

Case name: \_\_\_\_\_

Case No. \_\_\_\_\_

### PROBATE CONSERVATORSHIP INFORMATION FORM

This form is to provide CARNEY & SUGAI, LLP with the background information needed to complete the forms necessary for establishing a PROBATE CONSERVATORSHIP. Please give full and complete answers wherever possible. If you need additional room to answer a question, use the back of the page.

**SECTION 1: INFORMATION ABOUT THE PROPOSED CONSERVATOR** (this is probably YOU)

If there will be a Co-Conservator(s) or separate Conservator(s) for the person and estate, provide the following information about each person proposed.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(if license is not from Calif, provide state where license was issued: \_\_\_\_\_)

Home Address (no P.O. Box addresses): \_\_\_\_\_  
How long at this address: \_\_\_\_\_ Do you own or rent: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Present Employer (name & address): \_\_\_\_\_  
How long employed there: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to the Proposed Conservatee: \_\_\_\_\_

Has the Proposed Conservator ever filed a bankruptcy petition under Chapter 7 or Chapter 11 of the Federal Bankruptcy Act? YES  
NO If so, Date Filed: \_\_\_\_\_ Discharge granted? YES NO

Has the Proposed Conservator ever been convicted of a felony or any other crime involving bodily injury, elder abuse, theft, fraud, or embezzlement? YES NO  
(For each offense, give the date of conviction and identify the offense):

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

I do  I do not owe money or have a financial obligation to the proposed conservatee.

The proposed conservatee  does  does not owe money or have a financial obligation to me.

I am  I am not an agent for a creditor of the proposed conservatee.

I have  I have not filed for bankruptcy protection within the last ten years.

I have  I have not been convicted of a felony or had a felony expunged from my record.

I have  I have not been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property.

- I have  I have not been charged with, arrested for, or convicted of, a crime involving fraud, conspiracy, or misrepresentation of information.
- I have  I have not been charged with, arrested for, or convicted of any form of elder abuse or neglect.
- I have  I have not had a restraining or protective order filed against me in the last ten years.
- I am  I am not required to register as a sex offender under the California Penal Code section 290.
- I have  I have not previously been appointed conservator, executor, or fiduciary in another proceeding.
- I have  I have not been removed or asked to resign as a conservator, guardian, executor, or fiduciary in any other case.
- I have or may have  I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator.
- Yes  No Do you or does any other person living in your home have a social worker or parole or probation officer assigned to him or her?

\*\*\*If you have checked a box in the affirmative for any of the preceding questions, please explain below:

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Additional Questions for Bond Application (required for conservatorships of the estate only):

Your Net worth: \_\_\_\_\_ Your Annual Income: \_\_\_\_\_

Have you ever had a bonding company decline to bond you? \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_

Have you had prior custody of the conservatorship assets in any capacity? \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_

Have you ever had a Civil Judgment against you? \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_

Are there any disputes between the heirs or ongoing litigation in this case? \_\_\_\_\_

Do you understand that all bond increases, reductions and cancellations must be court approved? \_\_\_\_\_

Do you understand that a premium will be due for the bond each year until an Order for Discharge is approved by the court?  
 \_\_\_\_\_

Do you understand that the first year premium is fully earned and is not refundable once filed with the court? \_\_\_\_\_

**SECTION 2: INFORMATION ABOUT THE PROPOSED CONSERVATEE** (the elder/disabled person)

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

Home Address & Telephone: \_\_\_\_\_

Current Address & Telephone if not living at home: \_\_\_\_\_

Social Security #: \_\_\_\_\_ U.S. Citizen: Yes No Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

If Currently Married: Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Spouse's Name, Address, and Telephone: \_\_\_\_\_

Is Proposed Conservatee entitled to VA benefits? Yes No Unknown

VA Benefits #: \_\_\_\_\_

Is Conservatee Currently on Medicare? Yes No Unknown

Medicare #: \_\_\_\_\_

**SECTION 3: RELATIVES** - List all relatives within the second degree (ie. spouse, children, grandchildren, parents & siblings) living or deceased, giving the age of all minors.

NAME	RELATIONSHIP	ADDRESS & TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the Proposed Conservatee have a Will, Trust, or Powers of Attorney for Financial Affairs or for Health Care? Yes No  
If so, please provide a copy if possible.

Is there anyone who may contest the establishment of the conservatorship or contest you being appointed as Conservator? Yes No

If there is anyone who will contest, who is it ? What might they contest? Why?  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION 5: ASSETS/DEBTS (of Proposed Conservatee, Spouse, or both)**

**BANK, CREDIT UNION, AND INVESTMENT ACCOUNTS**

Name & Address of Bank Credit Union, Investment Co.	Name on Account	Acct. #	Type of Acct.	Balance in	Account
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Is there a Safe Deposit Box? Yes No Unknown If yes, where is the key? \_\_\_\_\_

**CREDIT CARDS**

Company	Name on Card	Account #	Balance Owed
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**Promissory Notes or other debts owed to the Proposed Conservatee**

Name and Address of Debtor	Amount of Payments	Balance Due
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**LIFE INSURANCE**

Policy #	Cash Value	Face Value	Name & Address of Company
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REAL PROPERTY / MOBILE HOME

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

Mortgage Company Name & Address: \_\_\_\_\_

\_\_\_\_\_ Loan #: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date Due: \_\_\_\_\_ Are Payments Current? \_\_\_\_\_

