

# JOY BUCK GOTHARD

ATTORNEY AT LAW

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

## CONSERVATORSHIP INFORMATION FORM

### ABOUT THE PETITIONER (this is the person asking the court for a Conservatorship):

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

*City State Zip County*

Residence (if different from Mailing Address): \_\_\_\_\_

*Street Number*

*City State Zip County*

Telephone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a work email? \_\_\_\_\_

Do you consent to the transmission of confidential information to you via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Petitioner have any felony or misdemeanor convictions? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you referred by anyone? If so, who? \_\_\_\_\_

If not, how did you hear about us? \_\_\_\_\_

Is it ok for us to thank the person who referred you? Yes \_\_\_\_\_ No \_\_\_\_\_

### ABOUT THE RESPONDENT (this is the person who needs a Conservatorship):

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

*City State Zip County*

Residence (if different from Mailing Address): \_\_\_\_\_

*Street Number*

*City State Zip County*

Nature of Disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Name of the person(s) the Respondent resides with, if any: \_\_\_\_\_

Name of the institution where the Respondent resides: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**RESPONDENT'S FAMILY HISTORY:**

**Spouse:**

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

Is/was spouse in the nursing home? \_\_\_\_\_

**Children or Next of Kin:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street or P.O. Box Number*

\_\_\_\_\_  
*City State Zip County*

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street or P.O. Box Number*  
\_\_\_\_\_  
*City State Zip County*

**Proposed Conservator if Different from Petitioner:**

Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*Street or P.O. Box Number*  
\_\_\_\_\_  
*City State Zip County*

Residence (if different from Mailing Address): \_\_\_\_\_  
*Street Number*  
\_\_\_\_\_  
*City State Zip County*

Telephone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a work email? \_\_\_\_\_

Do you consent to the transmission of confidential information to you via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Petitioner have any felony or misdemeanor convictions? Yes \_\_\_\_\_ No \_\_\_\_\_

**Rights of Respondent to be transferred to Conservator:**

- \_\_\_\_\_ Financial
- \_\_\_\_\_ Legal
- \_\_\_\_\_ Medical
- \_\_\_\_\_ Business Affairs

**Name(s) and address(es) of Respondent's physician(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Respondent's assets and fair market value of each asset:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Respondent's source, amount, and frequency of income (include pension, social security, and all**

**others):**

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**Respondent's monthly expenses and how these are currently met:**

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