CONSERVATORSHIP
CLIENT INTAKE QUESTIONNAIRE:

URGENT SITUATION? If a vulnerable adult is in danger, call 911. To report suspected elder or dependent adult abuse, contact your county Adult Protective Services. If money is being taken or a medical decision is needed right away, contact us immediately — a temporary conservatorship may be available.

CONFIDENTIAL. A conservatorship is a court proceeding in which a judge appoints a person (the conservator) to care for an adult who cannot adequately provide for their own personal needs (conservatorship of the person) and/or manage their own finances or resist fraud or undue influence (conservatorship of the estate). Courts must consider whether less restrictive alternatives would work first. Please answer as completely as you can. If a question does not apply, write "N/A." If unknown, write "Unknown." Attach additional pages if needed.

NAME OF THE CLIENT:

[__] Full Legal Name: _____

Relationship to the proposed conservatee: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — YOUR ROLE & GOAL

1.1 Your role:

[__] Family member / friend seeking to become conservator

[__] Seeking to have someone else appointed

[__] The proposed conservatee (the person the case is about)

[__] Opposing a conservatorship petition

[__] Current conservator needing help (accountings, duties, court orders)

[__] Seeking to modify or end an existing conservatorship

1.2 Type of conservatorship involved:

[__] Conservatorship of the PERSON

[__] Conservatorship of the ESTATE

[__] Both person and estate

[__] Limited conservatorship (adult with a developmental disability)

[__] Temporary / emergency conservatorship

[__] Not sure

Mental health (LPS) conservatorships for people who are gravely disabled due to a mental health disorder are generally started by the county, not by family members. Tell us if that is your situation so we can direct you appropriately.

1.3 Is there an urgent need?

[__] Money is being taken or misused
[__] Urgent medical decision needed
[__] Unsafe living situation
[__] Facility placement needed
[__] No immediate emergency

1.4 In your own words, what is happening and why do you believe a conservatorship is needed (or not needed)? _____

_____

_____

_____

PART 2 — PROPOSED CONSERVATEE

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Current residence (home, relative's home, facility name): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Primary language: _____

2.1 Marital status:

[__] Single
[__] Married
[__] Registered Domestic Partner
[__] Divorced
[__] Widowed

Spouse / partner name (if any): _____

2.2 Is the person a veteran or receiving VA benefits? [__] Yes [__] No

2.3 Is the person able to attend a court hearing? [__] Yes [__] No

If no, why (medical condition, bedridden, etc.): _____

2.4 Has the person lived in another state in the past year? [__] Yes [__] No

PART 3 — CONDITION & ABILITIES

3.1 Condition(s) affecting the person's abilities:

[__] Dementia / Alzheimer's
[__] Stroke / brain injury
[__] Developmental disability
[__] Serious mental illness
[__] Substance use disorder
[__] Other medical condition

Date of diagnosis / onset: _____

3.2 Current Abilities:

Can the person…	Yes	With Help	No
Provide for food, clothing, and shelter	[__]	[__]	[__]
Manage daily personal care / hygiene	[__]	[__]	[__]
Take medications correctly	[__]	[__]	[__]
Understand and make medical decisions	[__]	[__]	[__]
Pay bills and manage money	[__]	[__]	[__]
Recognize and resist fraud or pressure	[__]	[__]	[__]
Communicate their wishes	[__]	[__]	[__]
Live safely without supervision	[__]	[__]	[__]

3.3 Describe specific recent incidents showing the person cannot care for themselves or manage finances (dates, what happened): _____

_____

_____

_____

3.4 Primary physician: _____ Phone: _____

Other treating doctors / specialists: _____

3.5 Has a doctor or psychologist evaluated the person's capacity? [__] Yes [__] No

If yes — who and when: _____

A capacity declaration from a physician or psychologist is usually required, and special findings are needed for dementia medications or placement in a secured memory care facility.

