

REQUEST TO ESTABLISH PROBATE CONSERVATORSHIP

SECTION I				
LAST NAME:	FIRST NAME:	MIDDLE:	DOB:	AKA:
SSN:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> SEP	NAME OF SPOUSE DOD	
CURRENT ADDRESS:	PHONE:	OWNS/RENTS <input type="checkbox"/> <input type="checkbox"/>	NAME / TYPE OF FACILITY	
PREVIOUS ADDRESS:			PLACE OF BIRTH (CITY & STATE)	
US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	ALIEN NUMBER	VA CLAIM NUMBER	MEDICARE NUMBER	

SECTION II - INCOME		
SOURCE	AMOUNT RECEIVED	PAYEE (NAME / ADDRESS)
SSI		
SSA		
VA		
PENSION		
ALIMONY		
GA		
INSURANCE		
SDI		
OTHER		

SECTION III - BANK ACCOUNTS			
BANK / ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT	BALANCE

SECTION IV – LIFE INSURANCE				<input type="checkbox"/> NONE
POLICY NUMBER	CASH VALUE	FACE VALUE	NAME / ADDRESS OF COMPANY	

SECTION V – REAL PROPERTY					<input type="checkbox"/> NONE	<input type="checkbox"/> JOINT	<input type="checkbox"/> SOLE	<input type="checkbox"/> COMMUNITY
LOCATION / ADDRESS				PARK MANAGER / PHONE NUMBER				
MORTGAGE COMPANY / ADDRESS				LOAN NUMBER				
PAYMENT CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DUE DATE	TAX AMOUNT	TAXES CURRENT	ASSESSED VALUE				
IF PROPERTY RENTED, TENNANTS NAME			RENTAL AMOUNT	WHO COLLECTS RENT?				
INSURANCE CARRIER		ADDRESS			PHONE NUMBER			

SECTION VI – OTHER REAL AND PERSONAL PROPERTY:
(NOTES, STOCKS, BONDS, OTHER REAL PROPERTY (RESIDENTIAL OR COMMERCIAL), BUSINESS INTREST(S))

SECTION VII – AUTOS							<input type="checkbox"/> NONE
TYPE OF VEHICLE	YEAR / MODEL	LOCATION	LICENSE	STATUS	PAYMENT	LOAN BALANCE	

IF LOAN, NAME / ADDRESS OF LENDER(S)
1.
2.
3.

SECTION VIII – FUNERAL ARRANGEMENTS / PRE-NEED TRUSTS NONE

TYPE	BANK / ACCOUNT #	LOCATION
BENEFICIARY:		RELIGION:

SECTION IX – OTHER PROVIDERS / SERVICES

(SOCIAL WORKER, CASE MANAGER, DOCTOR, PSYCHIATRIST, HOME HEALTH CARE, NURSE, ETC)

TYPE	NAME	ADDRESS / PHONE

SECTION X – PRIVATE CONSERVATOR

CAN ANY PRIVATE PARTY OR RELATIVE ACT AS CONSERVATOR?

YES NO (IF NO, PLEASE EXPLAIN)

SECTION XI – RELATIVES / SIGNIFICANT OTHERS

NAME	ADDRESS / PHONE	RELATIONSHIP (PARENT, SPOUSE, ETC)

SECTION XII – SPECIAL INFORMATION

USE THIS SECTION FOR ANY SPECIAL INFORMATION NOT COVERED ELSEWHERE

1. IS THERE A TRUST OR ESTATE PLAN? YES NO (ATTACH A COPY)

TRUSTEE: _____ PHONE #: _____

SUCCESSOR TRUSTEE: _____ PHONE #: _____

2. ANYONE GIVEN POWER OF ATTORNEY? YES NO (ATTACH A COPY)

3. ANYONE GIVEN DURABLE POWER OF ATTORNEY FOR HEALTH CARE YES NO (ATTACH A COPY)

4. DESIGNATED AGENT NAMED IN DURABLE POWER OF ATTORNEY FOR HEALTH CARE:

NAME: _____ PHONE #: _____

5. EXPLAIN ANY PENDING OR ANTICIPATED LAWSUITS INVOLVING PROPOSED CONSERVATEE:
(EXPLAIN BELOW)

SECTION XIII – SAFETY/ENVIRONMENTAL CONCERNS (i.e., dogs, drugs, weapons, bugs, hoarding, etc.)

Is there any current or prior contact with Adult Protective Services? Yes No if yes, explain.

SECTION XIV – REFERRING PARTY:

NAME	ADDRESS	PHONE

In order to file a petition, we MUST have the attached Declaration (Section XIV – Recommendation) completed, signed, and dated. If not received as such, the referral will be returned as incomplete.

SECTION XV – REFERRING PARTY RECOMMENDATION / DECLARATION

A. CONSERVATORSHIP OF PERSON (P.C. SECTION 1821)

Please state below, in **DETAIL**, all facts known that would cause you to believe that the referred person is **UNABLE TO PROPERLY PROVIDE FOR HIS OR HER PERSONAL NEEDS FOR PHYSICAL HEALTH, FOOD, CLOTHING, AND/OR SHELTER**. Indicate how you know such from **PERSONAL KNOWLEDGE** (i.e. observation, responses to questions, written documents, etc.) State the names, phone numbers, and addresses of all other people who might have additional information. Please be explicit: **WHO, WHAT, WHERE, AND WHEN**.

PHOTOCOPY THIS PAGE IF YOU HAVE ADDITIONAL INFORMATION TO DECLARE AS THE NEED FOR A CONSERVATOR OF THE PERSON.

SECTION XVI – REFERRING PARTY RECOMMENDATION / DECLARATION

B. CONSERVATORSHIP OF THE ESTATE (P.C. SECTION 1821)

Please state below, **IN DETAIL**, all the facts that would cause you to believe that the referred person is **SUBSTANTIALLY UNABLE TO MANAGE HIS OR HER OWN FINANCIAL RESOURCES, RESIST**

FRAUD, OR RESIST UNDUE INFLUENCE. Indicate how you know such from **PERSONAL KNOWLEDGE** (i.e. observation, responses to questions, written documents, etc.) State the names, phone numbers, and addresses of all other people who might have additional information. Please be explicit: **WHO, WHAT, WHERE, AND WHEN.**

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY, UNDER THE LAW OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE, CORRECT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

CITY

STATE

SIGNATURE

PRINT

PHONE NUMBER

PHOTOCOPY THIS PAGE IF YOU HAVE ADDITIONAL INFORMATION TO DECLARE AS THE NEED FOR A CONSERVATOR OF THE ESTATE.