilled nursing, hospital, etc.) _____
- b. How long has the conservatee been in the present residence? _____
- c. Do you anticipate making any changes in the conservatee's residence in the next year? _____ No _____ Yes (explain) _____
- d. What is the plan to return the conservatee to his/her personal residence if not now living at home? _____
- e. If there are no plans to return the conservatee to his/her personal residence in the foreseeable future, explain the limitations or restrictions for not doing so?

2. Current level of care (mark all that apply):

- | | |
|-------------------------------------|----------------------------------|
| _____ requires total care | _____ has feeding tube |
| _____ requires assistance with care | _____ has a catheter |
| _____ able to do own care | _____ uses wheelchair/walker |
| _____ ambulatory | _____ urinary/bowel incontinence |
- Other relevant information _____

If residing in a facility or group home, attach copy of the facility's care plan:

If client of a regional center, identify regional center and social worker and telephone number: _____

***Please note that the Probate Investigator's Office must be notified of any change of address by using the Notification to Court of Address form number PRO 003.**

CONSERVATORSHIP OF (Name): _____ <div style="text-align: right; margin-top: 10px;">CONSERVATEE</div>	CASE NUMBER: _____
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3. Conservatee's physical and medical condition: _____

a. Please list health problems: _____

b. Are any other health providers involved? _____ No _____ Yes

_____ visiting nurse _____ podiatrist _____ counselor _____ speech therapist	_____ social worker _____ dentist _____ physical therapist _____ other (specify) _____
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c. Medications: _____

d. Activities conservatee is involved in? _____

4. How often do you expect to visit the conservatee? _____. **Does the family visit?** _____.

5. Are there plans to give the conservator a rest?

_____ respite care _____ adult day care _____ other care takers
 _____ In Home Supportive Services (IHSS)

Names & relationships of relief caregivers: _____

6. Conservatee's Estimated Monthly Income (complete even if a conservatorship of the person only): _____

7. Conservatee's Estimated Monthly Expenses (complete even if a conservatorship of the person only): _____

a. LIVING EXPENSES

Rent/Mortgage	\$ _____	Utilities	\$ _____
Nursing/Care Home	\$ _____	In-Home Care	\$ _____
Food	\$ _____	Clothing	\$ _____
Medical/Dental	\$ _____	Medications	\$ _____
Transportation	\$ _____	Entertainment	\$ _____
		Other (specify)	\$ _____

Total Estimated Monthly Expenses: \$ _____

CONSERVATORSHIP OF (Name): _____ <div style="text-align: right; margin-top: 10px;">CONSERVATEE</div>	CASE NUMBER:
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b. OTHER EXPENSES

TAXES	Current	Estimated Amount
Income Tax	\$ _____	\$ _____
Property	\$ _____	\$ _____
Payroll	\$ _____	\$ _____

c. INSURANCE

	Coverage Amount	Estimated Premiums
Homeowner	\$ _____	\$ _____
Renters	\$ _____	\$ _____
Automobile	\$ _____	\$ _____
Worker's Comp	\$ _____	\$ _____
Health	\$ _____	\$ _____
Life	\$ _____	\$ _____

8. What are the contents of any safety deposit boxes? _____

9. Does the conservatee receive Medi-Cal benefits?
 _____ No _____ Yes \$ _____ share of cost

10. Do you expect to sell any of the conservatee's real or personal property in the next year? _____ No _____ Yes

If yes, what will be sold and explain reasons: _____

11. Does the conservatee own a home in which s/he does not live?
 If so, is it rented? _____ Amount of rent: \$ _____
 If not rented, explain why: _____

12. If the Conservatee's monthly expenses are greater than his/her income explain how the shortfall will be met: _____

13. Does the conservatee have a trust or is s/he a beneficiary of a trust and entitled to receive income from the trust? If so, please provide an attachment with the name of the trust, the name(s) of the trustee(s) and their contact information, and if applicable court case number for the trust: _____

CONSERVATORSHIP OF (Name): —	CASE NUMBER
CONSERVATEE	

14. Do you anticipate any unusual activities related to the management of the conservatee's estate during the next year?

_____ No _____ Yes (explain) _____

15. Are there any special problems or needs raised by the Court Investigation, the Court, or others interested? If yes, how have you addressed them? _____

