



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
315 W. ELM STREET
LODI, CA 95240

FOR COURT USE ONLY

CASE NAME:	CASE NUMBER:
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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:	

PROPOSED CONSERVATEE'S ATTORNEY, if applicable:	
Name:	Telephone:
Address:	
(Street)	(City, State, Zip Code)

ADDITIONAL INFORMATION REGARDING PROPOSED CONSERVATEE	
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

DOCTOR(S) (List Proposed Conservatee's primary care physician, treating physicians and specialists)	
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:	

MEDICATIONS PRESCRIBED	
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 <input type="checkbox"/> brother <input type="checkbox"/> sister	Name:	<input type="checkbox"/> Deceased	DOD:
	Telephone:	Email:	
Sibling <input type="checkbox"/> brother <input type="checkbox"/> sister	Name:	<input type="checkbox"/> Deceased	DOD:
	Telephone:	Email:	
Sibling <input type="checkbox"/> brother <input type="checkbox"/> sister	Name:	<input type="checkbox"/> Deceased	DOD:
	Telephone:	Email:	
Sibling <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 <input type="checkbox"/> Domestic Partner	Name:	<input type="checkbox"/> Deceased	DOD:
	Telephone:	Email:	
Child <input type="checkbox"/> son <input type="checkbox"/> daughter	Name:	DOB:	<input type="checkbox"/> Deceased DOD:
	Telephone:	Email:	
Child <input type="checkbox"/> son <input type="checkbox"/> daughter	Name:	DOB:	<input type="checkbox"/> Deceased DOD:
	Telephone:	Email:	
Child <input type="checkbox"/> son <input type="checkbox"/> daughter	Name:	DOB:	<input type="checkbox"/> Deceased DOD:
	Telephone:	Email:	
Child <input type="checkbox"/> son <input type="checkbox"/> daughter	Name:	DOB:	<input type="checkbox"/> Deceased DOD:
	Telephone:	Email:	

Continued on attachment

OTHER RELATIVES, NEIGHBORS, OR FRIENDS OF THE PROPOSED CONSERVATEE

Relationship: _____	Name:	Telephone:
	Address (Street, City, State and Zip Code):	
Relationship: _____	Name:	Telephone:
	Address (Street, City, State and Zip Code):	
Relationship: _____	Name:	Telephone:
	Address (Street, City, State and Zip Code):	
Relationship: _____	Name:	Telephone:
	Address (Street, City, State and Zip Code):	
Relationship: _____	Name:	Telephone:
	Address (Street, City, State and Zip Code):	
Relationship: _____	Name:	Telephone:
	Address (Street, City, State and Zip Code):	
Relationship: _____	Name:	Telephone:
	Address (Street, City, State and Zip Code):	
Relationship: _____	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