(Optional Form)



In the Superior Court of the State of California In and for the County of Kings

| OR COURT USE ONLY | |
|-------------------|--|
| (RECEIVED ON): | |

| | in and for the County of Kings | |
|------------|----------------------------------|--|
| CALIFORNIA | CONSERVATORSHIP QUESTIONNAIRE | |
| | _ | |
| | CASE NUMBER: | |
| | | |
| | <u>Instructions</u> | |
| | | |

In order to begin the investigation ordered by the Court, you must complete this questionnaire and return it to:

Kings County Superior Court

1640 Kings County Drive Hanford, CA 93230

| PETITION IS FOR: | | | | | | |
|---|----------|--------------|---------------------|--|--|--|
| ☐ Person Only | ☐ Estate | | ☐ Person and Estate | | | |
| PETITIONER'S INFORMATION (PROPOSED CONSERVATOR): | | | | | | |
| Name: | | | Date of Birth: / / | | | |
| Driver's License Number: | | State Issued | | | | |
| Your address (Street, City, State and Zip Code): | | | | | | |
| Home Telephone: () | | Cell number: | () | | | |
| Business Telephone: () | | | | | | |
| Your relationship to the Conservatee: | | | | | | |
| Name of your attorney, if applicable | e: Tel | ephone numb | er: () | | | |
| Address of attorney (Street, City, State and Zip Code): | | | | | | |

| PETITIONER'S INFORMATION (PROPOSED CONSERVATOR): | | | |
|--|-------------------------------------|--|--|
| Name: | Date of Birth: / / | | |
| Driver's License Number: | State Issued: | | |
| Your address (Street, City, State and Zip Code): | I | | |
| Home Telephone: () | Cell number: () | | |
| Business Telephone: () | | | |
| Your relationship to the Conservatee: | | | |
| Name of your attorney, if applicable: | Telephone number: () | | |
| Address of attorney (Street, City, State and Zip C | ode): | | |
| | | | |
| CONSERVATEE | 'SINFORMATION: | | |
| Name: | Date of Birth: / / | | |
| Current address (Street, City, State and Zip Code | e): | | |
| Home Telephone: () | Cell number: () | | |
| Business Telephone: () | | | |
| Where can they be reached during the day: | | | |
| During what hours: | | | |
| Name of attorney for Conservatee, if applicable: | Telephone number: () | | |
| Address of attorney (Street, City, State and Zip C | ode): | | |
| Is Conservatee a client of Central Valley Regiona | al Center? no yes | | |
| If yes, name of case manager: | Telephone number: () | | |
| | | | |
| | THE LIVING RELATIVES ONSERVATEE: | | |
| Father: | Telephone # () | | |
| Address (Street, City, State and Zip Code): | 1 | | |
| Mother: | Telephone # () | | |
| Address (Street, City, State and Zip Code): | | | |

| Brother: | | Telephone # (|) |
|----------|---|---------------|---|
| | Address (Street, City, State and Zip Code): | | |
| Brother: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Brother: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Brother: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Sister: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Sister: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Sister: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Sister: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Spouse: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Child: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Child: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Child: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |
| Child: | | Telephone # (|) |
| | Address (Street, City, State and Zip Code): | | |