STATE OF CALIFORNIA
MADERA SUPERIOR COURT
Family Court Services
760 North "I" Street, Suite 106
Madera, CA, 93637
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CONSERVATORSHIP INVESTIGATION INTAKE/QUESTIONNAIRE

Revised Oct. 2013

☐ **INITIAL CONSERVATORSHIP** ☐ **CONSERVATORSHIP TERMINATION**

COURT CASE # _____ **FCS CASE #**_____ **NEXT COURT DATE:** _____

NOTE: INVESTIGATION FEE OF $400 IS DUE FROM THE PETITIONER ON THE DAY OF THE APPOINTMENT

SECTION 1: CONSERVATOR/PETITIONER'S INFORMATION				
NAME (Last, First, Middle)		RELATIONSHIP TO CONSERVATEE:	MAIDEN NAME:	OTHER NAMES KNOWN BY:
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #		
HOME TEL. #		CELL TEL. #	E-MAIL ADDRESS:	
STREET ADDRESS		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE:	
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS YEARS:_____ MONTHS_____	

SECTION 2: CONSERVATEE INFORMATION			
NAME (Last, First, Middle)		CURRENT MEDICAL DIAGNOSES:	
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #	
TEL. #		PHYSICIANS NAMES AND TELEPHONE NUMBERS	
STREET ADDRESS		SOCIAL SECURITY #	DOES THE CONSERVATEE HAVE A CAPACITY DECLARATION? ☐ Yes ☐ No
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS YEARS:_____ MONTHS_____

SECTION 3: OBJECTING WITNESS INFORMATION				
NAME (Last, First, Middle)		RELATIONSHIP TO CONSERVATEE:	MAIDEN NAME:	OTHER NAMES KNOWN BY:
DATE OF BIRTH:	PLACE OF BIRTH:	ATTORNEY NAME / TELEPHONE # / FAX #		
HOME TEL. #		CELL TEL. #	E-MAIL ADDRESS:	
STREET ADDRESS		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE:	
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS YEARS:_____ MONTHS_____	

SECTION 4: CONCERNS AND PROPOSALS

1. Reasons for or against the Conservatorship:
   a. Petitioners: What are the circumstances that lead to your decision to petition for Conservatorship or a change to the current Conservatorship?
   b. Objecting Witness: What are the **top three** reasons why the Conservatorship should not be granted?

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_____
_____
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_____
_____
_____
_____

c. Is there currently a temporary Conservatorship in place? ☐ Yes ☐ No

d. What is the Conservatee's usual routine, including times for wake-up, meals, bath, recreation, sleep, work, and attendance at any programs? _____
_____
_____
_____
_____
_____

e. Please summarize your plans for the Conservatee. Include plans for the daily care, support, supervision and control of the Conservatee regarding health, education, religion, and recreation. _____
_____
_____
_____
_____
_____
_____

f. How often will you be able to visit the Conservatee if the Conservatee is placed in a care facility? _____
_____
_____

g. If home care is the option used, will other family members and friends be able to visit the Conservatee on a regular basis? ☐ Yes ☐ No What are the best days and hours for visitors? _____
_____

SECTION 5: INFORMATION ABOUT YOUR CURRENT BOYFRIEND, GIRLFRIEND, OR SPOUSE:

Full name:	Date of birth:	Social Security #:
Other names used:	Driver's license #/State:	Date relationship began:
Home phone number:	Cell phone number:	Occupation:
Present employer:	Employer's phone #:	Days/Hours worked:

SECTION 6: EDUCATION AND EMPLOYMENT

A. Education Level**:** Please list the highest grade or level of schooling you completed:

GED ☐ High school graduate ☐ College courses taken ☐ College graduate ☐ Post graduate work ☐

1. Are you currently employed? ☐ Yes ☐ No
2. IF YES, what is your occupation, employer's name, telephone number and employer's address?

