

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

In re: _____ CON _____

An Adult

PLAN OF CONSERVATOR OF PERSON

This plan should be developed in consultation with the ward, family members when possible, and with input from any other community agencies involved in providing services to the person.

I am the conservator of the person of the above named ward and my proposed plan for providing services to the ward is as follows:

I. Living Arrangements for the Ward

My plan is for the ward to: Continue to live at current residence Change residence

If changing residence, explain when, why and where ward will move: _____

 I do not have enough information at this time to change the ward's current living arrangement.

I have discussed the housing plan with the ward, and the ward
 agrees with this plan does not agree with this plan

I have not discussed the housing plan with the ward because: _____

II. Medical Care for the Ward

I plan to continue the medical services currently provided for the ward (provide name of health care professionals):

Physician: _____

Psychiatrist or psychologist: _____

Social Worker or other case worker: _____

Dentist: _____

Podiatrist: _____

Dietician: _____

Therapist(s) (recreation, speech, physical, occupational): _____

Other: _____

I plan to seek a medical evaluation of the ward to determine the following: _____

 I believe the ward does not currently need treatment for any medical problems.

III. Mental Health Treatment for the Ward

I plan to continue the mental health services currently provided for the ward (provide name of health care professionals):

Psychiatrist or psychologist: _____

Social Worker or other case worker: _____

Other: _____

I plan to seek a mental health evaluation of the ward to determine the following: _____

I believe the ward does not currently need mental health treatment.

IV. Social and Supportive Care for the Ward

In the next year, I plan to arrange the following services to assist the ward:

Educational or training programs

Vocational rehabilitation or supported work programs

Medical treatment, operation, or procedure

Mental health treatment

Occupational, physical, or speech therapy

Personal home care (e.g., home health aide)

Case management or social work services

Housing assistance and/or public benefits

Assistive devices or accommodation

Other (please specify): _____

V. Financial Care for the Ward

Do you have control over any assets or funds of the ward? No Yes

I plan to investigate whether the ward has any type of insurance and whether the ward is eligible for any private benefits or government entitlements.

I do not plan to investigate because another person has been appointed as conservator of the property.

I do not plan to investigate because _____

VI. Other Information

Provide any other information that the Court should be aware of with regard to this plan for the ward: _____

I have consulted with the following person(s) in preparing this plan (check all that apply):

Ward

Family members of the ward

Friends of the ward

Care providers to the ward

- Ward's attorney
 Others (please specify): _____

VERIFICATION

I, _____, being first duly sworn, on oath, depose and say that I have read the foregoing pleadings by me subscribed and that the facts therein stated are true to the best of my knowledge, information and belief.

Signature of conservator of the person

Typed Name

Address (Actual address/not Post Office Box)

Telephone number

E-mail address (optional)

Bar Number (if filer is an attorney)

Subscribed and sworn to before me this _____ day _____,
20_____.

Notary Public/Clerk

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

Signature