

MARKS PARALEGAL PLUS

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CONSERVATORSHIP INFORMATION LIMITED

Appointment Date: _____ Appointment Time: _____

Client(s) Names(s): _____

Contact Email Address: _____

Contact Phone: _____

Court Fees - Fee Waiver: YES (As of 2014 based upon Conservatee's Income only.)

INFORMATION ON PROPOSED CONSERVATEE (Person needing assistance)

Name: _____ Social Security Number: _____

Birth date: _____ County: _____

PERMANENT/TEMPORARY ADDRESS: _____

PERMANENT/TEMPORARY PHONE: _____

NAME OF FACILITY (if any): _____

CONSERVATEE RECEIVES (check all that apply): SSI ___ IHSS ___ SNAP ___ SSP ___

MediCAL ___ CALWorks/TANIF ___ County Relief ___ CAPI ___ None of the Above ___

CONSERVATEE'S MEDICAL INFORMATION

MEDICAL DOCTOR WHO HAS MOST EXPERIENCE WITH CONSERVATEE

ATTENDING PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

ATTENDING PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

PROPOSED CONSERVATEE'S DISABILITY: Type of Disability and hardships /challenges
Explain Disabilities and why Conservatee requires assistance, *ie:* Can't cook or do laundry, hygiene, etc.

_____ For the above reasons, the proposed Conservatee will require assistance for a daily living for the rest of his/her life.

INFORMATION ON PROPOSED CONSERVATOR(S)

(Person(s) to handle matters)

A. CONSERVATOR OF THE PERSON (Petitioner)

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ STATE ISSUED: _____

ADDITIONAL CONSERVATOR(S)

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ STATE ISSUED _____

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ STATE ISSUED _____

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ STATE ISSUED _____

B. GRANDPARENTS (Must indicate if deceased [year and place of death])

MATERNAL GRANDMOTHER NAME: _____

ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

DECEASED?: _____ Date and City/County of Death: _____

MATERNAL GRANDFATHER NAME: _____

ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

DECEASED?: _____ Date and City/County of Death: _____

PATERNAL GRANDMOTHER NAME: _____

ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

DECEASED?: _____ Date and City/County of Death: _____

PATERNAL GRANDFATHER NAME: _____

ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

DECEASED?: _____ Date and City/County of Death: _____

RELATIVES OF THE PROPOSED CONSERVATEE (Over Age of 12)

(Mother, Father, Brothers, Sisters (Step family members))

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: _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

NAME/RELATIONSHIP TO CONSERVATEE: _____

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ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO CONSERVATEE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

REGIONAL CENTER CONTACT INFORMATION

Proposed Conservatee a Member of the Regional Center? YES ___ NO ___

Name RCEB Case Manager: _____

WORK PHONE/ Ext: _____ FAX/EMAIL: _____

CONTRA COSTA COUNTY	ALAMEDA COUNTY	SOLANO COUNTY	MARIN COUNTY	ESPAÑOL
REGIONAL CENTER OF THE EAST BAY 1320 Willow Pass Rd, # 300 Concord, CA 94520 TEL: 925.691.2320 FAX: 925.674.8001	REGIONAL CENTER OF THE EAST BAY 500 Davis Street San Leandro, CA 94577 TEL: 510.618.6100 FAX: 510.678.4100	NORTH BAY REGIONAL CENTER 610 Airpark Road Napa, CA 94558 TEL: 707.256.1100 FAX: 707.256.1177	GOLDEN GATE REGIONAL CENTER 4000 Civic Center Dr #310, San Rafael, CA 94903 TEL: (415) 446-3000	LA FAMILIA COUNSELING 24301 Southland Dr, Suite 300 Hayward, CA 94545 TEL: 510.300.3163

GOLDEN GATE REGIONAL CENTER SAN FRANCISCO	GOLDEN GATE REGIONAL CENTER - SAN MATEO
San Francisco County 1355 Market Street, Suite 220 San Francisco, CA 94103 Phone: (415) 546-9222 Fax: (415) 546-9203	San Mateo County 3130 La Selva Street, Suite 202 San Mateo, CA 94403 Phone: (650) 574-9232 Fax: (650) 345-2361