

Conservatorship Questionnaire

Conservator of the Person Conservator of the Estate Both

Date: _____

Name: _____

Date Letters of Conservatorship were issued (if applicable): _____

Limited: Yes No

County for filing: _____

Conservator

Proposed conservator(s):

Name: _____

Home address: _____ Work address: _____

Telephone: (Home) _____ (Work) _____ E-Mail address: _____

Date of birth: _____ Social Security Number: _____

Drivers license number: _____ Expiration date: _____

Relationship of proposed conservator of person, of person and estate, or of estate: _____

What are your qualifications to act as conservator? _____

Does proposed conservatee consent to conservatorship? Yes No

Have you ever filed a bankruptcy petition for relief under Chapter 7 or Chapter 11 of the Federal Bankruptcy Act? Yes No

Have you ever been convicted of a felony or any other crime involving bodily injury, elder abuse, theft, fraud, or embezzlement? Yes No

For each offense, give the date of conviction and the offense charged:

Have you had a restraining order or protective order filed against you in the last 10 years?

Yes No

Are you required to register as a sex offender? Yes No

Have you been removed or asked to resign as a conservator, guardian, executor, or fiduciary in any other case? Yes No

Do you or does any other person living in your home have a social worker or parole or probation officer assigned to him or her? Yes No

Conservatee

Name: _____

Home address: _____ Work address: _____

Type of residence (home, relative's home, care facility, etc.): _____

Telephone: (Home) _____ (Work) _____

E-Mail address: _____ Date of birth: _____ Social Security Number: _____

Is conservatee married? Yes No If yes, date of marriage: _____

Physical condition of proposed conservatee: _____

Health problems (if any): _____

Is proposed conservatee developmentally disabled? Yes No If yes, please describe: _____

If yes, give address of local regional center working with the proposed conservatee.

Name of facility: _____ Address: _____ Telephone: _____

If proposed conservatee is petitioner, did petitioner waive bond? Yes No

Has proposed conservatee nominated conservator? Yes No

If so, give names, addresses, telephone numbers, and relationships of nominees in order of his or her preference.

1. _____

2. _____

3. _____

Is/was there any emergency that requires/required a temporary conservator of the person or estate until a permanent conservator is appointed? Yes No If yes, please describe: _____

Name of temporary conservator: _____ Address: Telephone: _____

Please list relatives of conservatee, including parents, grandparents, siblings, spouse, children, and grandchildren of the conservatee:

1) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

2) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

3) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

4) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

5) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

6) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

7) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

8) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

9) NAME: _____ ADDRESS: _____
RELATIONSHIP TO CONSERVATEE: _____

Financial advisors/services (please complete only if conservatorship of the estate is requested)

Type of Service Performed: _____

Name of advisor: _____ Address: _____

Phone: _____ Fax: _____

Health services provided during the last year:(i.e. generally, dental, therapy, psychological pediatrics): _____

Physician of conservatee: _____ Address: _____

Phone: _____ Fax: _____

Social services provided during the last year (i.e. art classes, work training, outings)

Is conservatee employed? Yes No If yes please provide employer name and address: _____

Is the conservatee enrolled in school? Yes No

Name of school/program: _____ Address: _____

Phone: _____ Fax: _____

Will proposed conservatee be able to attend hearing? Yes No

Is proposed conservatee willing to attend? Yes No If not, please explain: _____

Is there a physical or emotional problem that will prevent proposed conservatee 's attendance in court? Yes No

Are there special circumstances requiring conservatee to be placed in a developmental center? Yes No

Does conservatee have social/sexual relationships that require involvement of a conservator? Yes No

Do you expect anyone to challenge the petition for limited conservatorship? Yes No

If the answer to any of the previous questions is YES, please explain: _____

POWERS REQUESTED (for Limited Conservatorships of persons with developmental disabilities only):

Please check: Residence; Confidential Records; Marriage; Contracts;

Medical treatments; Social/Sexual relationships; Education

Is the proposed conservatee capable of completing a voter registration form?

Yes No

Is proposed conservatee a patient in or on leave of absence from a state institution?

Yes No If yes, please provide name and address of facility.

Name of facility: _____ Address: _____

Telephone: _____

Financial status

Assets:

Type	Name/Type	When Acquired	How Titled	Cost/Value	Encumbrances
Bank and savings and loan association accounts, name and address of					

institution or branch					
Real property					
Securities					
Tangible personal property (e.g., jewelry, paintings, cars, household furniture)					
Insurance policies (e.g., life, health, disability, auto)					
Business interests					
Property located outside state:					
Other property, e.g., royalties, mineral interests, accounts or notes receivable					
Jointly held property and totten trusts					
Trusts of which proposed conservatee is beneficiary					

Debts

Name of Creditor	Address of Creditor	Amount of Debt	Nature of Debt	Is Debt Disputed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Standard of living

Is the proposed conservatee currently receiving financial assistance under SSI and/or SSP? Yes No

Is proposed conservatee receiving benefits from the Veterans Administration? Yes No

If yes, please provide address of office handling claim and claim number.

Name of office: _____ Address: _____ Telephone: _____

Claim number: _____

Source of Income	Monthly Amount

Living costs

Expense	Monthly Amount

What assets may be sold to supplement living expenses if income is inadequate?: _____

What assets should be used first?: _____

Did proposed conservatee make regular gifts? Yes No If yes, to whom and in what amounts?:

Please list any dependents of conservatee and amounts provided for support:

Safe-deposit boxes: Name of institution: _____ Address: _____
 Box number: _____ Describe contents: _____
 Location of safety deposit keys: _____
 Name and address of any other person having access to safety deposit box: _____

Claims By Others

Name of Claimant	Address	Description of Claim	Property Involved	Is Claim Admitted?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is proposed conservatee a party to any contracts? Yes No

Name and address of other parties to contract, nature of contract, and copy, if available

Nature of Contract	Other Party(s)	Other Party Address(es)

Has proposed conservatee made a will? Yes No

Is a copy available? Yes No If yes, to whom and from whom? _____

What are proposed conservatee's testamentary plans? _____

Names and addresses of persons who assisted in planning:

Name	Address

Is proposed conservatee the settlor or trustee of any trust? Yes No

Supporting Documents:

Please provide copies of any IEPs and Regional Center IPPs which have been developed for the proposed conservatee. In addition, if you have any documents that demonstrate the need for the conservatorship, such as evaluations that recommend a Conservatorship, please provide copies.