



Please send completed questionnaire to:
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 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 (<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	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 NOIS PROPOSED CONSERVATEE WILLING TO ATTEND? YES NO IF NOT, PLEASE EXPLAIN.

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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 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, PLEASE PROVIDE ADDRESS OF LOCAL REGIONAL CENTER WORKING WITH PROPOSED CONSERVATEE.		
CONTACT AT REGIONAL CENTER			
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

B	NAME OF PROPOSED CONSERVATOR (LAST)	FIRST	MI
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 NAME OF TEMPORARY CONSERVATOR (LAST)

FIRST

MI

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

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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	

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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

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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? <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?

D	MISCELLANEOUS		
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.

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IS CLAIM ADMITTED? <input type="checkbox"/> YES <input type="checkbox"/> 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
DESCRIPTION OF PROPERTY		
NATURE OF CLAIM		
IS PROPOSED CONSERVATEE A PARTY TO ANY CONTRACTS? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

IS A COPY AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO