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## **CLIENT QUESTIONNAIRE – CONSERVATORSHIP**

Using this questionnaire will assist us in filing a petition for conservatorship. Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly.

### **Part 1: Petitioner's Information (Proposed Conservator)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Relation to Proposed Conservatee: \_\_\_\_\_

If petitioner is the proposed conservatee's spouse, is petitioner a party to legal separation, dissolution, or annulment, or adjudication of nullity of marriage proceeding? [Y/N]

Is petitioner a creditor? (Does the proposed conservatee owe petitioner money?) [Y/N]

### **Part 2: Proposed Conservatee's Personal and Family Data**

Name (and all variations used): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address during the past 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent address if different from that given above:

\_\_\_\_\_  
\_\_\_\_\_

Residence address if different from that given above:

\_\_\_\_\_  
\_\_\_\_\_



Is proposed conservatee receiving benefits from the Veterans Administration? If so, give address of office handling claim and claim number:

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Is proposed conservatee developmentally disabled? If so, give address of local regional center working with the proposed conservatee:

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Has proposed conservatee received any health or social services or estate management assistance during the past year? If so, please describe in detail.

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Please answer the following questions.

1. Can the proposed conservatee bathe, groom, and dress without assistance? [Y/N]
2. Does he or she smell bad or wear soiled clothing? [Y/N]
3. What is his or her physical condition? Is he or she bedridden or in a wheelchair? Can he or she walk unassisted? [Y/N]
4. Does he or she cook for himself or herself? Shop for himself or herself? [Y/N]
5. Have there been recent medical crises? Has he or she fallen recently or been hospitalized? [Y/N]
6. What is the Proposed Conservatee's medical condition? Please provide detailed information.
  - a. Is he or she forgetful? If yes, describe the consequences of the forgetfulness  

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  - b. Is he or she delusional or suffering from hallucinations? If yes, describe the consequences of these problems.  

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  - c. Does he or she recognize familiar people, places, and things? [Y/N]
  - d. Is he or she oriented in time? [Y/N]
  - e. Does he or she recognize his or her physical needs? Can he or she communicate these needs to others who can meet them? [Y/N]

7. Where does he or she live? What is the condition of the home? Are there trip-and-fall hazards? Do the appliances work?
8. Do other people live with the proposed conservatee? Do they help or take advantage of him or her?
9. Does the proposed conservatee pay his or her bills? Has he or she received notice of nonpayment of utilities? Does he or she bounce checks? Forget to pay bills?
10. Has he made imprudent gifts? Does he play the lottery or participate in sweepstakes?
11. What health and social services were provided to the proposed conservatee during the past year?
12. Will the proposed conservatee be able to attend a court hearing? If not, explain.

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13. Is the proposed conservatee willing to attend a court hearing? If not, explain.

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14. Is the proposed conservatee available for personal service of process (i.e. he can receive a legal notice for himself)? If not, explain.

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15. Does the proposed conservatee consent to conservatorship? Will the proposed conservatee consent to conservatorship? If not, explain.

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16. Has the proposed conservatee nominated a conservator? If so, give names, addresses, telephone numbers, and relationships of nominees in order of his or her preference.

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**Part 5: Proposed Conservatee's Financial Condition**

What is the proposed conservatee's annual income? List annual gross income from the following sources.

- (a) Real property: \$ \_\_\_\_\_
- (b) Personal property: \$ \_\_\_\_\_
- (c) Pensions: \$ \_\_\_\_\_

(d) Wages: \$ \_\_\_\_\_

(e) Public assistance benefits: \$ \_\_\_\_\_

(f) Other: \$ \_\_\_\_\_

How much is the estimated value of proposed conservatee's personal property? \$ \_\_\_\_\_

How much is the estimated value of proposed conservatee's real property? \$ \_\_\_\_\_

How much income is necessary for living costs, including rent or mortgage payments, medical costs, clothing and food charges, entertainment?

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If income is insufficient for living expenses, what assets are available for sale? What assets should be used first?

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Did proposed conservatee make regular gifts and, if so, to whom and in what amounts?

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Whom did proposed conservatee support, and in what amount?

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#### **Part 6: Temporary Conservatorship**

Describe any emergency that requires temporary conservator of the person or estate pending appoint of permanent conservator.

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If emergency is related to potential loss regarding property, describe in detail the type of the property. If real property, provide address of the real property.

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#### **Part 7: Alternative to Conservatorship**

Have the proposed conservatee executed any of the following? Please check. Also, provide a copy of the documents, if any.

- \_\_\_ 1. Will
- \_\_\_ 2. Joint tenancy deed
- \_\_\_ 3. Revocable trust
- \_\_\_ 4. Medical consent
- \_\_\_ 5. Limited powers of attorney
- \_\_\_ 6. Durable power of attorney for health care
- \_\_\_ 7. Durable power of attorney for estate management
- \_\_\_ 8. Any other estate planning or testamentary plans

**END OF DOCUMENT. THANK YOU.**