

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF (name):	CONSERVATEE
<b>CONFIDENTIAL CONSERVATORSHIP QUESTIONNAIRE</b> <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Limited <input type="checkbox"/> Successor	CASE NUMBER:
<p><b>NOTICE:</b> 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*): \_\_\_\_\_

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**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*): \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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? \_\_\_\_\_

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**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 below:

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 <i>(name):</i>	CASE NUMBER:
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### 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)