

**CONFIDENTIAL CONSULTATION WORKSHEET & QUESTIONNAIRE
(FOR CONSERVATORSHIPS)**

	Date	
Conservatorship Type: <input type="checkbox"/> General Probate Conservatorship - Person or Estate or Both (circle one) <input type="checkbox"/> Limited Conservatorship <input type="checkbox"/> Lanterman-Petris-Short (LPS) Conservatorship		
Petitioner's Full Name:		
Date of Birth:	Social Security Number:	
Home Phone:	Cell Phone:	Driver's License No:
Best Contact E-Mail Address:		
Your Street Address:		
City, State and Zip Code:		
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO I am a citizen of		
Relationship to Proposed Conservatee:		
How long have you known the Proposed Conservatee?		
Is the Petitioner also the Proposed Conservator? <input type="checkbox"/> YES <input type="checkbox"/> NO (If not complete info below for the Proposed Conservator)		

Proposed Conservator's Full Name (If different than above):		
Date of Birth:	Social Security Number:	
Home Phone:	Cell Phone:	Driver's License No:
Best Contact E-Mail Address:		
Your Street Address:		
City, State and Zip Code:		
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO I am a citizen of		
Relationship to Proposed Conservatee:		
How long have you known the Proposed Conservatee?		

Proposed Conservatee's Full Name:		
Date of Birth:	Social Security Number:	
Home Phone:	Cell Phone:	Driver's License No:
Best Contact E-Mail Address:		
Current Street Address:		

City, State and Zip Code:	
Resident of what State?	Resident of what County?
Is the Proposed Conservatee currently living in a medical facility? (If so, provide the address and contact information for the facility)	

Is the Proposed Conservatee:

- A minor
- An adult? Or will be on _____
- A married minor
- A minor whose marriage has been dissolved
- A married adult
- A domestic partner

Name of Current Spouse/Partner:
Date and Place of Marriage/Registration of Domestic Partnership:

Name(s) of former spouses/partners, if any

	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased

QUESTIONS FOR THE PETITIONER

Is the Petitioner a creditor or an agent of a creditor of the proposed conservatee?

Yes No

Is the Petitioner a debtor or an agent of a debtor of the proposed conservatee?

Yes No

Is the Petitioner the proposed conservatee? Yes No

Is the Petitioner the spouse of the proposed conservatee? Yes No

Is the Petitioner the domestic partner or former domestic partner of the proposed conservatee? Yes No

Is the Petitioner a relative of the proposed conservatee? Yes No

Is the Petitioner an interested person or friend of the proposed conservatee? Yes No

Is the Petitioner a state or local public entity, officer, or employee? Yes No

Is the Petitioner the guardian of the proposed conservatee? Yes No

Is the Petitioner a bank or other entity authorized to conduct the business of a trust company? Yes No

Is the Petitioner a licensed professional fiduciary? Yes No

QUESTIONS FOR THE PROPOSED CONSERVATOR

Is the proposed conservator a nominee? Yes No

Is the proposed conservator the spouse of the proposed conservatee? Yes No

Is the proposed conservator the domestic partner or former domestic partner of the proposed conservatee? Yes No

Is the proposed conservator a relative of the proposed conservatee? (specify relationship)
 Yes No Relationship:

Is the proposed conservator a bank or another entity authorized to conduct business of a trust company? Yes No

Is the proposed conservator a nonprofit charitable corporation? Yes No

Is the proposed conservator a licensed professional fiduciary? Yes No

Has the proposed conservator filed for bankruptcy protection within the last 10 years? (If so, provide the details) Yes No

Details:

Has the proposed conservator been convicted of a felony or had a felony expunged from their record? (If so, provide details) Yes No

Details:

Has the proposed conservator been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property? Yes No

Details:

Has the proposed conservator been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information? Yes No

Details:

Has the proposed conservator been charge with, arrested for, or convicted of any form of elder abuse or neglect? Yes No

Details:

Has the proposed conservator had a restraining order or protective order filed against me in the last 10 years? Yes No

