

## **Conservatorship/Elder Law Clinic**

**Downtown L.A.** - 111 N. Hill Street, Room 426, Los Angeles, CA 90012; Monday, Tuesday, Thursday 9:00am-12:00pm

**Norwalk** - 12720 Norwalk Blvd, Room 104-E, Norwalk, CA 90650; Wednesdays 9:00 a.m.-12:00 p.m.

**Pasadena** - 300 E. Walnut Avenue, Room 300, Pasadena, CA 91101; Fridays 9:00 a.m.-12:00 p.m.

**Mailing Address** - 3435 Wilshire Blvd., Suite 470, Los Angeles, CA 90010-1874

Phone: Phil Bertenthal (323) 648-4703 or Josh Passman (323) 648-4702 Fax (213) 384-3524

Email: [cclinic@bettzedek.org](mailto:cclinic@bettzedek.org)

### **Conservatorship Questionnaire**

**INSTRUCTIONS: Please complete ALL information. If any information is not relevant, please indicate with "N/A." If you do not know the information please indicate that as well. Please print clearly in ink.**

#### **A. Information about Proposed CONSERVATOR (Person Responsible for Care)**

1. Name: \_\_\_\_\_
2. Any Other Legal Names: \_\_\_\_\_
3. Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Telephone Numbers: HOME:(\_\_\_\_) \_\_\_\_\_ CELL:(\_\_\_\_) \_\_\_\_\_  
OTHER: (\_\_\_\_) \_\_\_\_\_ (put \* by preferred number)
5. Email (if used): \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_ Gender: M or F (circle one)
7. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
8. California ID or Driver's License Number: \_\_\_\_\_
9. Marital Status: \_\_\_\_\_ Immigration Status: \_\_\_\_\_
10. What is your primary Language? \_\_\_\_\_
11. Race: \_\_\_\_\_
12. How many adults (over 18) live in your household? \_\_\_\_\_ How many minors (under 18)? \_\_\_\_\_
13. Do you RENT or OWN the residence listed above? (Circle one)
14. Relationship to Proposed Conservatee (person being cared for): \_\_\_\_\_
15. I have known the Proposed Conservatee for \_\_\_\_ Years \_\_\_\_ Months
16. Do you personally receive SSI, SSP, CALWORKS or TANF, FOOD STAMPS, GR, MEDICAL, IHSS, or CAPI for yourself? Y or N (circle all that apply)
17. From what do you receive your income? \_\_\_\_\_
18. Who advised you to get a conservatorship? \_\_\_\_\_

19. Has the proposed conservatee nominated you **IN WRITING** to be the conservator? Y or N
20. Are you the spouse or domestic partner of the proposed conservatee? Y or 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 or N or NA
22. Do you owe money or have a financial obligation to the proposed conservatee? Y or N
23. Does the proposed conservatee owe money or have a financial obligation to you? Y or N
24. Are you an agent for a creditor of the proposed conservatee? Y or N
25. Have you filed for bankruptcy protection within the last 10 years? Y or N
26. Have you been convicted of a felony or had a felony expunged from your record? Y or N
27. Have you been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property? Y or N
28. Have you been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information? Y or N
29. Have you been charged with, arrested for, or convicted of any form of elder abuse or neglect? Y or N
30. Have you had a restraining order or protective order filed against you within the last 10 years? Y or N
31. Are you required to register as a sex offender under California Penal Code section 290? Y or N
32. Have you previously been appointed conservator, executor, or fiduciary in another proceeding? Y or N
33. Have you been removed or asked to resign as a conservator, guardian, executor, or fiduciary in any other case? Y or 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 or 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/her? Y or N
36. Do you want more than one conservator? Y or N Who? \_\_\_\_\_

**Please explain any YES answers to 21-35:**

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**B. Information about Proposed CONSERVATEE (Person needing care)**

1. Name:\_\_\_\_\_
2. Any other legal names:\_\_\_\_\_
3. Date of Birth:\_\_\_\_\_
4. Social Security Number:\_\_\_\_\_
5. Marital Status:\_\_\_\_\_
6. Gender: M or F
7. Current Location:\_\_\_\_\_
- 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?\_\_\_\_\_
8. Permanent Address (if different)\_\_\_\_\_
- City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_
- Telephone Number:\_\_\_\_\_
9. Do you anticipate changing the proposed conservatee's residence?\_\_\_\_\_,  
If YES, please give name and address of new residence and reason for change:\_\_\_\_\_
- \_\_\_\_\_
10. How much income does proposed conservatee receive monthly? (Please be as accurate as possible) from?  
SSI\_\_\_\_\_ Social Security\_\_\_\_\_ Pension\_\_\_\_\_ Food Stamps \_\_\_\_\_  
Other\_\_\_\_\_
11. Is the proposed conservatee on MediCal? Y or N
12. Does the proposed conservatee receive IHSS? Y or N
13. Does the proposed conservatee receive benefits from the Veteran's Administration? Y or N
14. List the value of 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 (approximate value)\_\_\_\_\_

### C. Physical Condition of Proposed Conservatee

1. Nature and extent of disability: \_\_\_\_\_  
\_\_\_\_\_
2. Can the proposed conservatee physically attend the hearing? Y or N  
If NO, explain: \_\_\_\_\_
3. Name of Primary Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Last date seen by Doctor: \_\_\_\_\_
4. Is proposed conservatee developmentally disabled (did disability begin before age 18)?  
Y or N, **If not please skip #5-6**
5. Name of Regional Center: \_\_\_\_\_  
Name of worker: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_
6. 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
7. Does proposed conservatee receive any social services other than from a regional center? Y or N, 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?

