



Please send completed questionnaire to:
Aaron, Riechert, Carpol & Riffle, APC
 P.O. Box 5787
 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	
HOME TELEPHONE		WORK/ALTERNATE TELEPHONE		EMAIL		
RELATIONSHIP TO PROPOSED CONSERVATEE						
I. PERSONAL AND FAMILY DATA OF PROPOSED CONSERVATEE						
A	NAME OF CONSERVATEE (LAST)		FIRST			MI
STREET ADDRESS (DURING THE PAST FIVE YEARS)			BIRTH DATE / /	SOCIAL SECURITY NUMBER		
CITY	STATE	ZIP CODE		HOME TELEPHONE		
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)						
CITY	STATE	ZIP CODE		TELEPHONE		
RESIDENCE ADDRESS (IF DIFFERENT FROM ABOVE)						
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	NAME OF CONSERVATEE'S SPOUSE (LAST)		FIRST			MI
PLACE OF MARRIAGE				MARRIAGE DATE / /		
PLACE OF BIRTH				BIRTH DATE / /		
C	NAME OF FORMER SPOUSE (LAST)		FIRST			MI
PRIOR DATE OF MARRIAGE / /		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 OR SECOND DEGREE RELATIVES, PLEASE LIST THE NAMES, ADDRESSES, AND RELATIONSHIPS OF:

SPOUSE OF PREDECEASED PARENT OF PROPOSED CONSERVATEE

CHILDREN OF PREDECEASED SPOUSE 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

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)

C	NAME OF PHYSICIAN (LAST)	FIRST	MI
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
D	HEALTH AND SOCIAL SERVICES PROVIDED TO THE PROPOSED CONSERVATEE DURING THE PAST YEAR.		

E	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.		
NAME OF FACILITY			
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE

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

G	IS PROPOSED CONSERVATEE DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, GIVE ADDRESS OF LOCAL REGIONAL CENTER WORKING WITH THE PROPOSED CONSERVATEE.		
NAME OF FACILITY			
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE

III. PETITION FOR APPOINTMENT OF CONSERVATOR

A	NAME OF PETITIONER (LAST)	FIRST	MI
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
RELATIONSHIP TO CONSERVATEE (NOT A CREDITOR)			
IF PROPOSED CONSERVATEE IS PETITIONER, DID PETITIONER WAIVE BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DOES PROPOSED CONSERVATEE CONSENT TO CONSERVATORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO			

III. PETITION FOR APPOINTMENT OF CONSERVATOR

B	NAME OF PROPOSED CONSERVATOR (LAST)	FIRST	MI
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
RELATIONSHIP OF PROPOSED CONSERVATOR OF PERSON, OF PERSON AND ESTATE, OR OF ESTATE.			
DOES HE OR SHE CONSENT TO APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT ARE HIS OR HER QUALIFICATIONS TO ACT?			

C	HAS PROPOSED CONSERVATEE NOMINATED CONSERVATOR? <input type="checkbox"/> YES <input type="checkbox"/> 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 TEMPORARY CONSERVATOR OF THE PERSON OR ESTATE PENDING APPOINTMENT OF PERMANENT CONSERVATOR.

B	NAME OF TEMPORARY CONSERVATOR (LAST)	FIRST	MI
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
RELATIONSHIP OF PROPOSED CONSERVATOR OF PERSON, OF PERSON AND ESTATE, OR OF ESTATE.			
DOES HE OR SHE CONSENT TO APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

V. FINANCIAL STATUS

A

ASSETS: OBTAIN DESCRIPTION, LOCATION, ESTIMATED VALUE OF THE FOLLOWING ITEMS, WHEN ACQUIRED, HOW TITLE IS HELD, COST, AND ENCUMBRANCES

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

REAL PROPERTY

SECURITIES

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

V. FINANCIAL STATUS (CONTINUED)

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

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?

D MISCELLANEOUS

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

V. FINANCIAL STATUS (CONTINUED)

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

CITY	STATE	ZIP CODE	BOX NUMBER
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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