

PLEASE HAVE THE FOLLOWING INFORMATION WITH YOU AT YOUR APPOINTMENT. YOU MAY BE RESCHEDULED FOR A LATER DATE IF YOU DO NOT ARRIVE WITH THE FOLLOWING:

## Conservatorship Questionnaire

### **A. Information about Proposed CONSERVATOR (person providing care)**

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

2. Any other legal names: \_\_\_\_\_

3. Current address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

4. Telephone numbers: HOME (    ) \_\_\_\_\_ CEL (    ) \_\_\_\_\_

OTHER (    ) \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_ Gender: M / F (circle one)

6. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

7. California ID or Driver's License Number: \_\_\_\_\_

8. Marital Status: single / married / widowed / separated (circle one)

9. Are you the spouse or domestic partner of the proposed conservatee? Y or N

10. If you are the spouse or domestic partner, have you filed for legal separation, annulment, or dissolution of marriage? Y or N or N/A

11. Your relationship to the Proposed Conservatee (person being cared for)? \_\_\_\_\_

12. How long have you known the proposed conservatee? \_\_\_\_ years \_\_\_\_ months.

13. Do you want more than one conservator? Y or N

If YES, who? \_\_\_\_\_

Relationship to the proposed conservatee: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

How long have you known the proposed conservatee? \_\_\_\_years \_\_\_\_months.

14. Is it possible to determine the proposed conservatee's preferences regarding the appointment of a conservator and the appointment of the proposed conservators specifically? **(Please explain)**

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15. Does the proposed conservatee receive **SSI, SSP, CALWORKS or TANF, Food Stamps, GR, MediCal, IHSS, or CAPI?** Y or N (if Yes, circle all that apply).

16. Do you owe money or have a financial obligation to the proposed conservatee? Y or N

17. Does the proposed conservatee owe money or have a financial obligation to you? Y or N

18. Are you an agent for a creditor of the proposed conservatee? Y or N

19. Have you filed for bankruptcy protection within the last 10 years? Y or N

20. Have you been convicted of a felony or had a felony expunged from your record? Y or N

21. Have you been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property? Y or N

22. Have you been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misinterpretation of information? Y or N

23. Have you been charged with, arrested for, or convicted of any form of elder abuse or neglect? Y or N

24. Have you had a restraining order or protective order filed against you within the past 10 years? Y or N

25. Are you required to register as a sex offender under California Penal Code Section 290? Y or N

26. Have you previously been appointed conservator, executor, or fiduciary in another proceeding? Y or N

27. Have you been asked to resign as a conservator, executor, or fiduciary in another proceeding? Y or N

28. 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 or N

29. 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? Y or N

Please explain any YES answers to 16-29:

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**B. Information about the Proposed CONSERVATEE (person needing care)**

30. Name: \_\_\_\_\_

31. Any other legal names: \_\_\_\_\_

32. Date of birth: \_\_\_\_\_

33. Social Security Number: \_\_\_\_\_

34. Marital Status: single / married / widowed / divorced / separated (circle one)

35. Current location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

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

\_\_\_\_\_

B. If this is a care facility, what is the name and telephone number of the person in charge of the facility? \_\_\_\_\_

36. Permanent address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

37. Do you anticipate changing the proposed conservatee's residence? Y or N

If YES, please give the name and address of new residence and reason for change:

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38. Does proposed conservatee receive benefits from the Veteran's Administration? Y or N

39. What is the nature and extent of the proposed conservatee's disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Can the proposed conservatee physically attend the hearing? Y or N  
If NO, explain: \_\_\_\_\_

41. Name of proposed conservatee's Primary Doctor: \_\_\_\_\_  
Doctor's address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Last date the proposed conservatee was seen by Doctor: \_\_\_\_\_

42. For Limited Conservatees ONLY (Regional Center Clients):

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

43. Does the proposed conservatee receive any social services other than from a Regional Center?  
Y or N  
If YES, Name of agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Name of Social Worker/Case Manager: \_\_\_\_\_

44. Is the proposed conservatee a patient in or on leave of absence from a California State Facility?  
Y or N  
If YES, name and address of agency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

45. Is the proposed conservatee suffering from dementia? Y or N If YES:

A. Do you want the authority to administer dementia medications? Y or N

B. Do you want the authority to place conservatee in a secure facility? Y or N

46. Why do you need a conservatorship (give details on daily routine and significant behavioral patterns)?

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### **C. Other Information about the Proposed Conservatee**

47. Can the proposed conservatee be left alone? Y or N

48. Can the proposed conservatee eat without assistance? Y or N

49. Can the proposed conservatee prepare meals? Y or N

50. Can the proposed conservatee walk? Y or N

51. Can the proposed conservatee bathe without assistance? Y or N

52. Can the proposed conservatee dress and groom without assistance? Y or N

53. Can the proposed conservatee go to the bathroom without assistance? Y or N

54. Is the proposed conservatee able to maintain a clean environment? Y or N

55. Does the proposed conservatee take medications without assistance? Y or N

56. Does the proposed conservatee wander or get lost? Y or N

57. Does the proposed conservatee know the date and time of day? Y or N

58. Does the proposed conservatee get confused easily? Y or N

59. Is the proposed conservatee able to communicate verbally? Y or N

60. Does the proposed conservatee fail to recognize familiar people? Y or N

61. Does the proposed conservatee perceive or appreciate danger? Y or N

62. Can the proposed conservatee use public transportation? Y or N

63. Does the proposed conservatee have a caregiver? Y or N

64. Can the proposed conservatee make medical decisions? Y or N

65. Is the proposed conservatee able to handle money sufficiently to provide for her personal needs? Y or N

66. Can the proposed conservatee enter into a contract to meet personal needs? Y or N

67. Does the proposed conservatee abuse drugs, alcohol or prescription medications? Y or N

68. Does the proposed conservatee have a mental illness? Y or N

If YES, diagnosis: \_\_\_\_\_

69. Is the proposed conservatee susceptible to sexual abuse? Y or N

70. Has the proposed conservatee been abused sexually? Y or N

71. Does the proposed conservatee belong to a religion that relies solely on prayer for healing? Y or N

**Information on Proposed Conservatee's Family Members:**

<b>RELATIONSHIP:</b>	<b>NAME:</b>	<b>HOME ADDRESS (STREET, CITY, STATE, ZIP)</b>	<b>AGE</b>
Father:	_____	_____	_____
	_____	_____	_____
Mother:	_____	_____	_____
	_____	_____	_____
Paternal Grandfather	_____	_____	_____
(Father's Father)	_____	_____	_____
Paternal Grandmother	_____	_____	_____
(Father's Mother)	_____	_____	_____
Maternal Grandfather	_____	_____	_____
(Mother's Father)	_____	_____	_____
Maternal Grandmother	_____	_____	_____

(Mother's Mother)

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Brother/Sister

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Brother/Sister

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Brother/Sister

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Brother/Sister

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Son/Daughter

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Son/Daughter

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Son/Daughter

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Son/Daughter

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