

# The Law Office of Matthew C. Yu

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## QUESTIONNAIRE FOR CONSERVATORSHIP PETITION

### I. General Info for Petition

#### a. Petitioner

1. Name of Petitioner: \_\_\_\_\_
2. Address of Petitioner: \_\_\_\_\_
3. Phone of Petitioner: \_\_\_\_\_
4. Is petitioner a creditor / agent of a creditor of conservatee? Y N
5. Is petitioner a debtor / agent of a debtor of conservatee? Y N

#### b. Proposed Conservator(s) – *if different from Petitioner*

1. Name of Conservator: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Driver's License Number: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
  
7. Name of Co-Conservator (if any): \_\_\_\_\_
8. Address of Co-C: \_\_\_\_\_
9. Phone of Co-C: \_\_\_\_\_
10. Social Security # of Co-C: \_\_\_\_\_
11. Driver's License # of Co-C: \_\_\_\_\_
12. Date of Birth of Co-C: \_\_\_\_\_

#### c. Proposed Conservatee

1. Name of Conservatee: \_\_\_\_\_
2. Present Address (current location): \_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Residence (If different from current location): \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Relationship to petitioner \_\_\_\_\_
8. Relationship to conservator \_\_\_\_\_
9. California resident? Y N
10. Los Angeles County resident? Y N
11. Will proposed conservatee continue to live in his home? Y N  
If N, will conservatee be moved after c'ship is approved? Y N
12. If proposed conservatee does not live at home, will s/he return to her/his home? Y N  
If Y, give date of return to home or reason why not returning: \_\_\_\_\_
  
13. Is conservatee a patient or on leave from a state institution or mental health? Y N
14. Is conservatee receiving MediCal benefits? Y N
15. Does conservatee adhere to a religion that relies on prayer alone for healing? Y N

16. Is conservatee receiving or entitled to receive VA benefits? Y N

- i. If Y, how qualified (e.g., parent, spouse, self) \_\_\_\_\_
  - a. Name: \_\_\_\_\_
  - b. Claim/Serial #: \_\_\_\_\_
  - c. Branch/Rank: \_\_\_\_\_
  - d. Dates of Service: \_\_\_\_\_

ii. Estimated monthly benefit payable: \$ \_\_\_\_\_

17. Is conservatee able to complete affidavit of voter registration? Y N

**d. Proposed Conservatee's incapacity**

- 1. Proposed conservatee's DX \_\_\_\_\_
- 2. Date of Dx: \_\_\_\_\_
- 3. Severity of condition: \_\_\_\_\_
- 4. Describe the following:
  - i. Inability to tend to physical health: \_\_\_\_\_
  - ii. Inability to care for food: \_\_\_\_\_
  - iii. Inability to care for clothing: \_\_\_\_\_
  - iv. Inability to secure shelter \_\_\_\_\_

e. Is petnr or conservator the **Spouse or Domestic Partner** of conservatee? Y N

1. If Y, indicate which one \_\_\_\_\_

2. If Y, are they legally separated, divorced, OR is marriage annulled OR is there a pending proceeding? Y N

3. Is proposed conservatee **Developmentally Disabled**? Y N

f. Does Proposed Conservatee have **Dementia**? Y N

If Y:

- i. Are you seeking to place Conservatee in a secured facility? Y N
- ii. Does conservatee need/would benefit from dementia medications and lack the capacity to give informed consent? Y N

**g. Conservatorship of Estate:**

1. Character and estimated value of property in estate: SP CP

i. Personal Property: \$ \_\_\_\_\_

ii. Real property Yes\* No

\*If yes, state:

1. Location \_\_\_\_\_

2. Value \$ \_\_\_\_\_ (estimated) \$ \_\_\_\_\_ (debt)

iii. Annual gross income from:

a. Real property \$ \_\_\_\_\_

b. Personal property \$ \_\_\_\_\_

c. Pensions \$ \_\_\_\_\_

d. Wages: \$ \_\_\_\_\_

e. Public assistance benefits: \$ \_\_\_\_\_

f. Other: \$ \_\_\_\_\_

2. Describe a specific incident of the Proposed Conservatee's substantial inability to manage his/her financial resources or resist fraud or undue influence. Also describe any variations from prior spending patterns:

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h. **Second Degree Relatives** (*Attachment 11*) – List: Name, DOB or Age, Address, or if deceased, Date or Year of Death

Spouse \_\_\_\_\_  
 Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Grandchildren: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 Father: \_\_\_\_\_  
 Brothers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Sisters: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Paternal Grandmother: \_\_\_\_\_  
 Paternal Grandfather: \_\_\_\_\_  
 Maternal Grandmother: \_\_\_\_\_  
 Maternal Grandfather: \_\_\_\_\_

**II. Confidential Conservator Screening Form** – Must be completed for each conservator

a. How long has conservator known conservatee \_\_\_\_\_ Yrs \_\_\_\_\_ Mos  
 b. Was conservator nominated? Y N  
     1. If Y, by whom (conservatee / spouse or parent by of conservatee)  
     2. If Y, how and provide document \_\_\_\_\_  
 c. Does the conservator owe conservatee money or has a financial obligation to conservatee? Y N  
     If Y, explain \_\_\_\_\_  
 d. Does conservatee owe conservator money or has a financial obligation to conservator? Y N  
     If Y, explain \_\_\_\_\_

**III. General Questions**

a. Has the Proposed Conservatee: (mark all that apply)  
 Voluntary acceptance of inf or formal assistance    Special or limited POA  
 Financial POA    Trust    Advance Health Care Directive

b. Services Provided to proposed conservatee:  
 1. Did conservatee receive health services during the past year? Y N  
     If Y, explain \_\_\_\_\_  
 2. Did conservatee receive social services during the past year? Y N  
     If Y, explain \_\_\_\_\_

c. Are there any of the following at the conservatee’s location?  
 1. Firearms Y N \_\_\_\_\_  
 2. Dogs Y N \_\_\_\_\_  
 3. Restraining Order Y N \_\_\_\_\_  
 4. Other hazards Y N \_\_\_\_\_  
 5. Has there a previous investigation within the last 6 months? Y N