

**CONSERVATORSHIP/ELDER LAW CLINIC**

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Thursday 9:00 am-12:00 pm

**Conservatorship Questionnaire**

**INSTRUCTIONS: PLEASE COMPLETE ALL INFORMATION. IF ANY INFORMATION IS NOT RELEVANT, PLEASE INDICATE WITH "NA." IF YOU DO NOT KNOW THE INFORMATION, PLEASE INDICATE SO.**

**COMPLETE ALL INFORMATION**

**Please print in ink**

**A. INFORMATION ABOUT PROPOSED CONSERVATEE (Person needing care)**

1. Name: \_\_\_\_\_

Any other legal names: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Social Security No.: \_\_\_\_\_

4. Marital Status: \_\_\_\_\_ 5. Gender: \_\_\_\_\_

6. Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Telephone Phone No.: (\_\_\_\_) \_\_\_\_\_

A. If this is not a private home or apartment, what type of care facility is it? \_\_\_\_\_

\_\_\_\_\_

B. If a care facility, name and telephone number of person in charge of facility:

\_\_\_\_\_

8. Do you anticipate changing the proposed conservatee's residence? \_\_\_\_\_.

If yes, please give name and address of new residence and reason for change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. How much income does proposed conservatee receive monthly (please be as accurate as possible) from?

SSI \_\_\_\_\_ Social Security \_\_\_\_\_ Pension \_\_\_\_\_ Other \_\_\_\_\_

10. List any assets owned by proposed conservatee if you want to manage his or her finances (e.g., real property, bank accounts, jewelry, clothing, cars, etc).

Home \_\_\_\_\_ Bank Accounts Total Amount \_\_\_\_\_ Other Houses \_\_\_\_\_

Other property and approximate value: \_\_\_\_\_

## B. PHYSICAL CONDITION OF PROPOSED CONSERVATEE

1. Nature and extent of disability: \_\_\_\_\_

2. Is the proposed conservatee able to consent to the conservatorship? \_\_\_\_\_

If yes, will he or she consent? Y/N

3. Can the proposed conservatee physically attend hearing? Y/N

If not, explain: \_\_\_\_\_

4. Name of Primary Doctor: \_\_\_\_\_

Address (If doctor is on staff at a hospital, please provide name of Hospital, Room No. or Department) \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Last date seen by Primary Doctor: \_\_\_\_\_

5. Is proposed conservatee developmentally disabled? (Did disability begin before age 18?) Y/N

**If not, please skip #5 and 6** If so, is proposed conservatee under the supervision of a Regional Center? Y/N If yes, please complete 5 and 6:

Name of Regional Center: \_\_\_\_\_

Name of worker: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

6. For Limited Conservatees (Regional Center Clients Only)

- A. Can conservatee make decisions about his/her education? Y/N
- B. Can conservatee make decisions about his/her residence? Y/N
- C. Can conservatee make medical decisions? Y/N
- D. Can conservatee enter into a contract? Y/N
- E. Should conservatee have access to confidential records? Y/N
- F. Should conservatee make decisions about his/her social contacts? Y/N
- G. Should conservatee make decisions about his/her sexual contacts? Y/N
- H. Should conservatee have the right to marry or enter into a domestic partnership? Y/N

7. Does Proposed Conservatee receive any social services other than from a Regional Center? If

yes, please complete:

Name of agency: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name of Social Worker or Case Manager \_\_\_\_\_

8. Is proposed conservatee a patient in or on leave of absence from a California State facility? If yes, please complete:

Name of facility: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

9. Is proposed conservatee receiving benefits from the Veterans Administration? Y/N

10. Is proposed conservatee able to complete a Voter Registration form? Y/N

11. Who advised you to obtain a conservatorship? \_\_\_\_\_

12. Why do you need the conservatorship? \_\_\_\_\_

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

13. Does conservatee have any long range planning documents (power of attorney for health care or finances, will or trust)? \_\_\_\_\_

