



In the Superior Court of the State of California  
*In and for the County of San Joaquin*

**CONFIDENTIAL CONSERVATORSHIP  
QUESTIONNAIRE**

(DECLARATION BY PROPOSED  
CONSERVATOR(S))

**SAN JOAQUIN COUNTY SUPERIOR COURT**  
180 E. Weber Ave, Suite 416  
Stockton, CA 95202

FOR COURT USE ONLY

|                   |                     |
|-------------------|---------------------|
| <b>CASE NAME:</b> | <b>CASE NUMBER:</b> |
|-------------------|---------------------|

Is an interpreter needed?  Yes  No    If yes, for whom and in what language:

**Instructions to Petitioner(s) / Proposed Conservator(s):**  
 This questionnaire **MUST** be completed and failure to turn it in may result in delays.  
**DO NOT leave any questions blank. State N/A if the question does not apply or “unknown” if you do not know the answer to a question.**  
 (If there is not enough room to complete your answer, attach a separate sheet of paper clearly identifying the question.)

**PETITION IS FOR:**

Person Only    Limited Person Only    Estate Only    Person and Estate

**PETITIONER / PROPOSED CONSERVATOR**

Full Legal Name:

Pronoun of Preference:    he/him/his    she/her/hers    they/them/theirs

Home Address:

|             |             |                 |
|-------------|-------------|-----------------|
| Home Phone: | Cell Phone: | E-mail Address: |
|-------------|-------------|-----------------|

Relationship to Proposed Conservatee:

**ADDITIONAL PETITIONER / PROPOSED CONSERVATOR**

(If more than 2 Petitioners or Proposed Conservators add an attachment with information)

Full Legal Name:

Pronoun of Preference:    he/him/his    she/her/hers    they/them/theirs

Home Address:

|             |             |                 |
|-------------|-------------|-----------------|
| Home Phone: | Cell Phone: | E-mail Address: |
|-------------|-------------|-----------------|

Relationship to Proposed Conservatee:

**PROPOSED CONSERVATEE**

|  |  |                |      |
|--|--|----------------|------|
| Full Legal Name:   |  | Date of Birth: | Age: |
| Pronoun of Preference: <input type="checkbox"/> he/him/his <input type="checkbox"/> she/her/hers <input type="checkbox"/> they/them/theirs |  |                |      |
| Does the Proposed Conservatee receive regional center services: <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |                |      |
| If yes, what regional center:  |  |                |      |
| Case Manager:  |  | Telephone:     |      |
| Does the Proposed Conservatee attend school and/or a day program: <input type="checkbox"/> Yes <input type="checkbox"/> No                 |  |                |      |
| If yes, name of school and/or day program:   |  |                |      |
| Address of school and/or day program:  |  |                |      |
| Teacher/Administrator:   |  | Telephone:     |      |

|  |                         |
|--|-------------------------|
| <b>PROPOSED CONSERVATEE'S ATTORNEY, if applicable:</b> |                         |
| Name:  | Telephone:              |
| Address:   |                         |
| (Street)   | (City, State, Zip Code) |

|   |  |
|---|--|
| <b>ADDITIONAL INFORMATION REGARDING PROPOSED CONSERVATEE</b>  |  |
| Proposed conservatee currently resides at: <input type="checkbox"/> Personal Residence <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Other: _____ |  |
| Anyone living in the Conservatee's personal residence on probation, parole, or have a history of mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| If yes, provide name of person and information:   |  |
|   |  |
| Any firearms in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Any pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

