

Sugai & Sudweeks, LLP

200 S. Santa Cruz Avenue, Suite 100
Los Gatos, California 95032
(tele) 408-354-0200 408-354-7779 (fax)

Leslie Yarnes Sugai, Esq.*†
Sheri Sudweeks, Esq.*
www.sugaisudweeks.com

DATE

RE: Limited Conservatorship

Dear CLIENT:

Please bring this completed questionnaire with you when we meet on _____ to discuss the establishment of a Conservatorship. Please attach additional pages if necessary.

INFORMATION ABOUT THE CONSERVATOR

Please fill in the information for each person who will take care of the person and/or the finances of the person being conserved.

Name, Address, Phone Number:	Date of Birth:	SSN:	Drivers License #:
Name, Address, Phone Number:	Date of Birth:	SSN:	Drivers License #:
Name, Address, Phone Number:	Bate of Birth:	SSN:	Drivers License #

INFORMATION ABOUT THE PERSON TO BE CONSERVED (CONSERVATEE)

Name (Include all other/former names previously used):

Address: _____

Phone Number: _____

Date of Birth: _____ SSN: _____

Place of Birth: _____ U.S. Citizen: Yes or No

Is this person requesting a conservator? _____

Is this person in a State Hospital or Institution? _____

*Certified Specialist in Estate Planning, Trust and Probate Law by the State Bar of California Board of Legal Specialization

†Certified Elder Law Attorney by the National Elder Law Foundation

Is this person developmentally disabled? _____
Regional Center Case Manager Name, Address & telephone number: _____

Has this person received Health Services in the past year? (Please explain if Yes) _____

Has this person received Social Services in the past year? (Please explain if Yes) _____

Has this person received Financial or Estate Mgmt. Services in the past year? (Please explain if Yes) _____

Please list the Conservatee's Doctors and their Specialties

Name:
Address:
Phone Number:
Name:
Address:
Phone Number:
Name:
Address:
Phone Number:

CLOSE RELATIVES OF THE CONSERVATEE

Please give the name address, and telephone number of the relatives within the second degree, as listed below. Write none or deceased if applicable. All of these people are legally entitled to notice and the Court Investigator may want to interview them.

Spouse (if applicable)

Name:
Address:
Phone Number:

Children of the Conservatee (if applicable)

Name:
Address:
Phone Number:
Name:
Address:

Phone Number:
Name:
Address:
Phone Number:
Name:
Address:
Phone Number:

Brothers and Sisters of the Conservatee

Name:
Address:
Phone Number:
Name:
Address:
Phone Number:
Name:
Address:
Phone Number:
Name:
Address:
Phone Number:
Name:
Address:
Phone Number:

Parents of the Conservatee

Father:
Address:
Phone Number:
Mother:
Address:
Phone Number:

Close Friends and Neighbors of the Conservatee

Name:
Address:

Phone Number:
Name:
Address:
Phone Number:
Name:
Address:
Phone Number:

Anyone Living with Conservatee in Residence

Name:
Relationship:
Phone Number:
Name:
Relationship:
Phone Number:

When petitioning the court for a limited Conservatorship, the petition must state why the Conservatorship is necessary, including specific examples. The following section will help me to organize your petition and may help you to recall specific facts that we can use in the petition.

CONSERVATORSHIP OF THE PERSON

This is for those who are requesting powers relating to medical and other personal decisions.

Describe the nature and degree of disability: _____

Example:

<input checked="" type="checkbox"/> Clothing	Cannot put clothing on in the right order. Will take walks without clothing.
--	--

Check if needs help with Activity	Describe Help Needed
<input type="checkbox"/> Choosing Clothing	
<input type="checkbox"/> Dressing Self	
<input type="checkbox"/> Shopping	
<input type="checkbox"/> Preparation of Meals	

<input type="checkbox"/> Feeding Self	
<input type="checkbox"/> Driving a Car	
<input type="checkbox"/> Gets lost	
<input type="checkbox"/> Recognizing Family Members	
<input type="checkbox"/> Communicating	
<input type="checkbox"/> Bathing	
<input type="checkbox"/> Toileting	
<input type="checkbox"/> Hostile/Aggressive Behavior	
<input type="checkbox"/> Susceptible to Undue Influence	
<input type="checkbox"/> Managing Medication	

CONSERVATORSHIP OF THE ESTATE

This section is for those that are requesting the power to manage the finances of the Conservatee.

