



STATE OF CALIFORNIA
 MADERA SUPERIOR COURT
 Family Court Services
 760 North "I" Street, Suite 106
 Madera, CA, 93637
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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 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? _____

