

ATTORNEY OR PARTY WITHOUT ATTORNEY 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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (name):	CONSERVATEE
CONFIDENTIAL CONSERVATORSHIP QUESTIONNAIRE <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Limited <input type="checkbox"/> Successor	CASE NUMBER:
<p>NOTICE: Because you may be making medical, financial, and life decisions for the Conservatee, the Court, must determine the stability, experience, and decision-making ability of the Conservator(s) prior to granting Conservatorship powers. Each person petitioning the Court for conservatorship powers must complete this questionnaire. If you need more space to answer any questions on this form, attach Form MC-025 (<i>Attachment to Judicial Council Form</i>) and write the question number before your answer. If you have questions, contact Family Court Services at (559) 730-5000, and select option 6.</p>	

ABOUT THE CONSERVATOR

Conservator information:

1. Name: _____
- Physical Address: _____
- Mailing Address: _____
- Daytime Telephone: _____ Cell: _____ Email: _____
- Primary Language: English Spanish Other: _____
- Will the conservatee need an Interpreter at the Court hearing? Yes No
- Marital status: Single Married Separated Divorced Remarried Widowed Domestic partners
- Currently living apart from spouse. If living apart, explain: _____

Residence:

2. Years lived at current address: _____ Rent Lease Own
- I plan to remain in this residence: Yes No If no, explain: _____
- My residence is a House Apartment Mobile home Other (*explain*): _____
- My residence is in a Rural setting Residential neighborhood Mobile home park Apartment complex
- Other (*explain*): _____

CONFIDENTIAL CONSERVATORSHIP QUESTIONNAIRE

CONSERVATORSHIP OF <i>(name):</i> _____ <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER: _____
---	--------------------

ABOUT THE CONSERVATOR (continued)

3. List any other residences for the last five years: _____

4. If you own your home, provide details: Lending Institution (*name and address*): _____
 Purchase price: \$ _____ Estimated market value: \$ _____ Balance owed: \$ _____

5. Expenses:

Rent / Mortgage: \$ _____ /mo. Gas: \$ _____ /mo. Propane: \$ _____ /mo.
 Electricity: \$ _____ /mo. Garbage: \$ _____ /mo. Water: \$ _____ /mo.
 Home phone: \$ _____ /mo. Cell phone: \$ _____ /mo. Internet: \$ _____ /mo.
 Other: \$ _____ /mo. Explain: _____

6. List all persons who reside with you on a daily or part-time basis (*including the conservatee*):

Full Name:	DOB:	Daytime Telephone:	Relationship:
Full Name:	DOB:	Daytime Telephone:	Relationship:
Full Name:	DOB:	Daytime Telephone:	Relationship:
Full Name:	DOB:	Daytime Telephone:	Relationship:

7. 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? No Yes. If yes, provide the date plus name and address of the lessor or landlord: _____

Income & Benefits:

8. Employment: \$ _____ /mo. Commissions: \$ _____ /mo. Investments: \$ _____ /mo.
 Income from insurance settlement(s) / annuity: \$ _____ /mo. Other income sources: \$ _____ /mo.
 If other income source, explain: _____

9. Do you have checking or savings accounts? No Yes If yes, provide details below:

Account type:	Balance:
Account type:	Balance:

10. Investment Broker (*name and address*): _____

CONSERVATORSHIP OF <i>(name):</i> _____ <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER: _____
---	--------------------

ABOUT THE CONSERVATOR (continued)

11. Public assistance: \$ _____/mo. Social Security: \$ _____/mo. Disability: \$ _____/mo.
 Veteran's Benefits: \$ _____/mo. Other Benefit: \$ _____/mo.
 If other, explain: _____

Debts:

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

13. List all short-term debt including each credit card debt, debt to private parties or family members, etc. Indicate name of creditor and balance owed (*do not include bankruptcy debt*): _____

14. Have you ever been sued? No Yes If yes, explain: _____

15. Have you ever sued another person or entity, either individually or on behalf of an entity? No Yes If yes, explain: _____

Health:

16. Do you have health insurance? No Yes If yes, provide insurance carrier name: _____
 My health insurance covers: Medical Dental Vision
17. Health Status: Good Fair Poor If fair or poor, explain: _____
18. Are you taking any medication (*prescription or over-the-counter*)? No Yes If yes, list types and indicate reason:

