

**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 Information:**

Spouse's Name: \_\_\_\_\_

Spouse's Residence: \_\_\_\_\_

Spouse's DOB: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Child(ren): \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

**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 who will certify need for conservator (must have **at least two**):

**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**)

Family member to be served with Petition: \_\_\_\_\_

**Disabled Person's Income:**

Wages, Salary	\$	_____
Other Compensation		_____
Social Security		_____
Disability Compensation		_____
Annuity		_____
Pensions		_____
IRA/Retirement income		_____
Interest & Dividends		_____
Business Income		_____
Rental Income		_____
Other (describe)		_____
TOTALS	\$	_____

**Disabled Person's Assets:**

**1. Home: (attach copy of deed)**

Market 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: \$\_\_\_\_\_

**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 elected

**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)

Description	Value	Owner(s) Names
Vehicles: _____	\$ _____	_____
(make/model/ _____	\$ _____	_____

type) _____	\$ _____	_____
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 \_\_\_\_ If so, please describe and 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: \_\_\_\_\_

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

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