ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR *(name)*:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE CENTRAL JUSTICE CENTER 700 Civic Center Drive West Santa Ana, CA 92701-4045	
IN THE MATTER OF:	
ELDERCARING COORDINATOR REQUEST FOR STATUS CONFERENCE	CASE NUMBER:

The undersigned Eldercaring Coordinator requests a status conference in this case: *(choose all that apply)*

1. ☐ To request direction from the court concerning: _____

   _____

   _____

2. ☐ To request resolution by the court regarding: _____

   _____

   _____

3. ☐ To report adherence of _____ to the Order of Referral to Eldercaring Coordinator, orders for psychological evaluation, counseling ordered by the court or recommended by a health care provider, or for substance abuse testing or treatment.
4. ☐ To report that the case is no longer appropriate for eldercaring coordination.
5. ☐ To report that the undersigned Eldercaring Coordinator is not qualified to address or resolve certain issues in this case and a more qualified successor Eldercaring Coordinator should be appointed.
6. ☐ The undersigned Eldercaring Coordinator is unable or unwilling to continue to serve and a successor Eldercaring Coordinator should be appointed.

WHEREFORE, the undersigned Eldercaring Coordinator requests that a Status Conference be set by the Court.

_____	_____	_____
DATE	PRINTED NAME	SIGNATURE OF ELDERCARING COORDINATOR