The undersigned conservator will:

- a. Inventory all assets in which the conservatee has any interest.
- b. Submit accurate, complete, and timely accountings.
- c. Carry out all mandatory usual and general duties of a conservator.
- d. Maintain periodic contact with the conservatee's physician and other health care providers, if appointed conservator of the person.
- e. Maintain periodic contact with the conservatee's family and friends, if applicable.
- f. Be available to the conservatee on a 24 hour basis for emergencies, or arrange for such coverage by a qualified agent.
- g. Maintain accurate records related to the estate.
- h. Maintain all estate assets in a separate identifiable manner.
- i. Maintain estate cash assets in interest-bearing accounts, except as necessary for every day administration.
- j. Maintain an adequate surety bond as required by law.
- k. Update care plan as needed.
- l. Refer to the "Conservator's Handbook."

File stamp the original Conservatorship Care Plan with the court and mail a copy to the Probate Investigations Office at: 111 N. Hill Street, Room 208, Los Angeles, CA 90012.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I have retained a copy of this case plan for my record.

Dated: _____

Signature of Conservator

Type or Print Name

MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	FOR COURT USE ONLY
CONSERVATORSHIP OF THE: <input type="checkbox"/> Person <input type="checkbox"/> Estate of: <div style="text-align: right;">Conservatee</div>	
CONSERVATORSHIP - GENERAL PLAN	CASE NUMBER PR

The conservator(s) of the person/estate of _____, hereby submits the conservator's General Plan. I understand this General Plan must be filed with the court within 90 days after I am appointed as conservator and that I should retain a copy for my records.

Conservatee's Information:

Name: _____
 Date of Birth: _____
 Address: _____

 Telephone: _____

Conservatee's Residence:

- | | |
|---|---|
| <input type="checkbox"/> own home/apartment | <input type="checkbox"/> conservator's home/apartment |
| <input type="checkbox"/> skilled nursing home | <input type="checkbox"/> board and care home |
| <input type="checkbox"/> hospital (medical/psychiatric) | <input type="checkbox"/> other: _____ |

How long has the Conservatee been in the present residence? _____

Do you anticipate making any changes in the Conservatee's residence in the next year?

- Yes No If yes, please explain:

Are there any plans to return the Conservatee to his or her personal residence?

- Yes No

Please note that the Court Investigator's Office must be notified of any change of address.

Current Level of Care:

- | | |
|--|---|
| <input type="checkbox"/> requires total care | <input type="checkbox"/> urinary/bowel incontinence |
| <input type="checkbox"/> requires assistance with care | <input type="checkbox"/> has a catheter |
| <input type="checkbox"/> able to do own care | <input type="checkbox"/> uses wheelchair/walker |
| <input type="checkbox"/> has feeding tube | <input type="checkbox"/> ambulatory |

CASE NO: PR _____

Other relevant information:

Conservatee's Physical and Medical Condition:

- | | |
|--|--|
| <input type="checkbox"/> in good health | <input type="checkbox"/> has mental illness |
| <input type="checkbox"/> confusion/disorientation | <input type="checkbox"/> substance abuse issues (alcohol, drugs) |
| <input type="checkbox"/> memory loss | <input type="checkbox"/> is developmentally disabled |
| <input type="checkbox"/> in poor health | <input type="checkbox"/> unable to read/write |
| <input type="checkbox"/> had head injury | <input type="checkbox"/> deaf or communication problem |
| <input type="checkbox"/> takes regular medications (describe): | |

Please list health problems:

How often does the Conservatee see a doctor? _____

Doctor's name: _____

Is the Conservatee being administered psychotropic medications for the treatment of dementia?

- Yes No

If yes, has the Court granted the Conservator "special dementia powers" as to medications?

- Yes No

Is the Conservatee placed in a secured perimeter or locked facility with no freedom of egress?

- Yes No

If yes, has the Court granted the Conservator "special dementia powers" as to placement?

- Yes No

Did Conservatee express any end of life preferences in a California Advance Healthcare Directive/ Power of Attorney?

- Yes No If yes, what are the expressed wishes ?

CASE NO: PR _____

Are any other health providers involved?

Yes No

visiting nurse

social worker

hospice care worker

dentist

psychiatrist / counselor

physical therapist

podiatrist

other: _____

speech therapist

Personal Caregiver:

If the Conservatee has a personal caregiver, please state:

Is the care provider a family member(s)?

