



Please send completed questionnaire to:  
**Aaron, Riechert, Carpol & Riffle, APC**  
 333 Twin Dolphin Drive, Suite 350  
 Redwood City, CA 94065  
 Main Phone: 650.368.4662  
 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						
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 OR DOMESTIC PARTNER (LAST)		FIRST			MI
PLACE OF MARRIAGE OR REGISTRATION				MARRIAGE OR REGISTRATION DATE / /		
PLACE OF BIRTH				BIRTH DATE / /		
C	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>	<b>NAME OF PHYSICIAN (LAST)</b>	<b>FIRST</b>	<b>MI</b>
	STREET ADDRESS		

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE</b>
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<b>D</b>	<b>HEALTH AND SOCIAL SERVICES PROVIDED TO THE PROPOSED CONSERVATEE DURING THE PAST YEAR</b>
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<b>E</b>	<b>IS PROPOSED CONSERVATEE A PATIENT IN OR ON LEAVE OF ABSENCE FROM A CALIFORNIA STATE INSTITUTION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE PROVIDE NAME AND ADDRESS OF FACILITY
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NAME OF FACILITY
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STREET ADDRESS			
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<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE</b>
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<b>F</b>	<b>IS PROPOSED CONSERVATEE RECEIVING BENEFITS FROM THE VETERANS ADMINISTRATION?</b> <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
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STREET ADDRESS			
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<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE</b>
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<b>G</b>	<b>IS PROPOSED CONSERVATEE DEVELOPMENTALLY DISABLED?</b> <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
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STREET ADDRESS			
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<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE</b>
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**III. PETITION FOR APPOINTMENT OF CONSERVATOR**

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

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

STREET ADDRESS			
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CITY	STATE	ZIP CODE	TELEPHONE
BIRTH DATE / /	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	

**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	
<b>V. FINANCIAL STATUS (CONTINUED)</b>	
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>B</b>	<b>DEBTS: GIVE NAMES AND ADDRESSES OF CREDITORS, AMOUNT OF INDEBTEDNESS, NATURE OF DEBTS, AND WHETHER LIABILITY IS ADMITTED OR DISPUTED</b>
<b>C</b>	<b>STANDARD OF LIVING</b>

ANNUAL INCOME AND SOURCES			
LIVING COSTS, INCLUDING RENT OR MORTGAGE PAYMENTS, MEDICAL COSTS, CLOTHING AND FOOD CHARGES, ENTERTAINMENT COSTS			
<b>V. FINANCIAL STATUS (CONTINUED)</b>			
IF INCOME INSUFFICIENT FOR LIVING EXPENSES, WHAT ASSETS ARE AVAILABLE FOR SALE? WHAT ASSETS SHOULD BE USED FIRST?			
DID PROPOSED CONSERVATEE MAKE REGULAR GIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, TO WHOM AND IN WHAT AMOUNTS?			
WHOM DID PROPOSED CONSERVATEE SUPPORT, AND IN WHAT AMOUNTS?			
<b>D</b>	<b>MISCELLANEOUS</b>		
SAFE-DEPOSIT BOXES: NAME OF INSTITUTION			
STREET ADDRESS			
CITY	STATE	ZIP CODE	BOX NUMBER
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


<b>E</b>	<b>PROPOSED CONSERVATEE'S TESTAMENTARY PLANS</b>
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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?

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NAMES AND ADDRESSES OF PERSONS WHO ASSISTED IN PLANNING?

<b>F</b>	<b>IS PROPOSED CONSERVATEE THE SETTLOR OR TRUSTEE OF ANY TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>
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