Details:

Has the proposed conservator been required to register as a sex offender under CA Penal Code §290? Yes No

Details:

Has the proposed conservator previously been appointed conservator, executor, or fiduciary in another proceeding? Yes No

Details:

Has the proposed conservator been removed or resigned as a conservator, guardian, executor, or fiduciary in another proceeding? Yes No

Details:

Does the proposed conservator have an adverse interest that the court may consider to be a risk to, or to have an effect on, ability to faithfully perform the duties of conservator? Yes No

Details:

Is the proposed conservator a responsible corporate officer authorized to act for a CA nonprofit charitable corporation that meets the requirements under Probate Code §2104? Yes No

Details:

Does the proposed conservator or any person living in the home, have a social worker, parole officer or probation officer assigned to him/her? If so provide the contact info.

Yes No

Details:

ADDITIONAL QUESTIONS

Is there a medical report that supports the need for a Conservatorship? Yes No

If so, what is the date of the report?

Details:

Does the proposed conservatee have a physician, psychologist, or religious healing practitioner willing to submit a capacity declaration on their behalf? Yes No

If so, provide the details below.

Details:

If the proposed conservatee is not the petitioner, lists the efforts made to find the proposed conservatee's relatives or reasons why it is not feasible.

Details:

Has a conservatorship or equivalent proceeding concerning the proposed conservatee been filed in another jurisdiction to your knowledge? Yes No

Details:

Is the proposed conservatee a patient in or on leave of absence from a state institution?

Yes No

Details:

Is the proposed conservatee receiving or entitled to receive benefits from the US Dept. of Veterans Affairs? If so state the amount. Yes No

Details:

Is the proposed conservatee a member of a federally recognized Indian Tribe? If so state the name of the tribe and location. Yes No

Details:

Does the proposed conservatee reside on tribal land? Or own property on tribal land? Yes No

Details:

Is the proposed conservatee unable to properly provide for his/her personal needs for physical health, food, clothing, or shelter? If not provide supporting facts and examples. Yes No

Details:

Is the proposed conservatee substantially unable to manage his/her financial resources or to resist fraud or undue influence? If not provide supporting facts and examples. Yes No

Details:

Will the proposed conservatee attend the hearing? Yes No

Details:

Is the proposed conservatee able but unwilling to attend the hearing? Yes No

Details:

Does the proposed conservatee wish to contest the establishment of a conservatorship? Yes No

Details:

Does the proposed conservatee object to the proposed conservator and/or prefer that another person act as conservator? Yes No

Details:

Is the proposed conservatee unable to attend the hearing because of a medical inability?

Yes No

Details:

Is the proposed conservatee an adherent of a religion that relies on prayer alone for healing, as defined in probate code §2355(b)? Yes No

Details:

Is a temporary conservatorship needed? (form gc-111) Yes No

Details:

What alternatives to conservatorship have been tried (voluntary acceptance of informal or formal assistance; special or limited POA; general POA; durable POA; trust; other alternatives)?

Details:

Were any of the following services provided to the proposed conservatee during the year before this petition was filed? If so, provide the details below.

- o health services Yes No
- o social services, Yes No
- o estate management services Yes No

Details:

Who is the proposed conservatee's primary doctor?

Details:

Is the proposed conservatee is Regional Center client?

Details:

CHARACTER & ESTIMATED VALUE OF THE PROPERTY OF THE ESTATE

ASSET	ESTIMATED VALUE
California Real Estate (Number of properties) Address(es):	
Out-Of-State Real Estate (Number of properties) Address(es):	
Personal Property	
Pensions	
Wages	
Public Assistance Benefits	
Other	
TOTAL ESTIMATED VALUE	

PROPOSED CONSERVATEE'S RELATIVES

List the proposed conservatee's relatives:

(Include: spouse/domestic partner, parents, grandparents, children, grandchildren, brother, sisters)

Full Name	Relationship	Residence Address

HOW DID YOU HEAR ABOUT BERGMAN ATTORNEYS PC?

Anything else you wish to tell us?