# Conservatorship Clinic Pre-Intake

Date: _____

Time: _____

Your Name: _____

Are you here to become a conservator? Y/N  Only continue if yes

Name of person who needs a Conservatorship: _____

Age of the person who needs a Conservatorship: _____

If under 18, when do they turn 18: _____

Is this person:

- Developmentally Disabled/Regional Center Client ? Y/N
- Have Alzheimer's or dementia? Y/N
- Unable to care for themselves? Y/N
- On any type of psychiatric hold? Y/N
- Have another disability? Y/N

Does this person:

- Receive SSI? Y/N
- Receive Social Security? Y/N
- Receive other income? Y/N

Please specify: _____

Do you want to place this person in a locked facility? Y/N

Do you want to force this person to take mental health medications? Y/N

Do you want to manage this person's finances? Y/N  Only continue if yes

Is the total value of this person's personal property (bank accounts, investments, clothes, furniture, jewelry, etc.) over $15,000? Y/N

Does this person own real property other than their home? Y/N