14. Do you think anyone will contest the conservatorship and if so, whom? \_\_\_\_\_

15. Do you want more than one conservator? \_\_\_\_\_
16. Can the conservatee be left alone? Y/N
17. Can the conservatee eat without assistance? Y / N
18. Can he/she prepare meals? Y / N
19. Can he/she walk? Y / N
20. Can he/she bathe without assistance? Y / N
21. Can he/she dress and groom without assistance? Y / N
22. Is conservatee able to maintain a clean living environment? Y / N
23. Can he/she go to the bathroom without assistance? Y / N
24. Does conservatee take medications without assistance? Y / N
25. Does conservatee wander or get lost? Y / N
26. Does conservatee know the date and time of day? Y / N
27. Does conservatee get confused easily? Y / N
28. Is conservatee verbal? Y / N
29. Does conservatee fail to recognize familiar people? Y / N
30. Does conservatee perceive or appreciate danger? Y / N
31. Can conservatee handle money transactions? Y / N
32. Can conservatee communicate with others regarding his/her financial obligations? Y/N
33. Can conservatee pay bills? Y/N
34. Can conservatee conduct banking transactions? Y/N
35. Is conservatee susceptible to financial abuse? Y / N
36. Has conservatee been abused financially? Y / N
37. Can conservatee contract/apply for credit cards? Y/N
38. Is conservatee susceptible to sexual abuse? Y / N
39. Has conservatee been sexually abused? Y / N
40. Does conservatee have a caregiver? Y / N
41. Can conservatee make medical decisions? Y / N
42. Does conservatee abuse prescription medications, drugs or alcohol? Y / N
43. Does conservatee have a mental illness? Y / N
44. Can conservatee use public transportation? Y / N
45. Does the conservatee belong to a religion that relies solely on prayer for healing? Y / N

**C. RELATIVES OF PROPOSED CONSERVATEE** If unknown or deceased, please indicate. Addresses must be complete and include Zip Code or Country Code.

1. Mother: Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Father: Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Spouse: Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Paternal Grandfather: Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Paternal Grandmother: Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Maternal Grandfather: Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Maternal Grandmother: Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8. Brothers: **(include half-brothers). If needed, continue at end of document.**

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

9. Sisters: **(include half-sisters). If needed, continue at end of document.**

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Children **(include adopted children). If needed, continue at end of document.**

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

11. Grandchildren **(include adopted grandchildren). If needed, continue at end of document.**

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If you need extra space, go to the last page.**

**D. INFORMATION ABOUT PROPOSED CONSERVATOR (Person providing care)**

1. Name: \_\_\_\_\_

Any other legal names: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Social Security No.: \_\_\_\_\_

4. Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Do you Rent or Own the residence listed above? (Circle one)

6. Telephone numbers: Home: ( ) \_\_\_\_\_ Cell : ( ) \_\_\_\_\_

Other: ( ) \_\_\_\_\_

7. Email (if used): \_\_\_\_\_
8. California I.D. No. or Driver's License No.: \_\_\_\_\_
9. Marital Status: \_\_\_\_\_ 10. Immigration Status: \_\_\_\_\_
11. Race: \_\_\_\_\_ 12. Gender: \_\_\_\_\_
13. Relationship to the proposed conservatee: \_\_\_\_\_
14. I have known the Proposed Conservatee for \_\_\_\_\_ years \_\_\_\_\_ months.
15. Do you receive SSI, Calworks, Food Stamps or GR for yourself? Y/N
16. From what do you receive your income? \_\_\_\_\_
17. How many adults live in your household? \_\_\_\_\_ How many minors (under 18)? \_\_\_\_\_
18. What is your primary language? \_\_\_\_\_
19. Has Proposed Conservatee nominated you in writing to be his or her conservator? Y / N
20. Are you the spouse or domestic partner of the proposed conservatee? Y / N (If no, skip #21)
21. If you are the spouse or domestic partner, have you filed for legal separation, annulment or dissolution of marriage? Y / N / NA
22. Do you owe money or have a financial obligation to the proposed conservatee? Y / N
23. Does the proposed conservatee owe money or have a financial obligation to you? Y / N
24. Are you an agent for a creditor of the proposed conservatee? Y / N
25. Have you filed for bankruptcy protection within the last 10 years? Y / N
26. Have you been convicted of a felony or had a felony expunged from your record? Y / N
27. Have you been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property? Y / N
28. Have you been charged with, arrested for, or convicted of, a crime involving fraud, conspiracy, or misrepresentation of information? Y / N
29. Have you been charged with, arrested for, or convicted of any form of elder abuse or neglect? Y / N
30. Have you had a restraining order or protective order filed against you in the last 10 years? Y / N
31. Are you required to register as a sex offender under California Penal Code Section 290? Y / N
32. Have you previously been appointed conservator, executor, or fiduciary in another proceeding? Y / N.

33. Have you been removed or asked to resign as a conservator, guardian, executor, or fiduciary in any other case? Y / N

34. Do you have an adverse interest that the court may consider to be a risk to, or to have an effect on your ability to faithfully perform the duties of conservator?\_Y / N

35. Do you or does any other person living in your home have a social worker or parole or probation officer assigned to him or her? \_\_\_\_\_.

Please explain any yes answers to 22-35. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

**Date:** \_\_\_\_\_

**PETITIONER/LITIGANT**

**RELATIVES OF PROPOSED CONSERVATEE, CONTINUED (IF NEEDED)**

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to Proposed Conservatee: \_\_\_\_\_

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to Proposed Conservatee: \_\_\_\_\_

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

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

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to Proposed Conservatee: \_\_\_\_\_