



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

(Optional Form)

FOR COURT USE ONLY
(RECEIVED ON):

CONSERVATORSHIP QUESTIONNAIRE

CASE NUMBER:

Instructions

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:	Telephone number: ()
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):		
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 Code):		

CONSERVATEE'S INFORMATION :

Name:		Date of Birth: / /
Current address (Street, City, State and Zip Code):		
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 Code):		
Is Conservatee a client of Central Valley Regional Center? <input type="checkbox"/> no <input type="checkbox"/> yes		
If yes, name of case manager:	Telephone number: ()	

**INFORMATION ON THE LIVING RELATIVES
OF THE CONSERVATEE:**

Father:	Telephone # ()
	Address (Street, City, State and Zip Code):
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):