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CONSERVATORSHIP QUESTIONNAIRE

I. PROPOSED PETITIONER(S) PERSONAL AND FAMILY DATA

- A. NAME:** _____
- B. ADDRESS:** _____
- C. PHONE / E-MAIL:** _____
- D. DATE OF BIRTH:** _____
- E. SOCIAL SECURITY NUMBER:** _____
- F. DRIVER'S LICENSE:** _____
- G. EMPLOYMENT BACKGROUND:**

1. Name of employer: _____
2. Address of employer: _____
3. Work phone: _____
4. Job title: _____

H. RELATIONSHIP TO PROPOSED CONSERVATEE: _____

1. If spouse, is Petitioner a party to legal separation, dissolution, annulment, or adjudication of nullity of marriage proceedings? _____
2. If domestic partner, has Petitioner terminated the domestic partnership or intend to do so? _____
3. Does Conservatee owe Petitioner money (i.e. creditor relationship)? _____
 - a. If yes, explain: _____

I. LEGAL BACKGROUND

1. Ever declared bankruptcy? _____
 - a. If yes, explain: _____
2. Ever been arrested, charged, and/or convicted of a felony? _____
 - a. If yes, explain: _____
3. Ever been arrested, charged, or convicted of embezzlement, theft, other crime involving the taking of property? _____
 - a. If yes, explain: _____
4. Ever been arrested, charged, or convicted of crime involving fraud, conspiracy, or misrepresentation? _____
 - a. If yes, explain: _____
5. Ever been arrested, charged, or convicted any form of elder abuse or neglect? _____
 - a. If yes, explain: _____

6. Ever had restraining order or protective order filed against you? _____
 a. If yes, explain: _____
7. Required to register as a sex offender under Penal Code §290? _____
 a. If yes, explain: _____
8. Ever been conservator, executor, and/or fiduciary in another matter? _____
 a. If yes, explain: _____
9. Ever been removed or resigned as conservator, executor, and/or fiduciary in another matter? _____
 a. If yes, explain: _____
10. Have any adverse interest that would be considered a risk to performing duties of conservator? _____
 a. If yes, explain: _____
11. Do you or anyone in your home have a social worker, parole officer, or probation officer assigned to him/her? _____
 a. If yes, explain and provide contact information for officer: _____

II. PROPOSED CONSERVATEE PERSONAL AND FAMILY DATA

- A. NAME:** _____
- B. PHONE / E-MAIL:** _____
- C. DATE OF BIRTH:** _____
- D. SOCIAL SECURITY NUMBER:** _____
- E. DRIVER'S LICENSE:** _____
- F. FAMILY MEMBERS (within second degree, i.e. spouse, children, parents, grandchildren, grandparents, siblings):**

1. Name, address, phone, date of birth, relationship to proposed Conservatee:

2. If none, any familial relationships (including nieces, nephews, stepchildren)?:

G. ADDRESS(ES) (PAST 5 YEARS): _____

H. PERMANENT ADDRESS (if different from above): _____

I. CURRENT RESIDENCE AND WHETHER PROPOSED CONSERVATEE CAN CONTINUE TO LIVE THERE: _____

1. If not, explain: _____

J. IS PROPOSED CONSERVATEE A PATIENT WITH A CALIFORNIA STATE INSTITUTION? _____

1. If yes, provide name, address, and phone number of facility: _____

K. IS PROPOSED CONSERVATEE RECEIVING BENEFITS FROM VETERANS ADMINISTRATION? _____

1. If so, provide name, address, and phone number of office handling claim and the claim number: _____

L. IS PROPOSED CONSERVATEE DEVELOPMENTALLY DISABLED?

1. If so, provide name, address, and phone number of regional center working with proposed Conservatee: _____

M. DOCTOR INFORMATION:

1. Name: _____

2. Address: _____

3. Phone number: _____

N. ESTATE PLANNING:

1. Does proposed Conservatee have any estate planning documents (e.g. Will, Trust, Advance Health Care Directive, Powers of Attorney, etc.)? _____