Tax Amount: \_\_\_\_\_ Are They Current: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

If Property is Rented, Amount of Rent: \_\_\_\_\_ Who Collects Rent: \_\_\_\_\_

Tenants' Names: \_\_\_\_\_ Are They Current: \_\_\_\_\_

Insurance Carrier Name & Address: \_\_\_\_\_

AUTOMOBILES

Year/Make/Model: \_\_\_\_\_ License #: \_\_\_\_\_

Current Location: \_\_\_\_\_

Amount Owed/Monthly Payment: \_\_\_\_\_

Name & Address of Lender: \_\_\_\_\_

STOCKS / BONDS:

Company	Name on Certificate	Certificate No.	Number of Shares	Current Value
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\_\_\_\_\_

\_\_\_\_\_

OTHER ASSETS and/or DEBTS \_\_\_\_\_

**SECTION 6: HEALTH CARE AND OTHER PERSONAL INFORMATION**

Name, Address and Telephone of Primary Doctor: \_\_\_\_\_

\_\_\_\_\_

Date Proposed Conservatee was last examined by his/her doctor: \_\_\_\_\_

Is the Proposed Conservatee under the care of a therapist, psychiatrist, or psychologist? Yes No Unknown

If so, give the name, address and telephone number of such person: \_\_\_\_\_

\_\_\_\_\_

Has a Social Worker been involved in the case? Yes No Unknown

If so, give details including name, agency, address, telephone, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Conservatee's religion (if any): \_\_\_\_\_

Is the Proposed Conservatee's religion one which depends on prayer alone for healing? Yes No Unknown

Have funeral arrangements been made for the Proposed Conservatee? Yes No Unknown

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Describe the Proposed Conservatee's medical history: \_\_\_\_\_

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

Give details why you believe that the Proposed Conservatee is unable to properly provide for his or her personal needs for **physical health, food, clothing and/or shelter**. Give names, address and phone numbers of all other persons who might have additional information regarding these matters: \_\_\_\_\_

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

Give details why you believe that the Proposed Conservatee is unable to properly manage his or her own **financial resources, or resist fraud, or resist undue influence**. Give the names and address of all other persons who might have additional information:

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

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Describe any abuse (physical, mental, financial or other) which you believe the Proposed Conservatee has suffered. Include the name and relationship to the proposed conservatee of the alleged abuser.

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Was a report made to Adult Protective Services or the Police?                      Yes   No   Unknown

Is the Proposed Conservatee in a secured facility? ( Locked doors, Locked gates, etc.)      Yes   No   Unknown

Is the Proposed Conservatee currently on any medications for the treatment of dementia? Yes   No   Unknown   If so, circle each of the drugs listed on the following two pages which the Proposed Conservatee takes for the treatment of dementia.

# PSYCHOTROPIC MEDICATIONS FOR THE TREATMENT OF DEMENTIA

## ANTI DEPRESSANTS

<u>Generic Name</u>	<u>Trade Name</u>	<u>Generic Name</u>	<u>Trade Name</u>
Fluoxetine	Prozac	Paroxetine	Paxil
Sertraline	Zoloft	Fluvoxamine	Luvox
Citalopram		Desipramine	Norpramine
Imipramine	Tofranil	Nortriptyline	Pamelor
Doxepin	Sinequan	Clomipramine	Anafranil
Phenelzine	Nardil	Tranlycypromine	Parnate
	Wellbutrin	Venlafaxine	Effexor
Nefazodone	Serzone	Mirtazapine	Romeron
			Bupropion

## MOOD STABILIZING AGENTS

<u>Generic Name</u>	<u>Trade Name</u>	<u>Generic Name</u>	<u>Trade Name</u>
Lithium	Eskalith, Lithobid, Lithonate	Carbamazepine	Tegretol
Valproate	Depakote, Depakene		

## ANTI ANXIETY AGENTS

<u>Generic Name</u>	<u>Trade Name</u>	<u>Generic Name</u>	<u>Trade Name</u>
Alprazolam	Xanax	Diazepam	Valium
Chlordiazepoxide	Librium	Buspirone	Buspar
Triazolam	Halcion		

## PSYCHOSTIMULANTS

<u>Generic Name</u>	<u>Trade Name</u>
Methylphenidate	Ritalin

## ANTIPSYCHOTIC AGENTS

<u>Generic Name</u>	<u>Trade Name</u>	<u>Generic Name</u>	<u>Trade Name</u>
Mesoridazine	Serentil	Thioridazine	Mellaril
Chlorpromazine	Thyroxine	Thiothixene	Navane
Haloperidol	Haldol	Clozapine	Clozaril
Risperidone	Risperdal	Olanzapine	Zypreza
Quetiapine	Seroquel	Sertindolol	Serlect

## CHOLINESTERASE INHIBITORS

<u>Generic Name</u>	<u>Trade Name</u>	<u>Generic Name</u>	<u>Trade Name</u>
Tacrine	Cognex	Donepezil	Aricept
Rivastigmine	Exelon		

## ANORECTIC AGENTS

<u>Generic Name</u>	<u>Trade Name</u>	<u>Generic Name</u>	<u>Trade Name</u>
Fenfluramine	Pondamin	Phentermine	Ionamin
Dexfenfluramine	Redux	Sibutramine	Meridia

## DETOXIFICATION AGENTS

<u>Generic Name</u>	<u>Trade Name</u>
Methadone	Dolophine