

INFORMATION FOR FILING CONSERVATORSHIP:

1	CLIENT/PROPOSED CONSERVATOR'S NAME									
	ADDRESS									
	HOME TELEPHONE									
	DAYTIME (WORK) TELEPHONE									
	DATE OF BIRTH									
	SOCIAL SECURITY NUMBER									
	CALIF. DRIVER'S LICENSE #									
	EMAIL ADDRESS									
	IF NOMINATED - Name, address and relationship of Nominator									
2	PROPOSED CONSERVATEE'S NAME AND YOUR RELATIONSHIP TO CONSERVATEE									
	CONSERVATEE'S HOME ADDRESS									
	TELEPHONE NUMBER									
	PRESENT LOCATION (Hospital, nursing home, etc. if not home address)									
	TELEPHONE NUMBER OF PRESENT LOCATION									
	SOCIAL SECURITY NUMBER									
	DATE OF BIRTH									
	ABILITY TO VOTE	YES		NO		ATTEND HEARING	YES		NO	

3	CONSERVATEE'S PHYSICIAN'S NAME	
	ADDRESS	
	TELEPHONE NUMBER	
4	NAMES OF RELATIVES OF CONSERVATEE TO THE SECOND DEGREE (SPOUSE, PARENTS, GRAND-PARENTS, SIBLINGS, CHILDREN, GRAND-CHILDREN(Indicate if living or deceased) MUST LIST ALL	ADDRESS, TELEPHONE, RELATIONSHIP
5	DETAILED DESCRIPTION OF CONSERVATEE'S MEDICAL CONDITION	

6	DETAILED DESCRIPTION OF CONSERVATEE'S MENTAL CONDITION	
7	CONSERVATEE'S MONTHLY INCOME	
	SOURCE	AMOUNT
8	CONSERVATEE'S PROPERTY/ASSETS	ESTIMATED MARKET VALUE
9	PENDING LAWSUITS	
	TITLE AND CASE NUMBER	
	COURT AND LOCATION	
	DETAILS OF LAWSUIT	

10	ESTATE PLAN	
	DOES PROPOSED CONSERVATEE HAVE A TRUST?	PLEASE PROVIDE COPY
	DOES PROPOSED CONSERVATEE HAVE A WILL?	PLEASE PROVIDE COPY
	DOES PROPOSED CONSERVATEE HAVE A GENERAL POWER OF ATTORNEY?	PLEASE PROVIDE COPY
	DOES PROPOSED CONSERVATEE HAVE A POWER OF ATTORNEY FOR HEALTH CARE?	PLEASE PROVIDE COPY
	IF KNOWN, NAME OF ATTORNEY WHO ASSISTED WITH ESTATE PLAN	
11	OTHER INFORMATION (EX: NAMES OF SOCIAL WORKERS/CARE MANAGERS, BROKERS, ETC.)	