

PLEASE FILL OUT THIS QUESTIONNAIRE AND RETURN TO THE FOLLOWING ADDRESS:

**STANISLAUS COUNTY SUPERIOR COURT INVESTIGATOR'S OFFICE
PO BOX 3488, 800 11TH STREET RM 221**

MODESTO, CA 95353

CONSERVATORSHIP QUESTIONNAIRE

CASE NUMBER _____

CONSERVATEE

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ EMAIL: _____

OWN OR RENT? _____ MONTHLY MORTGAGE PAYMENT OR RENT _____

TELEPHONE # _____ CARE GIVER/BOARD & CARE/FACILITY NAME: _____

BIRTHPLACE _____ PHYSICIAN: _____ SSAN#: _____

IS THE CONSERVATEE A CLIENT OF VMRC, OTHER REGIONAL CENTER? IF YES, PLEASE GIVE THE NAME OF THE CENTER, CASE MANAGER, ADDRESS, TELEPHONE #, ATTENDANCE SCHEDULE ETC.

IS THE CONSERVATEE ATTENDING ANY OTHER SCHOOL, WORK OR DAY PROGRAM? IF YES, PLEASE GIVE THE NAME OF THE CENTER, CASE MANAGER, ADDRESS TELEPHONE #, ATTENDANCE SCHEDULE, ETC.

CONSERVATEE'S MONTHLY INCOME: _____ SOURCE(S) OF INCOME: _____

CHECKING ACCT. BAL: _____ SAVINGS ACCT. BAL.: _____

OTHER ASSETS (BURIAL PLAN/TRUST, PLOT, ETC.): _____

CONSERVATOR(S) :

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____

HOME TELEPHONE: _____ EMPLOYER: _____

WORK TELEPHONE: _____ ADDRESS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PROVIDE DATE, COUNTY & DETAILS.

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ IF YES, PROVIDE DATE, & DETAILS.

I declare under the penalty of perjury the foregoing is true and correct.

DATED: _____

**By _____
Conservator**

**PLEASE ADD ANY ADDITIONAL INFORMATION YOU MAY FEEL IS PERTINENT. THANK YOU FOR YOUR ASSISTANCE.
(Telephone calls to the Court Investigator's Office will be accepted between 10 a.m. and 3 p.m. at
(209) 530-3189)**