



100 Stony Point Rd, Suite 270 • Santa Rosa, CA 95401 • (707) 546-4970 • Fax (707) 546-4978 • www.elderadvocate.net

Dear Client:

Please complete this form as completely as you are able. The information that you provide here will enable this office to provide you with service efficiently and with a minimum of expense and delay to you.

When you have completed this form, return it to this our office. Please be assured that we will maintain this information in the strictest confidence.

Information provided by: _____

Phone: () _____

Date: _____

PROPOSED CONSERVATEE INFORMATION

FULL LEGAL NAME	_____
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS STREET, CITY, STATE, ZIP	_____
HOME PHONE NUMBER	() _____
ALTERNATE PHONE NUMBER	<input type="checkbox"/> WORK <input type="checkbox"/> CELLULAR () _____
DATE OF BIRTH	MONTH/DAY/YEAR
BIRTHPLACE	_____
RELIGION	_____
SOCIAL SECURITY NUMBER	_____
U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SPOUSE:

NAME	_____
ADDRESS	_____
PHONE NUMBER	() _____

MOTHER:

NAME	_____
ADDRESS	_____
PHONE NUMBER	() _____

FATHER:

NAME	_____
ADDRESS	_____
PHONE NUMBER	() _____

NAMES AND ADDRESSES OF LIVING CHILDREN OF PROPOSED CONSERVATEES:	_____

NAMES AND ADDRESSES OF LIVING SIBLINGS OF PROPOSED CONSERVATEES:	_____

NAMES AND ADDRESSES OF LIVING GRANDCHILDREN OF PROPOSED CONSERVATEES:

NAMES AND ADDRESSES OF LIVING GRANDPARENTS OF PROPOSED CONSERVATEES:

DOES THE PROPOSED CONSERVATEE HAVE AN ATTORNEY?

YES NO IF YES, PROVIDE NAME, ADDRESS AND PHONE NUMBER.

DOES THE PROPOSED CONSERVATEE HAVE A PRIMARY PHYSICIAN?

YES NO IF YES, PROVIDE NAME, ADDRESS AND PHONE NUMBER.

HISTORY

PROVIDE A BRIEF HISTORY AND DESCRIBE THE EVENTS THAT CAUSED THE PRESENT HOSPITALIZATION CRISIS. ATTACH ANY MEDICAL REPORTS RECENTLY PREPARED. CONTINUE ON SEPARATE PAPER IF NECESSARY

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PLEASE SUPPLY INFORMATION WITH RESPECT TO SERVICES PROVIDED TO THE PROPOSED CONSERVATEE DURING THE LAST YEAR. INDICATE NAME OF PERSON OR ENTITY PROVIDING THE SERVICE AND DATE, IF KNOWN

HEALTH SERVICES: DATE: _____

SOCIAL SERVICES: DATE: _____

ESTATE MANAGEMENT ASSISTANCE: DATE: _____

IS PROPOSED CONSERVATEE RECEIVING OR ENTITLED TO BENEFITS FROM THE VETERAN'S ADMINISTRATION?

YES NO

IF YES, PROVIDE AMOUNT OF MONTHLY BENEFIT:

IS PROPOSED CONSERVATEE ABLE TO COMPLETE AN AFFIDAVIT OF VOTER REGISTRATION?

YES NO

ADVISE IF THE PROPOSED CONSERVATEE HAS ANY OF THE FOLLOWING ESTATE PLANNING TOOLS

WILL
 YES NO

TRUST
 YES NO

DURABLE POWER OF ATTORNEY FINANCES
 YES NO

ADVANCED HEALTH CARE DIRECTIVE

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PERSONAL CARE

PROVIDE FACTS THAT SHOW THE INABILITY OF THE PROPOSED CONSERVATEE TO PROVIDE FOR HIS/HER PERSONAL NEEDS FOR FOOD, CLOTHES, SHELTER AND HEALTH CARE. PLEASE COMMENT ON HIS/HER ABILITY TO MAINTAIN PERSONAL HYGIENE COOK, DRIVE, SOCIALIZE REMEMBER NAMES AND DATES, RECENT ILLNESSES, AND NOTICEABLE CHANGES IN BEHAVIOR. CONTINUE ON SEPARATE PAPER IF NECESSARY

YES NO IF SO, STATE WHY AND WHERE AND DESCRIBE THE TREATMENT PLAN.

PLACEMENT: DOES THE PROPOSED CONSERVATEE NEED TO BE PLACED INTO CARE OR TREATMENT FACILITY?

FINANCIAL INFORMATION

WHO IS CURRENTLY MANAGING THE PROPOSED CONSERVATEE'S FINANCIAL AFFAIRS?

