



Please send completed questionnaire to:  
**Aaron, Riechert, Carpol & Riffle, APC**  
 900 Veterans Blvd., Suite 600  
 Redwood City, CA 94063  
 General Fax: 650.367.8531

## CONSERVATORSHIP QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly.

GENERAL CLIENT INFORMATION					
NAME (LAST)		FIRST		MI	
STREET ADDRESS		CITY	STATE		ZIP CODE
HOME TELEPHONE		WORK/ALTERNATE TELEPHONE		EMAIL	
RELATIONSHIP TO PROPOSED CONSERVATEE					
I. PERSONAL AND FAMILY DATA OF PROPOSED CONSERVATEE					
<b>A</b>	NAME OF CONSERVATEE (LAST)		FIRST		MI
STREET ADDRESS ( <i>DURING THE PAST FIVE YEARS</i> )			BIRTH DATE / /	SOCIAL SECURITY NUMBER	
CITY		STATE	ZIP CODE	HOME TELEPHONE	
PERMANENT ADDRESS ( <i>IF DIFFERENT FROM ABOVE</i> )					
CITY		STATE	ZIP CODE	TELEPHONE	
RESIDENCE ADDRESS ( <i>IF DIFFERENT FROM ABOVE</i> )					
CITY		STATE	ZIP CODE	TELEPHONE	
CAN CONSERVATEE CONTINUE TO LIVE AT THIS PLACE OF RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, PLEASE STATE REASON CHANGE IS PROPOSED.					
<b>B</b>	NAME OF CONSERVATEE'S SPOUSE OR DOMESTIC PARTNER (LAST)		FIRST		MI
PLACE OF MARRIAGE OR REGISTRATION				MARRIAGE OR REGISTRATION DATE / /	
PLACE OF BIRTH				BIRTH DATE / /	
<b>C</b>	NAME OF FORMER SPOUSE (LAST)		FIRST		MI
PRIOR DATE OF MARRIAGE/REGISTRATION / /		DATE OF TERMINATION / /		MANNER OF TERMINATION	

**A. PERSONAL AND FAMILY DATA OF PROPOSED CONSERVATEE (CONTINUED)**

**D** NAMES, ADDRESSES, AND RELATIONSHIPS OF RELATIVES WITHIN SECOND DEGREE (i.e. children, parents, grandchildren, grandparents, brothers, sisters)

**E** IF NO SPOUSE/DOMESTIC PARTNER OR SECOND DEGREE RELATIVES, PLEASE LIST THE NAMES, ADDRESSES, AND RELATIONSHIPS OF:

SPOUSE/DOMESTIC PARTNER OF PREDECEASED PARENT OF PROPOSED CONSERVATEE

CHILDREN OF PREDECEASED SPOUSE/DOMESTIC PARTNER OF PROPOSED CONSERVATEE

SIBLINGS OF PROPOSED CONSERVATEE'S PARENTS, BUT IF NONE, CHILDREN OF PROPOSED CONSERVATEE'S PARENTS' SIBLINGS

CHILDREN OF PROPOSED CONSERVATEE'S SIBLINGS

**F** PLEASE PROVIDE NAME AND CONTACT INFORMATION FOR PROPOSED CONSERVATEE'S ATTORNEY, IF ANY

**II. PHYSICAL CONDITION OF PROPOSED CONSERVATEE**

**A** NATURE AND EXTENT OF INFIRMITY

**B** WILL PROPOSED CONSERVATEE BE ABLE TO ATTEND HEARING?  YES  NO

IS PROPOSED CONSERVATEE WILLING TO ATTEND?  YES  NO IF NOT, PLEASE EXPLAIN.

**II. PHYSICAL CONDITION OF PROPOSED CONSERVATEE (CONTINUED)**

<b>C</b>	NAME OF PHYSICIAN (LAST)	FIRST	MI
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STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
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<b>D</b>	HEALTH AND SOCIAL SERVICES PROVIDED TO THE PROPOSED CONSERVATEE DURING THE PAST YEAR
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<b>E</b>	IS PROPOSED CONSERVATEE A PATIENT IN OR ON LEAVE OF ABSENCE FROM A CALIFORNIA STATE INSTITUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE PROVIDE NAME AND ADDRESS OF FACILITY
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NAME OF FACILITY

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
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<b>F</b>	IS PROPOSED CONSERVATEE RECEIVING BENEFITS FROM THE VETERANS ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE ADDRESS OF OFFICE HANDLING CLAIM AND CLAIM NUMBER.
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NAME OF OFFICE

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
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<b>G</b>	IS PROPOSED CONSERVATEE DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE PROVIDE ADDRESS OF LOCAL REGIONAL CENTER WORKING WITH PROPOSED CONSERVATEE.
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CONTACT AT REGIONAL CENTER

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
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**III. PETITION FOR APPOINTMENT OF CONSERVATOR**

<b>A</b>	NAME OF PETITIONER (LAST)	FIRST	MI
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STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
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<b>B</b>	NAME OF PROPOSED CONSERVATOR (LAST)	FIRST	MI
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STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
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BIRTH DATE /  /	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
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**III. PETITION FOR APPOINTMENT OF CONSERVATOR (CONTINUED)**

RELATIONSHIP OF PROPOSED CONSERVATOR OF PERSON, OF PERSON AND ESTATE, OR OF ESTATE TO PROPOSED CONSERVATEE:

DOES HE OR SHE CONSENT TO APPOINTMENT?  YES  NO

WHAT ARE HIS OR HER QUALIFICATIONS TO ACT?

