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www.trustlaw.ws

CONSERVATORSHIP INFORMATION (Temp__ Perm__)

Appointment Date: _____ Appointment Time: _____

Client(s) Names(s): _____

INFORMATION ON PROPOSED CONSERVATEE (Person needing assistance)

Name: _____ Social Security Number: _____

Birth date: _____ County: _____

PERMANENT ADDRESS: _____

PERMANENT PHONE: _____

TEMPORARY ADDRESS: _____

TEMPORARY PHONE: _____

NAME OF FACILITY (if any): _____

INFORMATION ON PROPOSED CONSERVATOR(S) (Person to handle matters)

A. CONSERVATOR OF THE PERSON

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

If there are additional conservators, check here ____ and attach information on another piece of paper.

B. CONSERVATOR OF THE ESTATE (If same as for PERSON, check here_)

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

CONSERVATORSHIP ESTATE

PRINCIPAL ASSETS:

Personal Property: \$ _____

Real Property: \$ _____

ANNUAL INCOME SOURCES:

Personal Property: \$ _____

Real Property: \$ _____

Social Security (Monthly \$ _____): \$ _____

Veterans Administration (Monthly \$ _____): \$ _____

Retirement Plan (Monthly \$ _____): \$ _____

Company Name & Address:

Other Income Sources: \$ _____

TOTAL ANNUAL INCOME \$ _____

REQUIRED BOND: \$ _____

BLOCKED FUNDS: \$ _____

Name and branch of institution(s) where blocked funds to be held:

CONSERVATEE'S MEDICAL INFORMATION

ATTENDING PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

CONSERVATEE TO ATTEND HEARING: _____ DR. DECLARATION: _____

DOES CONSERVATEE HAVE CAPACITY TO GIVE INFORMED CONSENT: _____

IS CONSERVATOR SEEKING AUTHORITY TO GIVE INFORMED CONSENT: _____

PROPOSED CONSERVATEE'S CONDITION: _____

RELATIVES OF THE PROPOSED CONSERVATEE

(Spouse, Brothers, Sisters, Children, Grand-Children)

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO CONSERVATEE: _____

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