19. List any special health problems: _____
20. Have you ever had a problem with: Drugs (*prescription or illegal*) Alcohol Mental / Emotional problems
 If yes, explain: _____

Education:

21. Highest level completed: _____ Age left school: _____ Degree(s) achieved: _____
 Last school attended: _____ Last year attended: _____
 Reason for leaving: _____

CONSERVATORSHIP OF <i>(name):</i>	CASE NUMBER:
CONSERVATEE	

ABOUT THE CONSERVATOR (continued)

Employment:

22. List your current employer and all employers over the last five years:

Name and address (<i>current employer</i>):		
Telephone No.:	Job description:	
Date Began:		
Name and address:		
Telephone No.:	Job description:	
Date Began:	Date Left:	Reason for leaving:
Name and address:		
Telephone No.:	Job description:	
Date Began:	Date Left:	Reason for leaving:
Name and address:		
Telephone No.:	Job description:	
Date Began:	Date Left:	Reason for leaving:

Vehicles:

23. Provide the following information for each vehicle you own:

Year:	Make:	Model:	License Plate No.:
Name on Registration:		Year Insured:	
Type of Coverage:		Amount of Coverage:	
Year:	Make:	Model:	License Plate No.:
Name on Registration:		Year Insured:	
Type of Coverage:		Amount of Coverage:	

Criminal History:

24. Have you ever been arrested or convicted for any crime other than a traffic infraction? (*Note: 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. Include arrests for driving under the influence of alcohol or a controlled substance.*) No Yes

If yes, provide the reason for the arrest / charges, whether you were convicted, year, county, and state:

If convicted, what was the sentence? _____ Release date: _____

CONSERVATORSHIP OF <i>(name):</i> _____ <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER: _____
---	--------------------

ABOUT THE CONSERVATOR (continued)

25. Are you currently or have you ever been on probation or parole? No Yes
 If yes, explain: _____
 Name of Probation or Parole Officer: _____ Telephone No.: _____
26. Are you the plaintiff or defendant in any current or pending criminal or civil matter? No Yes
 If yes, explain: _____
27. Have you ever applied for a domestic violence restraining order or had one issued against you? No Yes
 If yes, explain: _____
28. Have you ever been the victim or perpetrator of physical, verbal, emotional, psychological, or sexual abuse? No Yes
 If yes, explain: _____

Relationship to the Conservatee:

29. Relative Conservators: How are you related to the Conservatee? _____

30. Non-relative Conservators: How did you become acquainted with the Conservatee? _____

31. How long have you known the Conservatee? _____
32. What has been the nature and frequency of contact with the Conservatee prior to petitioning the Court for conservatorship?

ABOUT THE CONSERVATEE

1. Name: _____
 Physical Address: _____
 Mailing Address: _____
 Daytime Telephone No.: _____ Cell: _____ Email: _____
 Primary Language: English Spanish Other: _____
- Will the conservatee need an Interpreter at the Court hearing? Yes No
- Marital status: Single Married Separated Divorced Remarried Widowed Domestic partners
 Currently living apart from spouse. If living apart, explain: _____
2. Conservatee's health insurance: Private insurance Tri-Care Medi-Cal Medicare Other: _____

CONSERVATORSHIP OF <i>(name):</i> _____ <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER: _____
---	--------------------

ABOUT THE CONSERVATEE (continued)

3. Is the Conservatee a client of a Regional Center? No Yes If yes, provide details below:
 Regional Center (*name and address*): _____
 Case Manager: _____ Telephone No.: _____
 Date of last *Individual Program Plan* review: _____
 The Conservator was present in person present by phone not present
 If Conservator did not participate, explain: _____
4. Does the Conservatee attend school or an Employment / Day Program / Training Site? No Yes If yes, provide details:
 Name and Address: _____
 Usual hours and days of attendance: _____
 School / Program / Employer / Contact person: _____ Telephone No.: _____
5. List all residences / placements of the Conservatee for the last 5 years: _____