**C** HAS PROPOSED CONSERVATEE NOMINATED A CONSERVATOR?  YES  NO  
IF SO, GIVE NAMES, ADDRESSES, TELEPHONE NUMBERS, AND RELATIONSHIPS OF NOMINEES IN ORDER OF HIS OR HER PREFERENCE.

**IV. TEMPORARY CONSERVATOR**

**A** DESCRIBE ANY EMERGENCY THAT REQUIRES A TEMPORARY CONSERVATOR OF THE PERSON OR ESTATE PENDING APPOINTMENT OF PERMANENT CONSERVATOR.

<b>B</b>	NAME OF TEMPORARY CONSERVATOR (LAST)	FIRST	MI
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STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
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RELATIONSHIP OF PROPOSED CONSERVATOR OF PERSON, OF PERSON AND ESTATE, OR OF ESTATE TO PROPOSED CONSERVATEE:

DOES HE OR SHE CONSENT TO APPOINTMENT?  YES  NO

**V. FINANCIAL STATUS**

**A** **ASSETS:** OBTAIN DESCRIPTION, LOCATION, ESTIMATED VALUE, WHEN ACQUIRED, HOW TITLE IS HELD, COST, AND ENCUMBRANCES FOR THE FOLLOWING PROPERTY:

BANK AND SAVINGS AND LOAN ASSOCIATION ACCOUNTS, NAME AND ADDRESS OF INSTITUTION OR BRANCH

REAL PROPERTY

SECURITIES

V. FINANCIAL STATUS (CONTINUED)

TANGIBLE PERSONAL PROPERTY (E.G., JEWELRY, PAINTINGS, CARS, HOUSEHOLD FURNITURE)

INSURANCE POLICIES (E.G., LIFE, HEALTH, DISABILITY, AUTO)

BUSINESS INTERESTS

PROPERTY LOCATED OUTSIDE CALIFORNIA

OTHER PROPERTY, E.G., ROYALTIES, MINERAL INTERESTS, ACCOUNTS OR NOTES RECEIVABLE

JOINTLY HELD PROPERTY AND TOTTEN TRUSTS

TRUSTS OF WHICH PROPOSED CONSERVATEE IS BENEFICIARY

**B** DEBTS: GIVE NAMES AND ADDRESSES OF CREDITORS, AMOUNT OF INDEBTEDNESS, NATURE OF DEBTS, AND WHETHER LIABILITY IS ADMITTED OR DISPUTED

**C** STANDARD OF LIVING

ANNUAL INCOME AND SOURCES

LIVING COSTS, INCLUDING RENT OR MORTGAGE PAYMENTS, MEDICAL COSTS, CLOTHING AND FOOD CHARGES, ENTERTAINMENT COSTS

V. FINANCIAL STATUS (CONTINUED)

IF INCOME INSUFFICIENT FOR LIVING EXPENSES, WHAT ASSETS ARE AVAILABLE FOR SALE? WHAT ASSETS SHOULD BE USED FIRST?

DID PROPOSED CONSERVATEE MAKE REGULAR GIFTS?  YES  NO IF SO, TO WHOM AND IN WHAT AMOUNTS?

WHOM DID PROPOSED CONSERVATEE SUPPORT, AND IN WHAT AMOUNTS?

<b>D</b>	<b>MISCELLANEOUS</b>
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**SAFE-DEPOSIT BOXES: NAME OF INSTITUTION**

STREET ADDRESS

CITY	STATE	ZIP CODE	BOX NUMBER
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DESCRIBE CONTENTS

LOCATION OF SAFETY DEPOSIT KEYS

NAME AND ADDRESS OF ANY OTHER PERSON HAVING ACCESS TO SAFETY DEPOSIT BOX

**NAME, ADDRESS, AND DESCRIPTION OF CLAIM BY OTHERS TO PROPERTY HELD BY PROPOSED CONSERVATEE.**

IS CLAIM ADMITTED?  YES  NO

DESCRIPTION OF CLAIM BY PROPOSED CONSERVATEE TO PROPERTY HELD BY ANOTHER

NAME OF THIRD PARTY

STREET ADDRESS

V. FINANCIAL STATUS (CONTINUED)

CITY	STATE	ZIP CODE
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DESCRIPTION OF PROPERTY

NATURE OF CLAIM

IS PROPOSED CONSERVATEE A PARTY TO ANY CONTRACTS?  YES  NO

NAME AND ADDRESS OF OTHER PARTIES TO CONTRACT, NATURE OF CONTRACT, AND COPY, IF AVAILABLE

**E** PROPOSED CONSERVATEE'S TESTAMENTARY PLANS

HAS PROPOSED CONSERVATEE MADE A WILL?  YES  NO

IS A COPY AVAILABLE?  YES  NO IF SO, TO WHOM AND FROM WHOM?

WHAT ARE PROPOSED CONSERVATEE'S TESTAMENTARY PLANS?

NAMES AND ADDRESSES OF PERSONS WHO ASSISTED IN PLANNING?

**F** IS PROPOSED CONSERVATEE THE SETTLOR OR TRUSTEE OF ANY TRUST?  YES  NO