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CONSERVATORSHIP—INFORMATION SHEET

Thank you for taking the time to complete this questionnaire. Much of the law firm's time can be spent discovering sufficient information to prepare the Petition for Conservatorship

PROPOSED CONSERVATEE (Person who needs to be conserved)

Full Name: _____ Age: _____

Home Address: _____ Phone: _____

_____ Birthdate: _____

Driver's License No. _____ Soc Sec No.: _____

Spouse Name (if married): _____

HOSPITAL/CONVALESCENT/NURSING HOME?

Is conservatee presently in hospital, an assisted living facility or nursing home? Yes / No .

If yes, please provide info:

Name: _____

Address: _____ Phone: _____

CONSERVATEE'S PHYSICIAN

Name: _____

Address: _____ Phone: _____

Will the physician support the appointment? Yes / No

CHILDREN/OTHER CLOSEST RELATIVES:

Full Name: _____

Home Address: _____

Telephone: _____ Relationship: _____

Age: 18 or older Under 18 years

Full Name: _____

Home Address: _____

Telephone: _____ Relationship: _____

Age: 18 or older Under 18 years

Full Name: _____

Home Address: _____

Telephone: _____ Relationship: _____

Age: 18 or older Under 18 years

Full Name: _____

Home Address: _____

Telephone: _____ Relationship: _____

Age: 18 or older Under 18 years

Does proposed conservatee have a Will/Trust? Yes / No

(If Yes, then please bring in to make a copy)

Name of accountant or tax preparer: _____

Will the person in need consent to the appointment? Yes / No

Will anyone oppose the appointment? Yes / No

Any Power of Attorney currently in effect? Yes / No

If yes, to whom? (Name/address/tel # _____)

Has there been a prior conservatorship been initiated? Yes / No

If yes, please provide details (Date of conservatorship/ name of proposed conservatee/court location of conservatorship/Outcome: _____)

PROPOSED CONSERVATEE's PHYSICAL AND MENTAL CONDITION

Briefly describe the conservatee's physical and mental condition: _____

**REASONS FOR CONSERVATORSHIP OF PERSON
NATURE OF DISABILITY**

- Medical or physical disability/advanced age
- Senility/forgetfulness/eyesight/hearing problems
- Inability to feed, dress, bathe, etc.
- Incontinence of bowel and/or bladder:
- Needs supervision for safety

Description of Disability: _____

Does the person need to stay in a care facility, or be moved to a care facility? Yes / No

If yes, please give examples showing why the person needs to be in a care facility:

Does the person need help to respond to other problems? Yes / No

If yes, please describe the other problems and the help needed:

What other kinds of help and services have been tried in the past year? (For example, help with housekeeping or bathing; someone setting up the medication or balancing the checkbook; medical or mental health treatment)

When applying for a conservatorship, the court wants to hear reasons why the proposed conservatee is unable to take care of his/her personal needs/financial affairs. Due to the sensitivity of this information, these reasons are filed with the court under a document called a "Confidential Supplement Information" form.

Attached to this questionnaire is a guideline to preparing this document together with sample "reasons." Each case is different. We suggest that you read the attachment and then contact us so that we can prepare this document together.

REASONS FOR CONSERVATORSHIP OF ESTATE

- Inability to manage financial affairs/write checks, pay bills
- Needs help to protect assets from loss or injury
- Inability to resist undue influence.

Who else has personal experience with the situations you described? (For example, caregivers, case managers, other family members, friends and neighbors)

PROPOSED CONSERVATOR BOND INFORMATION:

(Person preferred or willing to act as Conservator)

Full Name: _____ Age: _____

Home Address: _____ Phone: _____

_____ Birthdate: _____

Driver's License No. _____ Soc Sec No.: _____

Relationship to conservatee: _____ How long known conservatee _____

Has the proposed conservator filed for bankruptcy, been convicted of a crime, or had any occupational or professional license revoked? Yes / No If yes, please explain:

BOND INFORMATION: If a conservator of the estate is necessary, the proposed conservator may need to be "bonded" aka "insured." The amount of the bond is as calculated as follows:

Note: If surety company: Bond = personal property + yearly income gross from real estate, and public benefits. If personal - = twice above amount. Alternatives: Blocked accounts?