Describe the actions that the Conservatee has taken which are of concern to you and make you believe that the Conservatee is in danger of losing money or assets. Give as many examples as you can recall.

Example:

<input checked="" type="checkbox"/> Writing Name	When asked to sign a check, cannot write own name even if shown a sample.
--	---

Check if needs help with activity	Describe Help Needed
<input type="checkbox"/> Writing Checks	
<input type="checkbox"/> Balancing bank statement	
<input type="checkbox"/> Resisting Mail solicitation	
<input type="checkbox"/> Resist Telephone Sales	
<input type="checkbox"/> Read a book	
<input type="checkbox"/> Write own name	
<input type="checkbox"/> Do simple math calculations	

<input type="checkbox"/> Resisting undue influence and fraud	
<input type="checkbox"/> Understanding Contracts	
<input type="checkbox"/> Any other inappropriate behavior or concerns	

ADDITIONAL POWERS

Probate Code §2351.5(b) allows for additional powers that may be necessary in a limited conservatorship:

Please check any additional powers you may need and provide an explanation supporting the reasons why the power is needed: (Please attach explanation to form)

- To fix the residence or specific dwelling of the limited Conservatee;
- To have access to the confidential records and papers of the limited Conservatee;
- To consent or withhold consent to the marriage of, or the entrance into a registered domestic partnership by, the limited Conservatee;
- To control the right of the limited Conservatee to contract;
- To hold the power of the limited Conservatee to give or withhold consent to medical consent;
- To control the limited Conservatee's social and sexual contacts and relationships;
- To make decisions concerning the education of the limited Conservatee.

Complete the section on Income and Assets only if you are petitioning for Conservatorship of the estate.

INCOME OF THE CONSERVATEE (bring any available documentation)

Source	Amount
Social Security	
Pension	
Veterans Administration	
Other:	

ASSETS OF THE CONSERVATEE

When ownership is listed, please give the names of all owners and how title is held.
(For example: Tenants in Common, Joint Tenancy, Community Property, etc...)

Real Property

(bring a copy of each deed, if you have it)

Address of Property	APN	Ownership

Bank Accounts

(bring a copy of the latest bank statement, if possible)

Name of Bank	Account #	Type of Account	Estimated Value	Owners

Brokerage Accounts and Mutual Funds

(bring a copy of the latest statement, if possible)

Name of Institution	Account #	Type of Account	Estimated Value	Owners

Stocks

Company Name	# of shares	Type of Stock

Insurance

(bring a copy of the policy, if possible)

Carrier	Policy #	Face Value	Insured	Owner

Supplemental Information on Conservator

The court requires that we provide the following information on a separate form available to the judge and the parties to the action, but not a public record. The information will assist the judge in deciding whether to appoint you as conservator. Each Conservator will need to answer the questions.

Conservator 1 Yes or No	Conservator 2 Yes or No	Question as found on court form

		Were you appointed as conservator by the proposed Conservatee?
		Are you the spouse of the proposed Conservatee, if so have you filed for legal separation, dissolution of marriage, annulment, or nullity of marriage?
		Do you owe money or have a financial obligation to the proposed Conservatee?
		Does the proposed Conservatee owe you money or have a financial obligation to you?
		Are you an agent for a creditor of the proposed Conservatee?
		Have you filed for bankruptcy protection in the last 10 years?
		Have you been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property?
		Have you been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, misrepresentation of information?
		Have you had a restraining or protective order filed against you in the last 10 years?
		Are you required to register as a sex offender under California Penal Code Section 290?
		Have you been removed as guardian, conservator, executor, or fiduciary in any other case?
		Have you previously been appointed guardian, conservator, executor, or fiduciary in any other case?
		Do you have an adverse interest that the court may consider to be a risk, or to have an effect on, your ability to faithfully perform the duties of conservator?
		Do you or any other person living in your home have a social worker or parole or probation officer assigned to him or her?

Please explain any "yes" answers:

How long have you known the proposed conservatee? ____ months and ____ years

If there are any items in this questionnaire that you do not understand, I will go over them with you at our meeting. While this questionnaire has been provided to you to organize the information needed to begin a conservatorship proceeding, it is not a contract to represent you. This office is not your attorney until a Contract for Attorney Services has been signed by the proposed conservators/petitioners and myself.

I look forward to meeting you.

Sincerely,

Sheri Sudweeks
Attorney at Law