Y or N, if YES, please complete:

Name of Facility: \_\_\_\_\_

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

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

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

9. Is 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

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

11. Why do you need a conservatorship? \_\_\_\_\_

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

#### **D. Other Information About Proposed Conservatee**

1. Can conservatee be left alone? Y or N

2. Can conservatee eat without assistance? Y or N

3. Can he/she prepare meals? Y or N

4. Can he/she walk? Y or N

5. Can he/she bathe without assistance? Y or N

6. Can he/she dress and groom without assistance? Y or N

7. Can he/she go to the bathroom without assistance? Y or N

8. Is conservatee able to maintain a clean living environment? Y or N

9. Does conservatee take medications without assistance? Y or N

10. Does conservatee wander or get lost? Y or N

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

12. Does conservatee get confused easily? Y or N

13. Is conservatee verbal? Y or N

14. Does conservatee fail to recognize familiar people? Y or N

15. Does conservatee perceive or appreciate danger? Y or N

16. Can conservatee use public transportation? Y or N

17. Is proposed conservatee able to complete a Voter Registration form? Y or N
18. Does conservatee have a caregiver? Y or N
19. Can conservatee make medical decisions? Y or N
20. Does conservatee abuse prescription medications, drugs, or alcohol? Y or N
21. Does conservatee have a mental illness? Y or N, if YES, diagnosis:\_\_\_\_\_
22. Is conservatee susceptible to sexual abuse? Y or N
23. Has conservatee been abused sexually? Y or N
24. Can conservatee handle money transactions? Y or N
25. Can conservatee communicate with others regarding his/her financial obligations? Y or N
26. Can conservatee pay bills? Y or N
27. Can conservatee conduct banking transactions? Y or N
28. Is conservatee susceptible to financial abuse? Y or N
29. Has conservatee been abused financially? Y or N
30. Can conservatee contract/apply for credit cards? Y or N
31. Does the conservatee belong to a religion that relies solely on prayer for healing? Y or N

**E. Relatives of Proposed Conservatee: The law requires you to list the names and street addresses of all living parents, grandparents, children, grandchildren, brothers and sisters unless they are under the age of 12. This is true whether or not the relatives live in the United States and whether or not they have any contact with the proposed conservatee. (If names or addresses are unknown or the relative is deceased please indicate. If you will be unable to obtain the information, please indicate at the end of this form.) Addresses MUST be complete and indicate Zip Code or Country Code. \*\*Additional space for relatives' information provided at the end of this form\*\***

**1. Mother:**

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

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

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

I will provide the address later. Y/N

**2. Father:**

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

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

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

I will provide the address later. Y/N

**3. Spouse:**

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

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

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

I will provide the address later. Y/N

**4. Paternal Grandfather:**

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

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

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

I will provide the address later. Y/N

**5. Paternal Grandmother:**

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

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

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

I will provide the address later. Y/N

**6. Maternal Grandfather:**

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

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

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

I will provide the address later. Y/N

**7. Maternal Grandmother:**

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

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

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

I will provide the address later. Y/N

**8. Brothers and Sisters (include half-brothers and sisters):**

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

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

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

I will provide the address later. Y/N

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

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

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

I will provide the address later. Y/N

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

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

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

I will provide the address later. Y/N

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

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

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

I will provide the address later. Y/N

**9. Children (include adopted children):**

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

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

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

I will provide the address later. Y/N

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

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

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

I will provide the address later. Y/N

**10. Grandchildren (include adopted grandchildren):**

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

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

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

I will provide the address later. Y/N

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

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

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

I will provide the address later. Y/N

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

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**PETITIONER/LITIGANT**

**DATE**

**Additional Relatives (if needed):**

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

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

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

Relationship to Conservatee: \_\_\_\_\_

I will provide the address later. Y/N

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

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

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

Relationship to Conservatee: \_\_\_\_\_

I will provide the address later. Y/N

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

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

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

Relationship to Conservatee: \_\_\_\_\_

I will provide the address later. Y/N

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

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

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

Relationship to Conservatee: \_\_\_\_\_

I will provide the address later. Y/N

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

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

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

Relationship to Conservatee: \_\_\_\_\_

I will provide the address later. Y/N

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

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

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

Relationship to Conservatee: \_\_\_\_\_

I will provide the address later. Y/N

List the names of any relatives for whom you will not be able to obtain addresses and the reasons why:

Name \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_