Calculation:

Personal Property	\$ _____
Annual gross income from real property	\$ _____
From personal property	\$ _____
TOTAL BOND REQUIRED (if surety *)	\$ _____

- Double if personal surety used

Does the proposed conservator have a good credit score? Yes / No

ESTATE FINANCIAL INFORMATION SUMMARY

(Rough estimates are okay)

INCOME

Proposed Conservatee Will Be Receiving Benefits From:

- Social Security \$ _____
- V.A. \$ _____
- Pension or Retirement Plan \$ _____
- Disability or Insurance benefits \$ _____
- Trust fund \$ _____
- Estimated total monthly income \$ _____

ASSETS

1. Real Property or Mobile Home:

Location (city, state)	Name(s) on Title	Mortgage Balance	Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

2. Money in Savings and Loan, Bank, T-Bills; IRA's, Credit Unions:

<u>Location</u>	<u>Account Number</u>	<u>Whose Names</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

3. Stocks, Bonds or Td Notes Owned by Conservatee:

<u>Company</u>	<u>Number of Shares</u>	<u>Whose Names</u>	<u>Market Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4 Safe deposit box? Yes / No

5. Life Insurance Policies:

<u>Company</u>	<u>Policy Number</u>	<u>Beneficiary</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. Other Assets (*Automobiles, trucks, boats, motorhome, etc.*):

RELATIVES TO BE GIVEN NOTICE (Within 2nd Degree)

Spouse

Name: _____

Address: _____

Children

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Grandchildren

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Parents

Name: _____

Address: _____

Name: _____

Address: _____

Sisters

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Brothers

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

DESCRIPTION OF ELDER'S INCAPACITY – COMPLETING THE CONFIDENTIAL SUPPLEMENT INFORMATION FORM

The purpose of this questionnaire is to elicit your help in completing one of the forms required by the court for the conservatorship – the Confidential Supplemental Information form.

In requesting that a conservator be appointed for the proposed conservatee, we have to show the court that, in the case of a conservatorship of the estate, that the proposed conservatee is incapable of managing his/her finances, and in the case of a conservatorship of the person, that s/he is unable to make health decisions for him/herself.

In this form, you will provide the court with personal information about the proposed conservatee and his/her needs. The form is designed to help a judge determine whether a conservatorship is necessary, while simultaneously keeping personal - and often embarrassing - information out of the public court record. ¹

Conservatorship of the Person

The court wants to hear reasons why the proposed conservatee is unable to take care of his/her personal needs. Included here should be detailed information in the form of anecdotal examples from his/her daily life illustrating his/her inability to provide for his/her physical health, food, clothing and shelter. I have attached some samples to this questionnaire.

To help “trigger” some anecdotes, it is best to use as a yardstick the proposed conservatee’s ability to perform each of the 7 “modalities” of activities of daily living (aka “ADLs”). The modalities are:

1. Eating (can s/he feed him/herself or does s/he need assistance/reminders to do so)
2. Personal Hygiene (including bathing and grooming - can s/he do all these things him/herself or does s/he need assistance to do so; does s/he remember to bathe him/herself?);
3. Dressing (can she dress him/herself; does s/he dress appropriately for the day e.g. putting on a light sweater on a very cold day)
4. Toileting
5. Walking; and
6. Transferring (getting up from a chair); and
7. Taking Medication.

In addition, there are several “instrumental” ADLs including:

8. Driving,
9. Preparing Meals,
10. Doing Housework,
11. Shopping,
12. Managing Medication, and
13. Using the Telephone

¹ The completed document is available only to those people who are entitled to notice of the conservatorship or those who have appeared in the proceeding. The court has discretion to release the document to anyone else, and may only do so if it is in the conservatee’s interest (Probate Code §1821(a)).

You can also consider the following questions:

- A. Does s/he recognize people, does s/he remember their names, family birthdates etc.?
- B. How good is his/her judgment? For example, if s/he is driving, how close to the curb does s/he drive?
- C. Does s/he know the day, date/time of day when you see him/her?
- D. Is s/he resistant to care?
- E. Does s/he wander?
- F. Does s/he suffer from delusions;
- G. Does s/he make any inappropriate sexual or social behavior?
- H. Does s/he have a problem talking, reading or expressing him/herself to others?
- I. Does s/he have a problem understanding what you (or others) are telling him/her?

Conservatorship of the Estate

Similar to the conservatorship of the Person, the court wants to hear reasons why the proposed conservatee is unable to take care of his/her finances or resist fraud or undue influence. Once again, you should include specific examples from his/her own daily life and state facts, not conclusions.

Questions that may “trigger” examples are:

- 1. Does s/he know what property s/he owns?
- 2. Does s/he know his/her bank name?
- 3. Does s/he remember to pay bills each month?
- 4. Is s/he susceptible to sales calls?
- 5. Does s/he know the price of food items?

I would appreciate if you could either complete the following citing examples of the proposed conservatee’s inability to care for him/herself, or else call me and tell me verbally what those examples are.
