

Contact Info: Home #: _____ Work #: _____
Cell #: _____ E-Mail: _____

Date of Birth: _____ Social Security Number: ____ - ____ - _____

Driver's License Number: _____ State: _____

Relationship to proposed conservatee: _____

Years you have known proposed conservatee: _____

Proposed Conservatee Info (Person for Whom Conservatorship is For)

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: ____ - ____ - _____

Residential Address: _____
Street City State Zip

Address where currently living, if different from above (e.g., nursing/group home, care facility):

Name of Facility (if applicable)

Street City State Zip

Caregiver's Name: _____

Telephone numbers: Home: _____ Work: _____

Detailed medical diagnosis (ie, Proposed Conservatee is developmentally disabled, and suffers from autism, cerebral palsy, etc). _____

Is the Proposed Conservatee a Medi-Cal recipient? Yes _____ No _____

Does the Proposed Conservatee attend a school or some type of day program Monday - Friday? If yes, please provide school or facility name, address, telephone number, and Contact Person:

Proposed Conservatee's Primary Doctor

Name: _____ Facility Name: _____

Address: _____

Street City State Zip
Telephone number: _____ Type of Doctor: _____
(e.g., psychiatrist, psychologist, general, etc.)

Other Doctor(s) of Proposed Conservatee

Name: _____ Facility Name: _____

Address: _____

Street City State Zip
Telephone number: _____ Type of Doctor: _____
(e.g., psychiatrist, psychologist, general, etc.)

Regional Center Caseworker

Name: _____

Address: _____

Street City State Zip
Telephone number: _____ E-Mail: _____

Proposed Conservatee's Spouse (if any)

Name: _____

Last First Middle

Address: _____

Street City State Zip

Telephone number(s): _____ and _____
(please specify if work, home or cell)

If predeceased, Date of death: _____

Residence at time of death: _____
Street City State Zip

If divorced, date of divorce: _____
(Please send any settlement agreements in you can locate.)

5) The powers referred to in Section 2351.5 and that can be requested from the Court for a Limited Conservatorship are:

- (1) To fix the residence or specific dwelling of the limited conservatee;
- (2) Access to the confidential records and papers of the limited conservatee;
- (3) To consent or withhold consent to the marriage of the limited conservatee;
- (4) The right of the limited conservatee to contract;
- (5) The power of the limited conservatee to give or withhold medical consent;
- (6) The limited conservatee's right to control his or her own social and sexual contacts and relationships;
- (7) Decisions concerning the education of the limited conservatee.

We will request that all seven powers be granted to you.

6) The law presumes that a conservatee still has the capacity to marry. Special orders can be requested and proceedings held to remove this right. Do you anticipate this will be a problem of sufficient immediacy to take up in our petition for Conservatorship? Yes _____ No _____
If so, please explain. _____

7) The law permits us to request specific limitations to the power of a conservator of the person, allowing the conservatee greater decision-making rights than they otherwise would enjoy. Are there any such limitations to the power of the conservator of the person you wish to request? Yes _____ No _____

8) Does the proposed conservatee suffer from dementia, and need to be confined in a locked or secure facility and/or given psychotropic medications for the treatment of dementia?
Yes _____ No _____ If so, please explain:

9) Is the proposed conservatee on leave from a state institution under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services?
Yes _____ No _____

10) Is the proposed conservatee entitled to receive benefits from the Veterans Administration?
If Yes, please give address of office handling claim and claim number.
Yes _____ No _____
If Yes, Address: _____

11) Is the proposed conservatee able to complete an affidavit of voter registration?
Yes _____ No _____

12) Is the proposed conservatee unable to properly provide for his or her personal needs for physical health, food, clothing or shelter? Yes _____ No _____

Please state supporting facts, with specific examples if possible from the proposed conservatee's daily life showing significant behavior patterns, as this will be given to the Court:

13) Is the proposed conservatee developmentally disabled? Yes _____ No _____

Brief description of disability (ie, mental retardation, autism, etc.): _____

14) Is the proposed conservatee of sufficient understanding to consent to the proposed conservatorship? Yes _____ No _____

If they are able to consent, will they? Yes _____ No _____

If they will consent, do you think they would be willing to sign a form nominating you to be their conservator? Yes _____ No _____

15) Are you aware of anyone else who may have been previously nominated in any document? Yes _____ No _____

If so, please identify the nominee: _____

16) Do you believe the proposed conservatee may contest the Conservatorship? Yes _____ No _____

17) Do you think the proposed conservatee will be unable to attend the court hearing due to medical inability? Yes _____ No _____

18) If the proposed conservatee is able to attend the hearing, will they do so? Yes _____ No _____

19) Do you feel the proposed conservatee is able to give informed consent to any form of medical treatment? Yes _____ No _____

20) Is the proposed conservatee an adherent of a religion that relies on prayer alone for healing? Yes _____ No _____

21) Is the proposed conservatee currently living in their residence? Yes _____ No _____

If so, will they continue to be able to do so, or will they need to be moved after appointment of a conservator? Please specify brief supporting facts if you plan to move them.

22) If the proposed conservatee is not currently living in their residence, please explain:

23) Do you anticipate that they will be able to return to their residence? Yes _____ No _____

If so, please estimate when they will return, and list brief supporting facts:

24) Does the proposed conservatee have :

Voluntary assistance? Yes _____ No _____

Specify Document(s)

Powers of Attorney? Yes _____ No _____

Specify Document(s)

Trust? Yes _____ No _____

Specify Document(s)

If the answer is yes to any of the above, please provide us with copies of the documents.

25) Within the last 12 months, has proposed conservatee received any health services?

Yes _____ No _____

If so, please explain. If you have no knowledge whether assistance was provided or not, please so indicate: _____

26) Within the last 12 months, has proposed conservatee received any social services?

Yes _____ No _____

If so, please explain. If you have no knowledge whether assistance was provided or not, please so indicate: _____

If applicable, what is the caseworker's name, address and telephone number: _____

27) Please list all relatives of the proposed conservatee within the SECOND DEGREE (eg, yourself, maternal or paternal grandparents - even if deceased, siblings, spouse (if any), and children (if any)), as these persons will receive notice of the petition to appoint you as the proposed conservators. If any of these people are deceased, please state that and still provide us with their names.

List their names, relationship, addresses, and telephone numbers as far as known to you. If you do not know, but can find out with reasonable effort, please do so. If there are **no** relatives within the second degree of kinship, you must provide us instead with all of the following names, addresses, telephone numbers, and relationships: 1) Spouse of a predeceased parent of the proposed conservatee; 2) Children of predeceased spouse of proposed conservatee; 3) Siblings of proposed conservatee's parents (aunts and uncles), but if none, children of proposed conservatee's parents siblings (first cousins); and 4) Children of proposed conservatee's siblings (nieces and nephews).

| Name | Relationship | Addresses AND Phone Numbers (If Deceased, please so indicate) |
|-------------|---------------------|---|
| _____ | _____ | _____ _____ |
| _____ | _____ | _____ _____ _____ |
| _____ | _____ | _____ _____ _____ |
| _____ | _____ | _____ _____ _____ |

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Name

Relationship

Addresses AND Phone Numbers
(If Deceased, please so indicate)
