



STATE OF CALIFORNIA  
 MADERA SUPERIOR COURT  
 Family Court Services  
 760 North "I" Street, Suite 106  
 Madera, CA, 93637  
 PH #: 559-675-7810  
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**CONSERVATORSHIP INVESTIGATION  
 INTAKE/QUESTIONNAIRE**  
*Revised Oct. 2013*

INITIAL CONSERVATORSHIP     CONSERVATORSHIP TERMINATION

COURT CASE # \_\_\_\_\_ FCS CASE # \_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_

**NOTE: INVESTIGATION FEE OF \$400 IS DUE FROM THE PETITIONER ON THE DAY OF THE APPOINTMENT**

**SECTION 1: CONSERVATOR/PETITIONER'S INFORMATION**

NAME (Last, First, Middle)		RELATIONSHIP TO CONSERVATEE:	MAIDEN NAME:	OTHER NAMES KNOWN BY:
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #		
HOME TEL. #		CELL TEL. #	E-MAIL ADDRESS:	
STREET ADDRESS		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE:	
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS YEARS: _____ MONTHS _____	

**SECTION 2: CONSERVATEE INFORMATION**

NAME (Last, First, Middle)		CURRENT MEDICAL DIAGNOSES:		
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #		
TEL. #		PHYSICIANS NAMES AND TELEPHONE NUMBERS		
STREET ADDRESS		SOCIAL SECURITY #	DOES THE CONSERVATEE HAVE A CAPACITY DECLARATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS YEARS: _____ MONTHS _____	

**SECTION 3: OBJECTING WITNESS INFORMATION**

NAME (Last, First, Middle)		RELATIONSHIP TO CONSERVATEE:	MAIDEN NAME:	OTHER NAMES KNOWN BY:
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #		
HOME TEL. #		CELL TEL. #	E-MAIL ADDRESS:	
STREET ADDRESS		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE:	
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS YEARS: _____ MONTHS _____	

**SECTION 4: CONCERNS AND PROPOSALS**

1. Reasons for or against the Conservatorship:

a. Petitioners: What are the circumstances that lead to your decision to petition for Conservatorship or a change to the current Conservatorship?

b. Objecting Witness: What are the **top three** reasons why the Conservatorship should not be granted?

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c. Is there currently a temporary Conservatorship in place?  Yes  No

d. What is the Conservatee's usual routine, including times for wake-up, meals, bath, recreation, sleep, work, and attendance at any programs? \_\_\_\_\_

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e. Please summarize your plans for the Conservatee. Include plans for the daily care, support, supervision and control of the Conservatee regarding health, education, religion, and recreation. \_\_\_\_\_

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f. How often will you be able to visit the Conservatee if the Conservatee is placed in a care facility? \_\_\_\_\_

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g. If home care is the option used, will other family members and friends be able to visit the Conservatee on a regular basis?  Yes  No What are the best days and hours for visitors? \_\_\_\_\_

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**SECTION 5: INFORMATION ABOUT YOUR CURRENT BOYFRIEND, GIRLFRIEND, OR SPOUSE:**

Full name:	Date of birth:	Social Security #:
Other names used:	Driver's license #/State:	Date relationship began:
Home phone number:	Cell phone number:	Occupation:
Present employer:	Employer's phone #:	Days/Hours worked:

**SECTION 6: EDUCATION AND EMPLOYMENT**

A. Education Level: Please list the highest grade or level of schooling you completed:

GED  High school graduate  College courses taken  College graduate  Post graduate work

1. Are you currently employed?  Yes  No

2. IF YES, what is your occupation, employer's name, telephone number and employer's address?

\_\_\_\_\_

\_\_\_\_\_

3. How long have you been with your current employer? \_\_\_\_\_ Years \_\_\_\_\_ Months

4. Current workdays and hours (please list what time you start work and what time you end work each day):

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

5. Please list your employment history over the past 5 years:

Dates of employment	Name of employer	Telephone #	Occupation	Reason for leaving

6. Who takes care of the Conservatee when you are unavailable? Please provide their names and telephone #s:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 7: MENTAL HEALTH HISTORY**

1. Have you ever been in counseling or therapy?  Yes  No

IF YES, please list in chronological order (by year) the therapists, counselors, clergy and/or marital counselors who you gone to:

Date:	Doctor/Therapist name:	Complete mailing address:	Telephone #:

2. Have you ever been hospitalized for psychiatric treatment?  Yes  No IF YES, please list hospitals or clinics attended and the dates of treatment:

Date	Hospital name	Complete mailing address	Telephone #:

3. Have you ever taken psychiatric medication?  Yes  No (for example, for depression, anxiety, etc.)  
IF YES, please list the names of all medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication. \_\_\_\_\_  
\_\_\_\_\_

4. Has the Proposed Conservatee ever been in counseling/therapy or hospitalized for psychiatric treatment?  
 Yes  No IF YES, please list the therapist, agency or hospital that provided the services and the dates of treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please list the names of all of the Conservatee's medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 8: ALCOHOL AND SUBSTANCE ABUSE HISTORY**

1. What kind(s) of alcohol do you drink? \_\_\_\_\_

2. How often do you drink? \_\_\_\_\_

3. Has your drinking ever been an issue between you and your family or friends?  Yes  No

4. Are you currently in or have you ever received treatment for alcohol abuse?  Yes  No  
If yes, please check all applicable treatment:  
 Counseling/Therapy  Detox  Rehab Inpatient  Rehab Outpatient  AA/NA

5. If a box was checked, please list, in chronological order, the therapist/agency/hospital utilized:

Date:	Therapist/Hospital:	Complete mailing address:	Telephone number:

6. Drug use history:

Name of drug:	How often:	Age of first use:	Date of last use:

2. Prescription drug use history:

Name of drug / # milligrams:	How often taken:	Prescribing doctor:	Doctor's phone number:

3. Do you have a medical marijuana card?  Yes  No Expiration Date: \_\_\_\_\_
4. Have drugs or alcohol ever caused you to lose a job?  Yes  No
5. Has your drug use ever been an issue between you and your family and friends?  Yes  No
6. Have you ever been court ordered for drug testing?  Yes  No IF YES, When:: \_\_\_\_\_
7. Were the results of the drug tests positive? For what drugs? \_\_\_\_\_  
\_\_\_\_\_

### SECTION 9: YOUR RELATIONSHIP WITH THE CONSERVATEE

1. Please describe the Conservatee (check off those that apply):
  - a. Activity level:  high energy  low energy
  - b. Attention:  able to focus  easily distracted
  - c. Level of intensity when upset:  reacts dramatically  becomes quiet
  - d. Gets hungry or tired:  at predictable times  at unpredictable times
  - e. Response to stimulation:  startles easily to sounds  remains calm
  - f. Appetite:  picky eater  will eat anything
  - g. Adaptability:  approaches new situations easily  takes a long time to become comfortable
  - h. When faced with obstacles (for ex: putting together a puzzle,  child is patient  
 child gives up easily
  - i. Mood: In general:  the Conservatee is positive and happy  the Conservatee focuses on the negative
2. What does the Conservatee do well? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What kinds of problems does the Conservatee have (Social, emotional, intellectual)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What have you done to try to help the Conservatee with these problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 10: YOUR FAMILY BACKGROUND AND OTHER INFORMATION

1. What are/were your parents'/stepparents' names and occupations?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What are your siblings' names? What place are you in the birth order? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Who lived with you growing up? What role did they play in your life? \_\_\_\_\_  
\_\_\_\_\_
4. What was the quality of your parents' relationship with each other growing up? What is it like now?  
\_\_\_\_\_  
\_\_\_\_\_
5. Did your parents divorce? If so, who did you live with? What effect did the divorce have on you?  
\_\_\_\_\_  
\_\_\_\_\_
6. Were there any issues in the home growing up such as substance abuse or mental health issues?  
\_\_\_\_\_  
\_\_\_\_\_
7. What is your current relationship with each of your siblings? (for example, Close? Strained? None? Needs improvement?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What issues, if any, did you experience during your early adulthood in school, with peers, with substance abuse or mental health? \_\_\_\_\_  
\_\_\_\_\_
9. What was the parenting role of your mother and your father growing up? \_\_\_\_\_  
\_\_\_\_\_

**SECTION 12: PLEASE LIST THE NAMES AND BIRTHDATES OF ALL OTHER ADULTS LIVING IN YOUR HOME:**

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**SECTION 13: WHAT ELSE WOULD YOU LIKE THE INVESTIGATOR TO KNOW?**

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