



- (5) Please provide the proposed Conservatee's date of birth and social security number.
- (6) Is the petitioner a creditor or debtor of the proposed conservatee? Is the proposed Conservator a creditor or debtor of the proposed conservatee? If either are yes, on a separate sheet of paper please provide the appropriate information.
- (7) Is the proposed Conservatee a patient in or on leave of absence from a state institution under the jurisdiction of the CA Dept. of Mental Health or CA Dept. of Developmental Services? If yes, please provide additional information.
- (8) Is the proposed Conservatee receiving or entitled to receive benefits from the U.S. Dept. of Veterans Affairs? If yes, please provide additional information.
- (9) On a separate sheet of paper, briefly describe why the proposed Conservatee requires a conservatorship. He or she is unable to properly provide for his or her personal needs for physical health, food, clothing, or shelter because . . . ?
- (10) Is the proposed Conservatee developmentally disabled? If yes, how?
- (11) Will the proposed Conservatee be physically able to attend the hearing at the court? If not, why?

(12) Does the proposed Conservatee have the capacity to give an informed consent to medical treatment? Please list the name, address and telephone number of the proposed Conservatee's physician from whom the form regarding lack of capacity would be completed.

(13) Is the proposed Conservatee an adherent of a religion that relies on prayer alone for healing?

(14) On a separate sheet of paper, please provide the names, relationship and addresses of the following persons to which notice of the petition for appointment of probate conservator must be provided: (a) Spouse, (b) parents, (c) grandparents, (d) children, (e) siblings (f) grandchildren. If any are deceased, indicate so. If any are under age 18, please provide his or her birth date.

(15) If this conservatorship is for the Person only, what is the proposed Conservatee's monthly income, exclusive of any public benefit payments?

(16) Should the petition for appointment of probate conservator include the request for authorization of the conservator to place the proposed Conservatee in a secured perimeter residential care facility for the elderly?

(17) Should the petition for appointment of probate conservator include the request for authorization of the conservator to administer medications appropriate for the care and treatment of dementia?

(18) Has the petitioner considered alternatives to a conservatorship? On a separate sheet of paper, please provide information for each item as to why alternative solutions are not suitable or available.

- (a) Voluntary acceptance of informal or formal assistance in the home.
- (b) Special or Limited Power of Attorney
- (c) General Power of Attorney
- (d) Durable Power of Attorney for Health Care
- (e) Durable Power of Attorney for Estate Management
- (f) Trust
- (g) Other alternatives considered and found not to be suitable or available

(19) During the past year, has any of the following been provided to the proposed Conservatee? If yes, on a separate sheet of paper, please provide explanation of the service provided.

- (a) Health Care Services
- (b) Social Services
- (c) Estate Management Services

(20) On a separate sheet of paper, please provide details as to why a conservatorship of the person should be required. This would include how the proposed Conservatee reacts to certain circumstances. Does he or she tend to dangerously wander off? Is he or she able to prepare and/or feed and/or dress himself/herself? Is he or she not capable of taking prescribed medication on his or her own? Are there any medical reasons as to why the proposed conservatee needs assistance? Could the proposed Conservatee be harmful to himself/herself or others? Can the proposed Conservatee attend medical appointments on his or her own and be able to competently communicate with the medical care provider?