Yes No

If yes, is the family member(s) paid?

Yes No

Is the care provider employed by an agency?

Yes No

If yes, what agency? _____

Is the care provider(s) a private hire?

Yes No

If yes, who prepares the caregivers paychecks or payroll (wages, state & federal taxes, SDI, FICA, etc.)?

Does the conservatee receive IHSS benefits?

Yes No

If yes, how many hours a month? _____

Who is the IHSS social worker? _____

Describe the normal activities of Conservatee:

outings

day program

television

employment

social

unwilling to participate

educational

unable to participate

other (i.e., reading material, etc.):

How often do you expect to visit the Conservatee? _____

Will other family or friends visit the Conservatee? _____

Are visitations from family or friends valued or upsetting? _____

Do you plan to request conservator fees at the end of the first year?

Yes No

If yes, anticipated amount of request? \$ _____

CASE NO: PR _____

Conservatee's Estimated Monthly Income (complete even if a conservatorship of the person only):

Social Security/SSI	\$ _____
Veteran's Benefits	\$ _____
Dividends	\$ _____
Rental	\$ _____
Interest	\$ _____
Pension (<i>source</i>) _____	\$ _____
Other (<i>specify</i>) _____	\$ _____
Other (<i>specify</i>) _____	\$ _____
<i>Total Estimated Monthly Income</i>	<u>\$ _____</u>

Describe any planned changes in investments to be made in the next year and the reason for any change.

Identify any major asset that may be sold in the coming year and explain the reason for such sale.

Identify the contents of any safety deposit box.

Are there any valuable assets in the conservatee's residence that need to be protected? If so, describe them and specify what steps have been taken to protect these items from loss or theft.

CASE NO: PR _____

Conservatee's Estimated Monthly Expenses (complete even if a conservatorship of the person only):

Living Expenses:

Rent/Mortgage	\$ _____	Medical/Dental	\$ _____
Food	\$ _____	Medications	\$ _____
Utilities	\$ _____	Nursing/Care Home	\$ _____
Clothing	\$ _____	In-Home Care	\$ _____
Transportation	\$ _____		
Entertainment	\$ _____		
Other (<i>specify</i>)	_____		\$ _____
<i>Total Estimated Monthly Expenses</i>			\$ _____

Other Expenses:

TAXES:	Taxes Current?		Estimated Amount
Income Tax	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Payroll	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

INSURANCE:	Company	Coverage Amount	Estimated Premium
Homeowner	_____	\$ _____	\$ _____
Renters	_____	\$ _____	\$ _____
Automobile	_____	\$ _____	\$ _____
Health	_____	\$ _____	\$ _____
Life	_____	\$ _____	\$ _____
Worker's Comp	_____	\$ _____	\$ _____
Long-Term Care	_____		\$ _____

Long-Term Care Benefits:

Do you expect to sell any of the Conservatee's real or personal property in the next year?

Yes No If yes, please explain:

Does the conservatee own a home in which he/she does not live?

Yes No If yes, is it rented? Yes No Amount of rent? \$ _____

If not rented, explain why: _____

CASE NO: PR _____

If the Conservatee's monthly expenses are greater than monthly income, explain how the shortfall will be met:

Does the Conservatee have a trust or is he/she entitled to receive income from a trust?

Yes No

If yes, please provide an attachment with the name of the trust, any court case number for the trust, the name(s) of the trustee(s) and their contact information.

Does the conservatee have a Representative Payee?

Yes No

If yes, name of payee? _____

Does the conservatee receive Medi-Cal benefits?

Yes No

What is the Medi-Cal share of cost? \$ _____

Do you anticipate any unusual activities related to the management of the Conservatee's estate during the next year?

Yes No

If yes, please explain: _____

What is the surety bond amount? \$ _____ Does the bond meet the requirements for cost of recovery to collect on the bond, including attorney's fees and costs? Yes No

The undersigned Conservator will periodically review the *Duties of Conservator* Form GC-348 or consult with an attorney if needed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I have retained a copy of this case plan for my records.

DATE

PRINT NAME

CONSERVATOR'S SIGNATURE

DATE

PRINT NAME

CONSERVATOR'S SIGNATURE