a. If so, please provide pertinent information, including beneficiaries: _____

2. What are the proposed Conservatee's testamentary plans? _____

3. Who assisted in planning? _____

4. Is the proposed Conservatee a trustee to any trust? _____

a. If so, please provide pertinent information: _____

5. Does the proposed Conservatee have an attorney? _____

a. If so, please provide pertinent information: _____

O. FINANCIAL BACKGROUND:

1. Monthly Income:
 - a. Source / Amount: _____

2. Bank accounts (provide most recent account statement):
 - a. Bank name, branch address: _____

 - b. Account number: _____

 - c. Name on account: _____

 - d. Amount in account: _____

3. Securities (provide most recent account statement):
 - a. Institution name, address: _____

 - b. Account number: _____

 - c. Name on account: _____

 - d. Amount in account: _____

4. Pension, Retirement Plans (e.g. IRAs, 401(k), etc.) (provide most recent account statement)
 - a. Institution name, address: _____

 - b. Account number: _____

 - c. Name on account: _____

 - d. Amount in account: _____

5. Insurance Policies (e.g. health, life, disability, long-term care, auto):
 - a. Insurer name, address: _____

 - b. Policy number: _____

 - c. Insured name: _____

 - d. Value of coverage: _____

6. Real Property (provide copy of deed):
 - a. Address: _____
 - b. Owners: _____
 - c. Liens: _____
 - d. Value (est.): _____

7. Tangible Property (e.g. jewelry, paintings, coins, guns, autos, furniture, etc.):
 - a. Describe with approx. values: _____

8. Business Interests (partnerships, shareholder agreements, bylaws, etc.)
 - a. Describe with pertinent information: _____

9. Property located outside of California:
 - a. Describe with pertinent information: _____

10. Jointly held property not identified above:
 - a. Describe with pertinent information: _____

11. Trusts, Wills for which proposed Conservatee is a beneficiary:
 - a. Describe with pertinent information: _____

12. Safe Deposit Boxes:
 - a. Name, address, box number, location of key, others with information, describe contents: _____

13. Other Assets:
 - a. Describe with pertinent information: _____

14. Does anyone have a claim against property held by the proposed Conservatee? _____
 - a. If so, explain: _____

15. Does the proposed Conservatee have a claim against any other party? _____
 - a. If so, explain: _____

16. Is the proposed Conservatee a party to any contract? _____
 - a. If so, explain: _____

17. Proposed Conservatee's Debts:
 - a. Name, address, phone, nature and amount of indebtedness, and whether liability is admitted or disputed: _____

III. ALTERNATIVES TO CONSERVATORSHIP

A. HAVE ALTERNATIVES TO CONSERVATORSHIP BEEN CONSIDERED?

1. Voluntary acceptance of formal or informal assistance? _____
2. Special or limited power of attorney? _____
3. General power of attorney? _____
4. Durable power of attorney for health care / estate management? _____
5. Trust? _____
6. Other alternatives considered? Describe: _____
7. Describe why all options are unsuitable or unavailable: _____

IV. PROPOSED CONSERVATEE'S CARE SERVICES

A. HEALTH SERVICES IN YEAR PRIOR TO PETITION:

1. Describe the health services provided and whether those services were meeting the needs of the proposed Conservatee: _____

B. SOCIAL SERVICES IN YEAR PRIOR TO PETITION:

1. Describe the social services provided and whether those services were meeting the needs of the proposed Conservatee: _____

C. ESTATE MANAGEMENT ASSISTANCE IN YEAR PRIOR TO PETITION:

1. Describe the estate management services provided and whether those services were meeting the needs of the proposed Conservatee: _____

V. COURT REFERRAL BACKGROUND REPORT

A. PROPOSED PETITIONER'S HOUSEHOLD BACKGROUND

1. Identify the name, date of birth, and social security number of each member living within the Proposed Petitioner's household: _____

VI. TEMPORARY CONSERVATORSHIP

A. URGENT NEED FOR TEMPORARY CONSERVATORSHIP:

1. Describe the circumstances for which a temporary conservatorship is needed: _____

VII. ANY ADDITIONAL INFORMATION

Date: _____

By: _____