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. If necessary please use additional sheets of paper to answer the questions

GENERAL CLIENT INFORMATION

NAME (LAST)	FIRST	MI

STREET ADDRESS	CITY	STATE	ZIP CODE

HOME TELEPHONE	WORK/ALTERNATE TELEPHONE	EMAIL

RELATIONSHIP TO PROPOSED CONSERVATEE	PREFERRED PRONOUNS

I. PERSONAL AND FAMILY DATA OF PROPOSED CONSERVATEE

A	**NAME OF CONSERVATEE** (LAST)	FIRST	MI

PREFERRED PRONOUNS	BIRTH DATE	SOCIAL SECURITY NUMBER

STREET ADDRESS (*DURING THE PAST FIVE YEARS*)

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? ☐ YES ☐ 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	BIRTH DATE

ARE THERE ANY PENDING SEPARATION OR DISSOLUTION PROCEEDINGS?

C	**NAME OF FORMER SPOUSE** (LAST)	FIRST	MI

A. PERSONAL AND FAMILY DATA OF PROPOSED CONSERVATEE (CONTINUED)		
PRIOR DATE OF MARRIAGE/REGISTRATION	DATE OF TERMINATION	MANNER OF TERMINATION

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)

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**

IS PROPOSED CONSERVATEE RECEIVING ANY PUBLIC BENEFITS OR OTHER PUBLIC ASSISTANCE?
☐YES ☐ NO

IF YES, PLEASE DESCRIBE.

IS PROPOSED CONSERVATEE RECEIVING IN-HOME CAREGIVING SERVICE?
☐YES ☐ NO

IF YES, PLEASE DESCRIBE.

IF YES, HOW IS THE IN-HOME CAREGIVER PAID? IS A PAYROLL SERVICE BEING USED?

E **IS PROPOSED CONSERVATEE A PATIENT IN OR ON LEAVE OF ABSENCE FROM A CALIFORNIA STATE INSTITUTION?**
☐ YES ☐ 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?**
☐ YES ☐ 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?**
☐ YES ☐ 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
EMAIL ADDRESS	PREFERRED PRONOUNS	ALTERNATE TELEPHONE	
B	**NAME OF PROPOSED CONSERVATOR** (LAST)	FIRST	MI
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
EMAIL ADDRESS	BIRTH DATE	PREFERRED PRONOUNS	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER AND STATE		

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?

HAS PROPOSED CONSERVATOR FILED FOR BANKRUPTCY?

☐YES ☐ NO

OCCUPATION OF PROPOSED CONSERVATOR:

HAS PROPOSED CONSERVATOR BEEN CHARGED WITH OR COMMITTED ANY CRIMES IN THE PAST OF ANY DEGREE?

☐YES ☐ NO

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.**

IV. TEMPORARY CONSERVATOR (CONTINUED)

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

STREET ADDRESS

CITY	STATE	ZIPCODE
EMAIL ADDRESS	TELEPHONE	PREFERRED PRONOUNS

RELATIONSHIP OF PROPOSED TEMPORARY 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

HAS PROPOSED CONSERVATOR BEEN CHARGED WITH OR CONVICTED OF ANY CRIMES IN THE PAST OF ANY DEGREE?

REAL PROPERTY

SECURITIES

TANGIBLE PERSONAL PROPERTY (E.G., JEWELRY, PAINTINGS, CARS, HOUSEHOLD FURNITURE)

INSURANCE POLICIES (E.G., LIFE, HEALTH, DISABILITY, AUTO)

PENSION AND RETIREMENT PLANS

V. FINANCIAL STATUS (CONTINUED)

BUSINESS INTERESTS (E.G., PARTNERSHIP AGREEMENTS, SHAREHOLDER AGREEMENTS, BYLAWS)

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 A BENEFICIARY (IF APPLICABLE, INDICATE IF ANY ARE SPECIAL NEEDS TRUSTS AND PROVIDE COPIES)

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

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? ☐ YES ☐ NO IF SO, TO WHOM AND IN WHAT AMOUNTS?

WHOM DID PROPOSED CONSERVATEE SUPPORT, AND IN WHAT AMOUNTS?

D **MISCELLANEOUS**

IS PROPOSED CONSERVATEE THE TRUSTEE OF ANY TRUST? ☐ YES ☐ NO

DID PROPOSED CONSERVATEE HAVE A SAFE DEPOSIT BOX? ☐ YES ☐ NO

IF YES, PLEASE FILL OUT INFORMATION IF AVAILABLE

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

V. FINANCIAL STATUS (CONTINUED)

DESCRIPTION OF CLAIM BY PROPOSED CONSERVATEE TO PROPERTY HELD BY ANOTHER

NAME OF THIRD PARTY

STREET ADDRESS

CITY	STATE	ZIP CODE

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**

DOES THE PROPOSED CONSERVATEE HAVE AN ESTATE PLAN?

NAMES AND ADDRESSES OF PERSONS WHO ASSISTED IN PLANNING?

HAS PROPOSED CONSERVATEE EXECUTED ANY OF THE FOLLOWING DOCUMENTS? (CHECK ALL THAT APPLY.)

☐TRUST ☐ WILL ☐ ADVANCED HEALTH CARE DIRECTIVE ☐ POWER OF ATTORNEY

ARE COPIES OF THE ABOVE DOCUMENTS AVAILABLE? (IF YES, PROVIDE COPIES.)

☐YES ☐ NO

VI. ADDITIONAL NOTES