

CONSERVATORSHIP INFORMATION FORM

Client(s): _____

Disabled Person Information:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security No.: _____

Has disabled person received **Veteran's Benefits** of any kind? Yes No

If Yes, what kind? _____

Has disabled person received **Medicaid benefits** of any kind? Yes No

If Yes, what kind? _____

Family Contact Information (for Adult):

Spouse Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Residence _____ Work _____ Cell _____

Email: _____

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Family Contact Information (for Minor):

Parent(s) Name: _____ **Date of Birth:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: Residence _____ **Work** _____ **Cell** _____
Email: _____

Adult Sibling Name: _____ **Age:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: Residence _____ **Work** _____ **Cell** _____
Email: _____

Adult Sibling Name: _____ **Age:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email: _____

Health Information:

Physical/Mental Condition(s) (Diagnosis & Description): _____

Disabled person is currently:

_____ **At home (Address:** _____

_____ **Living with relative (Name & address:** _____

_____ **In hospital (Hospital name & address):** _____

_____ **In nursing home (Name, address, admit date):** _____

Physicians, nurse practitioner, physician assistant or licensed psychologist who will certify need for conservator (must have **at least one physician**):

Name: _____ **Specialty:** _____

Clinic or Hospital: _____

Address: _____

Phone: _____ **Fax:** _____

Name: _____ **Specialty:** _____

Clinic or Hospital: _____

Address: _____

Phone: _____ **Fax:** _____

Name: _____ **Specialty:** _____

Clinic or Hospital: _____

Address: _____

Phone: _____ **Fax:** _____

Conservator to be appointed:

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Fax: _____ Email: _____

Relationship to ward: _____ Is Conservator bondable? _____ (Get **financial sttmt**)

Co-conservator to be appointed (if applicable):

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Fax: _____ Email: _____

Relationship to ward: _____ Is Conservator bondable? _____ (Get **financial sttmt**)

Other Family Member to be served with Petition: _____

Specific things that Conservator may need to do quickly for disabled person (explain below):

- Sell real property
- Sell personal assets
- Transfer assets
- Execute mortgage/loan
- Execute contract (lease, personal care agreement, etc.)
- File Medicaid Application or Income Trust

DISABLED PERSON'S ASSETS: (attach additional schedule if necessary)

1. Home: (attach copy of deed)

Address: _____

Value: \$ _____ Owner(s) Names: _____

2. Other Real Estate: (attach copies of deeds)

Description: _____

Value: \$ _____ Owner(s) Names: _____

3. Checking Accounts:

Bank (Branch): _____ Account Number: _____

All Names on Account: _____

Balance: \$ _____

Bank (Branch): _____ Account Number: _____

All Names on Account: _____

Balance: \$ _____

4. Savings Accounts / Certificates of Deposit:

Bank (Branch): _____ Account Number: _____

All Names on Account: _____

Balance: \$ _____

Bank (Branch): _____ Account Number: _____

All Names on Account: _____

Balance: \$ _____

Bank (Branch): _____ Account Number: _____

All Names on Account: _____

Balance: \$ _____

5. Stocks / Mutual Funds: (attach schedule if necessary)

Company or issuer: _____ Total Value: \$ _____

Current Owner(s) _____

Company or issuer: _____ Total Value: \$ _____

Current Owner(s) _____

6. Bonds (Savings, Treasury or Municipal): (attach schedule if necessary)

Type Bond	Face Amount	Present Value	Owner(s)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

7. Retirement Plans (Ira, Keogh, Other):

Where Held	In Whose Name(s)	Balance	Beneficiary(ies)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

8. Life Insurance: (continue on separate sheet if necessary)

Company: _____ Policy No. _____
 Insured: _____ Primary Beneficiary: _____
 Secondary Beneficiary: _____ Type: term / whole life / variable
 Death Benefit: \$ _____ Cash Value: \$ _____

9. Annuities: (continue on separate sheet if necessary)

Company: _____ Account No. _____
 Annuitant: _____ Beneficiary: _____
 Secondary Beneficiary: _____ Type: single premium / variable
 Death Benefit: \$ _____ Cash Value: \$ _____

10. Employee Benefits: (Profit Sharing or Pension Plan; Stock Options)

Employer and Address: _____
 Type Benefit: _____ Present Value: \$ _____
 Death Benefit: \$ _____ Beneficiary: _____
 Payment of Death Benefit: [] Lump Sum [] Annuity [] To be determined

11. Oil, Gas, or Other Minerals:

Description	Value	Owner(s)
_____	\$ _____	_____

12. Accounts / Notes Receivable / Rents Receivable:

Description & Debtor Name	Balance	Owed to:
_____	\$ _____	_____
_____	\$ _____	_____

13. Property Income:

Description: _____ Gross Income: \$ _____
 Annual Taxes & Maintenance: \$ _____ Lease costs: \$ _____ Ann. Net Income: \$ _____

14. Personal Property: (Indicate how ownership is held)

<u>Description</u>	<u>Value</u>	<u>Owner(s) Names</u>
Vehicles: _____	\$ _____	_____
(make/model) _____	\$ _____	_____
_____	\$ _____	_____
Boats / RV's _____	\$ _____	_____
_____	\$ _____	_____
Home Furnishings _____	\$ _____	_____
Jewels and/or furs _____	\$ _____	_____
Tools and/or Firearms _____	\$ _____	_____
Other (collections, etc.) _____	\$ _____	_____
_____	\$ _____	_____

15. Business Interests: (sole proprietorship, partnership, closely held corporation, etc.):

Description: _____
Value: \$ _____

16. Rights or Interests in Trusts, Estates, or Prospective Inheritance:

Is disabled person a beneficiary of any trust? Yes ____ No ____ (furnish copy of trust)
Is disabled person now, or will soon be, an heir to an inheritance from any person? Yes ____
No ____ If so, please describe: _____

17. Miscellaneous:

Describe any other assets owned in whole or part: _____

DISABLED PERSON'S CURRENT MONTHLY INCOME:

Wages	\$ _____
Social Security	_____
Interest/Dividends	_____
Pensions/Retirement Distributions	_____
Annuity	_____
Tax Refunds	_____
Alimony	_____
Trust Distributions	_____
Proceeds from Sale of Assets	_____
Rental Income	_____
Gifts	_____
Disability, Unemployment, or Worker's Compensation	_____
Other Public Assistance	_____
Other Income (please describe)	_____
TOTALS	\$ _____

NOTES: _____

OTHER INFORMATION:

(1) Has a conservator been appointed for the estate? Yes No
If yes, provide the conservator's name, address, and phone number. (same as above)

(2) Do you believe the estate's assets are sufficient to provide for the ward's present and future care? Yes No
Please explain as needed.

(3) Please list anything of significant value which the conservator, any individual who resides with the conservator, or the spouse, parent, child, or sibling of the conservator has received from a person providing goods or services to the ward.

(4) Please disclose any business dealings the conservator has with a person the conservator has paid or that has benefitted from the property of the ward.

(5) Is any co-conservator or successor conservator appointed to serve when a designated event occurs alive and able to serve? Yes No
If yes, please state that person's name.

(6) Are you able to obtain a conservator's insurance bond if the court requires it?

(7) Do you anticipate filing a supplemental inventory? Yes No

(8) Please provide any other information you believe the Court should know.

DEBTS AND LIABILITIES

Description	Name of Creditor	Name of Debtor(s)	Balance Due
Home Mortgage	_____	_____	\$ _____
Other Mortgage	_____	_____	\$ _____
Secured loan(s)	_____	_____	\$ _____
	_____	_____	_____
Unsecured Loan(s)	_____	_____	\$ _____
	_____	_____	_____
Notes and Accts payable (including credit cards)	_____	_____	\$ _____
	_____	_____	_____
	_____	_____	_____
Loans on insurance policies	_____	_____	\$ _____
	_____	_____	_____
Medical Debts	_____	_____	\$ _____
Contingent Liabilities	_____	_____	\$ _____
Other Debts	_____	_____	\$ _____
	_____	_____	_____
		TOTAL DEBTS:	\$ _____

ESTIMATED ANNUAL RECEIPTS AND INCOME

Wages	\$ _____
Social Security	_____
Interest/Dividends	_____
Pensions/Retirement Distributions	_____
Annuity	_____
Tax Refunds	_____
Alimony	_____
Trust Distributions	_____
Proceeds from Sale of Assets	_____
Rental Income	_____
Gifts	_____
Disability, Unemployment, or Worker's Compensation	_____
Other Public Assistance	_____
Other Receipts/ Income (please describe)	_____
Total Estimated Annual Receipts and Income	\$ _____

ESTIMATED ANNUAL EXPENSES

Legal and Professional Fees	\$ _____
Conservator Fees*	_____
Income Taxes	_____
FICA and Medicare Taxes	_____
Health Insurance	_____
Other Insurance	_____
Care Facility/Rent/Mortgage	_____
Property Taxes	_____
Home Repairs and Maintenance	_____
Utilities	_____
Food and Household Supplies	_____
Clothing	_____
Health Care	_____
Personal Care	_____
Child Care	_____
Auto Expenses	_____
Education	_____
Entertainment, Vacation, Travel	_____
Gifts	_____
Total Estimated Annual Expenses	\$ _____

*** Conservator estimates s/he will incur charges for the following:**

- \$ _____ for preparing accountings
- \$ _____ for counseling/visits with the ward
- \$ _____ for paying bills and handling financial affairs for the ward
- \$ _____ for _____