PROVIDE NAME, ADDRESS AND PHONE NUMBER.

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE PROPOSED CONSERVATEE'S FINANCES

MONTHLY INCOME	AMOUNT
PENSIONS:	\$
WAGES:	\$
PUBLIC ASSISTANCE:	\$
OTHER (PLEASE SPECIFY):	\$

DOES THE PROPOSED CONSERVATEE OWN OR HAVE AN INTEREST IN A BUSINESS

YES NO IF YES, PLEASE DESCRIBE.

BANK ACCOUNTS

CHECKING:	BANK	BALANCE
		\$
		\$
SAVINGS:	BANK	BALANCE
		\$
		\$
		\$
		\$
CERTIFICATE OF DEPOSIT:	BANK	BALANCE
		\$
		\$
		\$
		\$

AUTOMOBILES

MAKE	MODEL	YEAR

SAFE DEPOSIT BOX

OTHER PERSONAL PROPERTY

REAL PROPERTY:
STREET ADDRESS, CITY AND STATE WHERE PROPERTY IS LOCATED

PROPOSED CONSERVATOR

FULL LEGAL NAME		
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HOME ADDRESS STREET, CITY, STATE, ZIP		
HOME PHONE NUMBER	()	
ALTERNATE PHONE NUMBER	<input type="checkbox"/> WORK <input type="checkbox"/> CELLULAR ()	
FAX NUMBER	()	
EMAIL ADDRESS		
RELATIONSHIP TO PROPOSED CONSERVATEE		
SOCIAL SECURITY NUMBER		
DRIVERS LICENSE NUMBER		STATE
DOES THE PROPOSED CONSERVATOR OWE MONEY TO THE PROPOSED CONSERVATEE?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE AMOUNT \$	
DOES THE PROPOSED CONSERVATEE OWE MONEY TO THE PROPOSED CONSERVATOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE AMOUNT \$	
HAS THERE BEEN A WRITTEN NOMINATION OF CONSERVATOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE IS THE DOCUMENT?	
HAS THE PROPOSED CONSERVATOR FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY DATE AND PLEASE ELABORATE.	
HAS THE PROPOSED CONSERVATOR BEEN CONVICTED OF A FELONY OR HAD A FELONY EXPUNGED?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ELABORATE.	
HAS THE PROPOSED CONSERVATOR BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF EMBEZZLEMENT, THEFT OR ANY OTHER CRIME INVOLVING THE TAKING OF PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ELABORATE.	
HAS THE PROPOSED CONSERVATOR BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF FRAUD, CONSPIRACY OR MISREPRESENTATION OF INFORMATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ELABORATE.	
HAS THE PROPOSED CONSERVATOR BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF ANY FORM OF ELDER ABUSE OR NEGLECT?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ELABORATE.	
HAS THE PROPOSED CONSERVATOR HAD A RESTRAINING ORDER OR PROTECTIVE ORDER FILED AGAINST THEM IN THE LAST TEN YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ELABORATE.	
HAS THE PROPOSED CONSERVATOR REQUIRED TO REGISTER AS A SEX OFFENDER UNDER CALIFORNIA PENAL CODE SECTION 290?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ELABORATE.	
HAS THE PROPOSED CONSERVATOR PREVIOUSLY BEEN APPOINTED CONSERVATOR, EXECUTOR, OR FIDUCIARY IN ANOTHER PROCEEDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ELABORATE.	

HAS THE PROPOSED CONSERVATOR BEEN REMOVED OR ASKED TO RESIGN AS CONSERVATOR, EXECUTOR, GUARDIAN OR FIDUCIARY IN ANY OTHER CASE?

YES NO IF YES, PLEASE ELABORATE.

DOES THE PROPOSED CONSERVATOR HAVE AN ADVERSE INTEREST THAT THE COURT MAY CONSIDER TO BE A RISK TO, OR TO HAVE AN EFFECT ON, THEIR ABILITY TO FAITHFULLY PERFORM THE DUTIES OF CONSERVATOR?

YES NO IF YES, PLEASE ELABORATE.

DOES THE PROPOSED CONSERVATOR, OR ANY OTHER PERSON LIVING IN THE HOME WITH THE CONSERVATOR, HAVE A SOCIAL WORKER OR PAROLE OR PROBATION OFFICER ASSIGNED TO THEM?

YES NO IF YES, PLEASE ELABORATE AND PROVIDE NAME AND ADDRESS OF EACH SOCIAL WORKER, PAROLE OFFICER OR PROBATION OFFICER.

Thank you for your attention to the details of this form. It will expedite the processing of your information. If you have any concerns or are not certain of the exact details of the questions or definitions of terms, please call our office at (707) 546-4970.

Rev 04/05