3.6 How does the person feel about a conservatorship?

[__] Agrees [__] Objects

[__] Unable to express a preference [__] Not yet discussed

Who does the person want as conservator (if expressed)? _____

PART 4 — LESS RESTRICTIVE ALTERNATIVES

The court will consider whether other tools could meet the person's needs without a conservatorship.

4.1 Which of these are already in place?

[__] Durable power of attorney (finances) [__] Advance health care directive

[__] Living trust [__] Representative payee (Social Security)

[__] VA fiduciary [__] Joint accounts

[__] Supported decision-making agreement [__] Regional center services

[__] None

Agent / trustee / payee name(s): _____

4.2 If any exist, why are they not working (person lacks capacity to sign, agent misusing authority, institutions refuse to accept)? _____

_____

_____

PART 5 — PROPOSED CONSERVATOR(S)

Name	Relationship	Age	Address / Phone	Person / Estate / Both

5.1 Is each proposed conservator willing and able to serve? [__] Yes [__] No

5.2 Has any proposed conservator been convicted of a crime? [__] Yes [__] No

5.3 Has any proposed conservator filed bankruptcy or had a civil judgment? [__] Yes [__] No

5.4 Does any proposed conservator owe the person money or do business with them? [__] Yes [__] No

If yes to 5.2–5.4, explain: _____

5.5 Would a professional fiduciary be appropriate? [__] Yes [__] No

5.6 If a bond is required for the estate, can the conservator qualify? [__] Yes [__] No

5.7 Are other family members in agreement, or are there disputes about who should serve? _____

_____

PART 6 — RELATIVES WHO MUST RECEIVE NOTICE

The petition must list the spouse or domestic partner and close relatives (generally parents, children, siblings, grandparents, and grandchildren). List everyone, including those who live out of state or are estranged.

Name	Relationship	Address	Phone	Supports / Opposes?

PART 7 — FINANCES (ESTATE)

7.1 Assets:

Asset (home, bank, investments, retirement, vehicles, business)	Whose Name / Joint?	Est. Value $	Location / Institution

7.2 Monthly Income:

Source	Monthly Amount $
Social Security / SSI	
Pension / retirement	
VA benefits	
Rental / investment income	
Annuities / other	

7.3 Monthly living / care expenses (approx.): $ _____ Debts owed: $ _____

7.4 Financial Abuse Concerns:

Has anyone recently taken money, applied pressure, or changed documents? [__] Yes [__] No

Who, what was taken, and when: _____

_____

_____

Has this been reported to Adult Protective Services or the police? [__] Yes [__] No

PART 8 — PERSONAL CARE & PLACEMENT

8.1 Who currently provides day-to-day care? _____

8.2 Recommended living arrangement:

[__] Remain at own home with care [__] Live with a family member

[__] Assisted living [__] Skilled nursing

[__] Secured memory care

8.3 Will dementia medication or memory care placement powers be needed? [__] Yes [__] No

8.4 Is authority needed to consent to medical treatment? [__] Yes [__] No

8.5 Important religious, cultural, social, or personal preferences to protect (visits, pets, activities, church): ___

_____

8.6 Should anyone's contact with the person be limited? Why? [__] Yes [__] No

If yes, explain: _____

_____

PART 9 — EXISTING CASE (IF APPLICABLE)

Court / County: _____ Case Number: _____

Current conservator: _____ Date appointed: _____

Next hearing / review / accounting due date: _____

Issues with the existing conservatorship (late accountings, misuse of funds, improper placement, restoration of capacity): _____

_____

_____

PART 10 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Medical records / diagnosis letters

[__] Powers of attorney / health care directives

[__] Bank & investment statements

[__] Income statements (SSA, pension, VA)

[__] APS or police reports

[__] Capacity evaluations

[__] Trust and will documents

[__] Deeds & property records

[__] Evidence of financial abuse

[__] Existing court orders / letters

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating a conservatorship matter.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.