

Conservatorship Clinic Pre-Intake

Date: _____

Time: _____

Your Name: _____

Are you here to become a conservator? Y/N Only continue if yes

Name of person who needs a Conservatorship: _____

Age of the person who needs a Conservatorship: _____

If under 18, when do they turn 18: _____

Is this person:	Developmentally Disabled/Regional Center Client ?	Y/N
	Have Alzheimer's or dementia?	Y/N
	Unable to care for themselves?	Y/N
	On any type of psychiatric hold?	Y/N
	Have another disability?	Y/N

Does this person:	Receive SSI?	Y/N
	Receive Social Security?	Y/N
	Receive other income?	Y/N

Please specify: _____

Do you want to place this person in a locked facility? Y/N

Do you want to force this person to take mental health medications? Y/N

Do you want to manage this person's finances? Y/N Only continue if yes

Is the total value of this person's personal property (bank accounts, investments, clothes, furniture, jewelry, etc.) over \$15,000? Y/N

Does this person own real property other than their home? Y/N