**PROPOSED CONSERVATEE'S MEDICAL INFORMATION**

|  |                         |
|--|-------------------------|
| <b>DOCTOR(S) (List Proposed Conservatee's primary care physician, treating physicians and specialists)</b> |                         |
| 1. Name:   | Telephone:              |
| Address:   |                         |
| (Street)   | (City, State, Zip Code) |
| Specialty, what the proposed conservatee is seen for:  |                         |
| 2. Name:   | Telephone:              |
| Address:   |                         |
| (Street)   | (City, State, Zip Code) |
| Specialty, what the proposed conservatee is seen for:  |                         |
| 3. Name:   | Telephone:              |
| Address:   |                         |
| (Street)   | (City, State, Zip Code) |
| Specialty, what the proposed conservatee is seen for:  |                         |

|                               |                                |
|-------------------------------|--------------------------------|
| <b>MEDICATIONS PRESCRIBED</b> |                                |
| Medication:                   | Prescribed for what condition: |
| Medication:                   | Prescribed for what condition: |
| Medication:                   | Prescribed for what condition: |
| Medication:                   | Prescribed for what condition: |
| Medication:                   | Prescribed for what condition: |

Continued on attachment

## RELATIVES OF THE PROPOSED CONSERVATEE

|  |            |                                   |   |
|--|------------|-----------------------------------|---|
| Father   | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Mother   | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Sibling<br><input type="checkbox"/> brother <input type="checkbox"/> sister  | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Sibling<br><input type="checkbox"/> brother <input type="checkbox"/> sister  | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Sibling<br><input type="checkbox"/> brother <input type="checkbox"/> sister  | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Sibling<br><input type="checkbox"/> brother <input type="checkbox"/> sister  | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Paternal Grandfather   | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Paternal Grandmother   | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Maternal Grandfather   | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Maternal Grandmother   | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| <input type="checkbox"/> Spouse<br><input type="checkbox"/> Domestic Partner | Name:      | <input type="checkbox"/> Deceased | DOD:                                      |
|  | Telephone: | Email:                            |   |
| Child<br><input type="checkbox"/> son <input type="checkbox"/> daughter      | Name:      | DOB:                              | <input type="checkbox"/> Deceased<br>DOD: |
|  | Telephone: | Email:                            |   |
| Child<br><input type="checkbox"/> son <input type="checkbox"/> daughter      | Name:      | DOB:                              | <input type="checkbox"/> Deceased<br>DOD: |
|  | Telephone: | Email:                            |   |
| Child<br><input type="checkbox"/> son <input type="checkbox"/> daughter      | Name:      | DOB:                              | <input type="checkbox"/> Deceased<br>DOD: |
|  | Telephone: | Email:                            |   |
| Child<br><input type="checkbox"/> son <input type="checkbox"/> daughter      | Name:      | DOB:                              | <input type="checkbox"/> Deceased<br>DOD: |
|  | Telephone: | Email:                            |   |

Continued on attachment

**OTHER RELATIVES, NEIGHBORS, OR FRIENDS OF THE PROPOSED CONSERVATEE**

|                        |   |            |
|------------------------|---|------------|
| Relationship:<br>_____ | Name:                                       | Telephone: |
|                        | Address (Street, City, State and Zip Code): |            |
| Relationship:<br>_____ | Name:                                       | Telephone: |
|                        | Address (Street, City, State and Zip Code): |            |
| Relationship:<br>_____ | Name:                                       | Telephone: |
|                        | Address (Street, City, State and Zip Code): |            |
| Relationship:<br>_____ | Name:                                       | Telephone: |
|                        | Address (Street, City, State and Zip Code): |            |
| Relationship:<br>_____ | Name:                                       | Telephone: |
|                        | Address (Street, City, State and Zip Code): |            |
| Relationship:<br>_____ | Name:                                       | Telephone: |
|                        | Address (Street, City, State and Zip Code): |            |
| Relationship:<br>_____ | Name:                                       | Telephone: |
|                        | Address (Street, City, State and Zip Code): |            |
| Relationship:<br>_____ | Name:                                       | Telephone: |
|                        | Address (Street, City, State and Zip Code): |            |

Continued on attachment

**SIGNATURES**

***(Each Proposed Conservator must sign the acknowledgement under penalty of perjury.)***

I declare under penalty of perjury under the laws of the State of California that all of the information I have submitted in this Conservatorship Questionnaire is true and correct.

Date:

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Proposed Conservator

Date:

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Proposed Conservator

**Note: If another person filled out this document for you, that person must also sign the acknowledgement under penalty of perjury.**

Date:

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature