

**INTERTRIBAL COURT OF SOUTHERN CALIFORNIA**

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**CONSERVATORSHIP STATUS REPORT**

Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate of:  <hr/> Full name  <hr/> Date of birth	<hr/> Tribe  <hr/> Case number	<b>FOR COURT USE ONLY</b>
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**NOTICE TO CONSERVATOR**

You must complete, sign, and return to the Court on or before \_\_\_\_\_ a separate copy of this report for each individual for whom you are conservator of the person or estate under the above case number.

You must read each item carefully, and respond accurately and completely. If an item does not apply to you, you must respond with "not applicable" rather than leaving the item blank. You must attach the documents required by items III(C) and VI(C) unless you are conservator of the individual's estate only.

If you are conservator of the individual's estate only, you must complete items I-II, V(G)-(I), and VI-IX at a minimum. All other conservators must complete all items.

If there are two conservators of the individual's person or estate under the above case number, both conservators must complete items I\* and IX. All other items may be completed by one or both conservators. (\* one conservator must complete item I on this report and the other conservator must provide the information requested in item I in an attachment to this report labeled Attachment I(2))

If you need assistance completing this report, contact the Court at (760) 751-4142.

Failure to complete, sign, and return this report will result in further action by the Court, including your potential removal as conservator of the individual's person or estate.

**I. Conservator**

A. Full name: \_\_\_\_\_

B. Physical address: \_\_\_\_\_  
\_\_\_\_\_

1. Years at this address: \_\_\_\_\_

C. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

D. Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

E. Email address: \_\_\_\_\_

F. Do you have any health problems that will interfere with your ability to continue to serve as conservator in the next year?  Yes  No (if yes, explain in an attachment labeled Attachment I(F))

G. Since your appointment as conservator or your last conservatorship status report, have you, or has any adult living in the conservatee's home, been arrested for, charged with, or convicted of (1) any felony or misdemeanor or (2) any other offense involving alcohol, illegal drugs, or sexual misconduct?  Yes  No (if yes, explain in an attachment labeled Attachment I(G))

Note: Traffic offenses that do not involve alcohol or illegal drugs need not be reported

H. Are you the court-appointed conservator or guardian for any other adult or minor?  Yes  No (if yes, list the full name of each adult or minor, the issuing court, and the relevant case number in an attachment labeled Attachment I(H))

## II. Conservatee

A. Full name: \_\_\_\_\_

B. Date of birth: \_\_\_\_\_

C. Tribe: \_\_\_\_\_

1. The conservatee  is  is not an enrolled member of the tribe (if not, explain why in an attachment labeled Attachment II(C)(1))

2. Describe any contact pertaining to the conservatorship that you have had with

the tribe in the past year (continue if necessary in an attachment labeled Attachment II(C)(2)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. List the full name, work physical address, and work telephone number of each tribal employee with whom you have communicated (continue if necessary in an attachment labeled Attachment II(C)(2)(a)):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. The conservatee  is  is not currently living in my home

1. If the conservatee has never lived in your home, explain in an attachment labeled Attachment II(D)(1)
2. If the conservatee has previously lived in your home but is not currently living in your home, explain in an attachment labeled Attachment II(D)(2)
3. If the conservatee is not currently living in your home, list the following information for the person in whose home the conservatee is currently living in an attachment labeled Attachment II(D)(3): (1) full name, (2) relationship to conservatee, (3) physical address, (4) mailing address, (5) home telephone number, (6) work telephone number, and (7) mobile telephone number

### III. Conservatee's Physical and Emotional Health

A. Does the conservatee currently have any medical or dental problems?  Yes  No (if yes, explain in an attachment labeled Attachment III(A))

B. List the full name, work physical address, and work telephone number of each physician, dentist, or other health care provider currently treating the conservatee (continue if necessary in an attachment labeled Attachment III(B)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. If the conservatee has not been treated by a health care provider for any

problem identified in item III(A), explain why in an attachment labeled Attachment III(B)(1)

- C. Include a letter from the conservatee's primary health care provider stating the date of the conservatee's last examination and describing the overall health of the conservatee as an attachment labeled Attachment III(C)
- D. Does the conservatee currently have any emotional or behavioral problems that cause you concern?  Yes  No (if yes, explain in an attachment labeled Attachment III(D))
- E. Has the conservatee experienced a traumatic event, major disruption, or significant change in the past year, such as the death of a family member, abuse, or a major illness?  Yes  No (if yes, explain in an attachment labeled Attachment III(E))
- F. List the full name, work physical address, and work telephone number of each therapist currently seeing the conservatee (continue if necessary in an attachment labeled Attachment III(F)): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. If the conservatee has not been seen by a therapist for any problem identified in items III(D)-(E), explain why in an attachment labeled Attachment III(E)(1)

- G. Describe the conservatee's current social activities, including but not limited to recreational, educational, religious, occupational, or cultural activities (continue if necessary in an attachment labeled Attachment III(G)): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- H. Describe your goals for the conservatee in the next year (continue if necessary in an attachment labeled Attachment III(H)): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Other Persons in Conservatee's Home**