_____

_____

3. How long have you been with your current employer? _____Years _____Months
4. Current workdays and hours (please list what time you start work and what time you end work each day):

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

5. Please list your employment history over the past 5 years:

Dates of employment	Name of employer	Telephone #	Occupation	Reason for leaving

6. Who takes care of the Conservatee when you are unavailable? Please provide their names and telephone #'s:_____

_____

_____

SECTION 7: MENTAL HEALTH HISTORY

1. Have you ever been in counseling or therapy? ☐ Yes ☐ No

IF YES, please list in chronological order (by year) the therapists, counselors, clergy and/or marital counselors who you gone to:

Date:	Doctor/Therapist name:	Complete mailing address:	Telephone #:

2. Have you ever been hospitalized for psychiatric treatment? ☐ Yes ☐ No IF YES, please list hospitals or clinics attended and the dates of treatment:

Date	Hospital name	Complete mailing address	Telephone #:

3. Have you ever taken psychiatric medication? ☐ Yes ☐ No (for example, for depression, anxiety, etc.)
IF YES, please list the names of all medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication. _____
_____

4. Has the Proposed Conservatee ever been in counseling/therapy or hospitalized for psychiatric treatment?
☐ Yes ☐ No IF YES, please list the therapist, agency or hospital that provided the services and the dates of treatment:_____
_____
_____
_____
_____

5. Please list the names of all of the Conservatee's medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication: _____
_____
_____
_____
_____

SECTION 8: ALCOHOL AND SUBSTANCE ABUSE HISTORY

1. What kind(s) of alcohol do you drink?_____
2. How often do you drink? _____
3. Has your drinking ever been an issue between you and your family or friends? ☐ Yes ☐ No
4. Are you currently in or have you ever received treatment for alcohol abuse? ☐ Yes ☐ No
   If yes, please check all applicable treatment:

☐ Counseling/Therapy ☐ Detox ☐ Rehab Inpatient ☐ Rehab Outpatient ☐ AA/NA

5. If a box was checked, please list, in chronological order, the therapist/agency/hospital utilized:

Date:	Therapist/Hospital:	Complete mailing address:	Telephone number:

6. Drug use history:

Name of drug:	How often:	Age of first use:	Date of last use:

2. Prescription drug use history:

Name of drug / # milligrams:	How often taken:	Prescribing doctor:	Doctor's phone number:

3. Do you have a medical marijuana card? ☐ Yes ☐ No Expiration Date:_____
4. Have drugs or alcohol ever caused you to lose a job? ☐ Yes ☐ No
5. Has your drug use ever been an issue between you and your family and friends? ☐ Yes ☐ No
6. Have you ever been court ordered for drug testing? ☐ Yes ☐ No IF YES, When:: _____
7. Were the results of the drug tests positive? For what drugs? _____

_____

SECTION 9: YOUR RELATIONSHIP WITH THE CONSERVATEE

1. Please describe the Conservatee (check off those that apply):
   a. Activity level: ☐ high energy ☐ low energy
   b. Attention: ☐ able to focus ☐ easily distracted
   c. Level of intensity when upset: ☐ reacts dramatically ☐ becomes quiet
   d. Gets hungry or tired: ☐ at predictable times ☐ at unpredictable times
   e. Response to stimulation: ☐ startles easily to sounds ☐ remains calm
   f. Appetite: ☐ picky eater ☐ will eat anything
   g. Adaptability: ☐ approaches new situations easily ☐ takes a long time to become comfortable
   h. When faced with obstacles (for ex: putting together a puzzle, ☐ child is patient
      ☐ child gives up easily
   i. Mood: In general: ☐ the Conservatee is positive and happy ☐ the Conservatee focuses on the negative
2. What does the Conservatee do well?_____

_____

_____

_____

3. What kinds of problems does the Conservatee have (Social, emotional, intellectual)?_____

_____

_____

_____

4. What have you done to try to help the Conservatee with these problems? _____

_____

_____

SECTION 10: YOUR FAMILY BACKGROUND AND OTHER INFORMATION

1. What are/were your parents'/stepparents' names and occupations?

_____

_____

_____

2. What are your siblings' names? What place are you in the birth order?_____

_____

_____

3. Who lived with you growing up? What role did they play in your life?_____

_____

_____

4. What was the quality of your parents' relationship with each other growing up? What is it like now?

_____

_____

5. Did your parents divorce? If so, who did you live with? What effect did the divorce have on you?

_____

_____

6. Were there any issues in the home growing up such as substance abuse or mental health issues?

_____

_____

7. What is your current relationship with each of your siblings? (for example, Close? Strained? None? Needs improvement?)_____

_____

_____

8. What issues, if any, did you experience during your early adulthood in school, with peers, with substance abuse or mental health? _____

_____

9. What was the parenting role of your mother and your father growing up? _____

_____

SECTION 12: PLEASE LIST THE NAMES AND BIRTHDATES OF ALL OTHER ADULTS LIVING IN YOUR HOME:

_____

_____

_____

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_____

_____

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SECTION 13: WHAT ELSE WOULD YOU LIKE THE INVESTIGATOR TO KNOW?

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