



Current estimated market value \_\_\_\_\_  
Balance owed \_\_\_\_\_  
Lending Institution \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_

What are your monthly utility bills? Gas \_\_\_\_\_ Propane \_\_\_\_\_  
Electricity \_\_\_\_\_ Telephone \_\_\_\_\_ (home)  
Sewer/Water \_\_\_\_\_ (cell/pager)  
Garbage \_\_\_\_\_ (other)

Have you ever been served with a Three Day Notice to Pay Rent or Quit Possession of Real Property pursuant to an oral or written agreement for the rental of residential real property? If so, provide the date and the name and address of the lessor or landlord.

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**Income:**

Monthly income from employment \_\_\_\_\_

Monthly income from commissions \_\_\_\_\_

Do you have checking accounts? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the balance of each account separately.

Do you have savings accounts? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the balance of each account separately.

Monthly income from investments \_\_\_\_\_

Name and address of investment broker \_\_\_\_\_  
\_\_\_\_\_

Monthly income from other sources:

Sources of income \_\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_\_

Monthly income from public assistance \_\_\_\_\_ Social Security

\_\_\_\_\_ Disability payments

\_\_\_\_\_ Veteran's benefits

Monthly/annual income from insurance settlement(s) \_\_\_\_\_

**Debts:**

Describe all long term debt other than mortgage listed above (include second, third, and fourth mortgages, vehicles, business property, rental property, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all short term debt including each credit card debt, debt to private parties or family members, etc. (do not include bankruptcy debt)

\_\_\_\_\_  
\_\_\_\_\_

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Have you have ever filed for bankruptcy? Yes\_\_\_ No\_\_\_

Please provide the following information for each time

Type of petition\_\_\_\_\_

Date filed\_\_\_\_\_

Court in which filed\_\_\_\_\_

Outcome\_\_\_\_\_

Date debts discharged\_\_\_\_\_

Have you ever been sued? Yes\_\_\_\_\_ No\_\_\_\_\_

Please explain\_\_\_\_\_

Have you ever sued another person or entity, individually or on behalf of an entity? Yes\_\_\_No\_\_\_

Please explain\_\_\_\_\_

**Employment:**

Current employer\_\_\_\_\_ Employer's telephone number\_\_\_\_\_

Employer's address\_\_\_\_\_ Job description\_\_\_\_\_

\_\_\_\_\_ Length of employment\_\_\_\_\_

(List your previous employers for the last 5 years)

1. Name\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_ Job description\_\_\_\_\_

\_\_\_\_\_ Date began\_\_\_\_\_ Date left\_\_\_\_\_

Reason for leaving\_\_\_\_\_

2. Name\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_ Job description\_\_\_\_\_

\_\_\_\_\_ Date began\_\_\_\_\_ Date left\_\_\_\_\_

Reason for leaving\_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Job description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date began \_\_\_\_\_ Date left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Education:**

Highest level completed \_\_\_\_\_ Age left school \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Last school attended \_\_\_\_\_ Last year attended \_\_\_\_\_  
Degree(s) achieved \_\_\_\_\_

**Health:**

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of company and type of coverage \_\_\_\_\_  
Dental \_\_\_\_\_ Vision \_\_\_\_\_  
Health Status: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
Fair or poor, please explain \_\_\_\_\_  
Are you taking any medication, prescription or over-the-counter? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list types and for what reasons \_\_\_\_\_  
List any special health problems \_\_\_\_\_

Have you ever had a problem with any of the following:

Drugs: Prescription or Illegal \_\_\_\_\_ Alcohol \_\_\_\_\_  
Mental/Emotional problems \_\_\_\_\_

Please explain \_\_\_\_\_

**Vehicles:**

For each vehicle you own provide the make, model, year, and license number, as well as the name(s) on the registration.

Make Model Year License Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

For each vehicle you own, list the whether or not insured and the amount of public liability coverage.

Make/Year Insured or not Type/Amount of coverage

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Do you have a valid California driver's license? Yes \_\_\_ No \_\_\_ Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**Criminal History:**

Have you ever been arrested or had charges filed against you for any crime other than a traffic infraction? **(This question must be answered even if you were only arrested and not convicted, or if convicted, the charges were thereafter dismissed and the record ordered sealed.)** Yes \_\_\_ No \_\_\_ Please indicate the reason for arrests, charges, years, county, and state.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for driving under the influence of alcohol or a controlled substance?  
Yes \_\_\_ No \_\_\_  
If so, please indicate date(s), year, county, and state \_\_\_\_\_

\_\_\_\_\_

Have you ever been tried for any crime in any court? Please indicate the crime, year, county, and state. If so, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted, pled guilty or pled no contest to a crime other than a traffic infraction? Indicate the type of conviction, year, county, and state.  
If so, please explain \_\_\_\_\_