6. It is necessary to change the residence of the Conservatee now? No Yes
 If yes, explain: _____
7. Does the Conservator work for the Conservatee in any capacity (*health care, housekeeping, etc.*)? No Yes
 If yes, explain: _____
8. Will the Conservator be available to transport the Conservatee to medical, dental, optical, audiological, psychiatric, or other appointments? Yes No If no, explain how these needs will be met: _____

9. Who will manage the Conservatee's money and pay the bills? _____
10. List persons who have access to the personal mail, bank statements, or other financial records or information of the Conservatee:

Name:	Daytime Telephone:	Relationship:
Name:	Daytime Telephone:	Relationship:

11. Does a *Durable Power of Attorney* or a *Durable Power of Attorney for Health Care* exist? No Yes
12. If yes, where is it located? _____ When was it signed? _____
 Who is named with powers? _____

CONSERVATORSHIP OF <i>(name):</i> _____ <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER: _____
---	--------------------

ABOUT THE CONSERVATEE (continued)

13. Does the Conservatee have a Will? No Yes

If yes, where is the will located? _____ When was it signed? _____

List all beneficiaries and their relationship to the Conservatee:

Name:	Relationship:
Name:	Relationship:

14. Does the Conservatee have a Trust(s)? No Yes If yes, mark one: Revocable Irrevocable

If yes, provide the following: Preparer of Trust (*name*): _____ Date of Trust: _____

Named Trustee(s): _____

List assets and value in Trust:

Asset:	Value:
Asset:	Value:

15. Is the Conservatee the beneficiary of a Trust? No Yes If yes: Revocable or Irrevocable

If yes, provide the following: Preparer of Trust (*name*): _____ Date of Trust: _____

Named Trustee(s): _____

Nature of beneficial interest for the Conservatee: _____

16. Is the Conservatee's spouse or registered domestic partner deceased? No Yes If yes, date of death: _____

Was there community property? _____

Was there a Will? No Yes If yes, provide details: _____

Has a probate petition of the Will been filed? No Yes If yes, where? _____

Will a probate petition of the Will be filed? No Yes If yes, where? _____

CONSERVATORSHIP OF (name):	CASE NUMBER:
CONSERVATEE	

RELATIVES OF THE CONSERVATEE

If a relative listed below is deceased, enter their name and enter the word *deceased* in the mailing address section. Include date of death if known:

Father	Name:	Daytime Telephone:
	Mailing Address:	
Mother	Name:	Daytime Telephone:
	Mailing Address:	
Spouse or Registered Domestic Partner	Name:	Daytime Telephone:
	Mailing Address:	
Adult Child	Name:	Daytime Telephone:
	Mailing Address:	
Adult Child	Name:	Daytime Telephone:
	Mailing Address:	
Brother	Name:	Daytime Telephone:
	Mailing Address:	
Brother	Name:	Daytime Telephone:
	Mailing Address:	
Sister	Name:	Daytime Telephone:
	Mailing Address:	
Sister	Name:	Daytime Telephone:
	Mailing Address:	
Grandfather	Name:	Daytime Telephone:
	Mailing Address:	
Grandfather	Name:	Daytime Telephone:
	Mailing Address:	
Grandmother	Name:	Daytime Telephone:
	Mailing Address:	

CONSERVATORSHIP OF <i>(name):</i>	CASE NUMBER:
CONSERVATEE	

RELATIVES OF THE CONSERVATEE *(continued)*

Grandmother	Name:	Daytime Telephone:
	Mailing Address:	
Adult Grandchild	Name:	Daytime Telephone:
	Mailing Address:	
Adult Grandchild	Name:	Daytime Telephone:
	Mailing Address:	
Relative pursuant to PC Section 1821(b)	Name:	Daytime Telephone:
	Mailing Address:	
Relative pursuant to PC Section 1821(b)	Name:	Daytime Telephone:
	Mailing Address:	

NEIGHBORS AND CLOSE FRIENDS OF THE CONSERVATEE:

Neighbor	Name:	Daytime Telephone:
	Mailing Address:	
Neighbor	Name:	Daytime Telephone:
	Mailing Address:	
Close Friend	Name:	Daytime Telephone:
	Mailing Address:	
Close Friend	Name:	Daytime Telephone:
	Mailing Address:	

Number of pages attached: _____

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

Date: _____

_____ _____
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)
(SIGNATURE OF PERSON COMPLETING THIS FORM)