- A. List the full name, age, and relationship to the conservatee of each person currently

living in the conservatee's home (continue if necessary in an attachment labeled Attachment IV(A)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List the full name of each person identified in item V(A) who moved into the conservatee's home after the conservatorship was established (continue if necessary in an attachment labeled Attachment IV(B)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Conservatee's Parents and Children**

A. List the full name, physical address, mailing address, home telephone number, work telephone number, and mobile telephone number of the conservatee's mother (continue if necessary in an attachment labeled Attachment V(A)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List the full name, physical address, mailing address, home telephone number, work telephone number, and mobile telephone number of the conservatee's father (continue if necessary in an attachment labeled Attachment V(B)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. List the full name, physical address, mailing address, home telephone number, work telephone number, and mobile telephone number of each of the conservatee's children (continue if necessary in an attachment labeled Attachment V(C)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Has the conservatee's mother visited the conservatee in the past year?  Yes  No (if no, skip to item V(E))

1. Average frequency of visits: \_\_\_\_\_

2. Average duration of visits: \_\_\_\_\_

3. Were any of the visits supervised?  Yes  No (if yes, list the following

information for each person who supervised a visit in an attachment labeled Attachment V(C)(3): (1) full name, (2) relationship to conservatee and you, (3) home telephone number, (4) work telephone number, and (5) mobile telephone number)

4. Did any of the visits extend overnight?  Yes  No (if yes, list the following information for each person who hosted an overnight visit in an attachment labeled Attachment V(C)(4): (1) full name, (2) relationship to conservatee and you, (3) home physical address, (4) home telephone number, (5) work telephone number, and (6) mobile telephone number)

5. Did any problems arise during a visit?  Yes  No (if yes, explain in an attachment labeled Attachment V(C)(5))

E. Has the conservatee's father visited the conservatee in the past year?  Yes  No (if no, skip to item V(F))

1. Average frequency of visits: \_\_\_\_\_

2. Average duration of visits: \_\_\_\_\_

3. Were any of the visits supervised?  Yes  No (if yes, list the following information for each person who supervised a visit in an attachment labeled Attachment V(D)(3): (1) full name, (2) relationship to conservatee and you, (3) home telephone number, (4) work telephone number, (5) mobile telephone number)

4. Did any of the visits extend overnight?  Yes  No (if yes, list the following information for each person who hosted an overnight visit in an attachment labeled Attachment V(D)(4): (1) full name, (2) relationship to conservatee and you, (3) home physical address, (4) home telephone number, (5) work telephone number, and (6) mobile telephone number)

5. Did any problems arise during a visit?  Yes  No (if yes, explain in an attachment labeled Attachment V(D)(5))

F. Have any of the conservatee's children visited the conservatee in the past year?  Yes  No (if no, skip to item V(G))

1. Average frequency of visits: \_\_\_\_\_

2. Average duration of visits: \_\_\_\_\_

3. Were any of the visits supervised?  Yes  No (if yes, list the following information for each person who supervised a visit in an attachment labeled

Attachment V(D)(3): (1) full name, (2) relationship to conservatee and you, (3) home telephone number, (4) work telephone number, and (5) mobile telephone number)

4. Did any of the visits extend overnight?  Yes  No (if yes, list the following information for each person who hosted an overnight visit in an attachment labeled Attachment V(D)(4): (1) full name, (2) relationship to conservatee and you, (3) home physical address, (4) home telephone number, (5) work telephone number, and (6) mobile telephone number)

5. Did any problems arise during a visit?  Yes  No (if yes, explain in an attachment labeled Attachment V(D)(5))

G. Has the conservatee's mother provided financial support to the conservatee in the past year?  Yes  No (if no, skip to item V(H))

1. Average monthly amount: \$ \_\_\_\_\_

H. Has the conservatee's father provided financial support to the conservatee in the past year?  Yes  No (if no, skip to item V(I))

1. Average monthly amount: \$ \_\_\_\_\_

I. Have any of the conservatee's children provided financial support to the conservatee in the past year?  Yes  No (if no, skip to item VI)

1. Average monthly amount: \$ \_\_\_\_\_

**VI. Conservatee's Income**

A. List the source and amount of any funds that you received on behalf of the conservatee in the past year (continue if necessary in an attachment labeled Attachment VI(A)):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe how the funds identified in item VI(A) were used (continue if necessary in an attachment labeled Attachment VI(B)):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Include a copy of the last statement for any bank account, life insurance policy, or other financial asset that you administer on behalf of the conservatee as an attachment labeled Attachment VI(C)

**VII. Need for Conservatorship**

A. The conservatorship  is  is not still necessary for the following reasons:

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B. Have you had trouble meeting any of the conservatee’s needs in the past year?  
 Yes  No (if yes, explain in an attachment labeled Attachment VII(B))

**VIII. Continuation as Conservator**

I  am  am not able to continue to fulfill my duties as conservator of the individual (if not, explain in an attachment labeled Attachment VIII)

Note: If you cannot continue as conservator, you must petition the Court to relieve you of your duties

**IX. Conservator’s Signature**

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

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Name	Signature	Date
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Name	Signature	Date
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