\_\_\_\_\_

What was the sentence? \_\_\_\_\_  
Was the sentence completed? Yes \_\_\_ No \_\_\_ Release date \_\_\_\_\_

Are you currently or have you ever been on probation or parole? Yes \_\_\_ No \_\_\_  
If so, please explain \_\_\_\_\_

\_\_\_\_\_

Name of Probation or Parole Officer \_\_\_\_\_ Telephone No. \_\_\_\_\_

Are you the plaintiff or defendant in any current or pending criminal or civil matter?  
Yes \_\_\_ No \_\_\_  
If so please \_\_\_\_\_

Have you ever applied for a domestic violence restraining order or had one issued against you?  
Yes \_\_\_ No \_\_\_  
If so, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been the victim or perpetrator of physical, verbal, emotional, psychological, or sexual abuse? Yes \_\_\_ No \_\_\_  
If so, Please explain \_\_\_\_\_

**Household Composition:**

Please list the names and telephone numbers and relationship of all persons who reside with you on a daily or part-time basis.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please list all persons who may have access to the personal mail, bank statements, or other financial records or information about the Conservatee.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Proposed Conservatee:**

What is the Conservatee's present address/telephone number? \_\_\_\_\_

Length at the present address. \_\_\_\_\_

List all residences/placements of the proposed Conservatee for the last 5 years.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Will it be necessary to change of residence of the proposed Conservatee now?  
If yes, please explain \_\_\_\_\_

Does the proposed Conservator work for the proposed Conservatee in any capacity (health care, housekeeping, etc.)?

If yes, please explain \_\_\_\_\_

Will the proposed Conservator be available to transport the proposed Conservatee to medical, dental, optical, audiological, psychiatric, or other appointments? Yes \_\_\_ No \_\_\_

If no, please explain how these needs will be met \_\_\_\_\_

Who will actually manage the proposed Conservatee's money? Pay the bills?

Does the proposed Conservatee have a Will?  
If so, where is it located? \_\_\_\_\_

When was it signed? \_\_\_\_\_  
Who are the beneficiaries \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does a Durable Power of Attorney or a Durable Power of Attorney for Health Care exist?  
If so, where is it located? \_\_\_\_\_  
When was it signed? \_\_\_\_\_  
Who is named with powers? \_\_\_\_\_

Does the proposed Conservatee have a Trust(s)? Revocable \_\_\_ Irrevocable \_\_\_  
If so, please list (a) Preparer of the Trust \_\_\_\_\_  
(b) Date of Trust \_\_\_\_\_  
(c) Assets and value of assets in Trust \_\_\_\_\_  
\_\_\_\_\_  
(d) Named Trustee(s) \_\_\_\_\_  
\_\_\_\_\_

Is the proposed Conservatee the beneficiary of a Trust? Revocable \_\_\_ Irrevocable \_\_\_  
If so, please list (a) Preparer of the Trust \_\_\_\_\_  
(b) Date of Trust \_\_\_\_\_  
(c) Named Trustee \_\_\_\_\_  
(d) Nature of beneficial interest for the Conservatee \_\_\_\_\_  
\_\_\_\_\_

Current marital status of the proposed Conservatee is:  
\_\_\_ Married \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widowed \_\_\_ Domestic partners  
\_\_\_ Separated \_\_\_ Currently living apart from spouse (please explain)

Is the proposed Conservatee's spouse deceased? \_\_\_ Yes \_\_\_ No Date of death? \_\_\_\_\_  
Was there community property? \_\_\_\_\_  
Was there a Will? \_\_\_\_\_  
Has a probate petition of the Will been filed? If so, where? \_\_\_\_\_  
Will a probate petition of the Will be filed? If so, where? \_\_\_\_\_

**FOR RELATIVES SEEKING CONSERVATORSHIP:**

How are you related to the proposed Conservatee? Please state the exact nature of the relationship.  
\_\_\_\_\_  
\_\_\_\_\_

What has been the nature and frequency of contact with the Conservatee prior to petitioning the

Court for conservatorship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR NON-RELATIVES SEEKING CONSERVATORSHIP:**

How long have you known the proposed Conservatee? \_\_\_\_\_

How did you become acquainted with the proposed Conservatee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the nature of your previous relationship with the proposed Conservatee including frequency and nature of the contact. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use additional lines below to complete any previous section.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare, under penalty of perjury under the laws of the State of California, the foregoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**THIS QUESTIONNAIRE IS CONFIDENTIAL. IT WILL BE PLACED IN A SEALED ENVELOPE IN THE COURT FILE TO PROTECT YOUR PRIVACY.**