

OFFICE OF THE FRESNO COUNTY PUBLIC GUARDIAN

4460 E. Huntington Ave., Fresno, CA 93702-2962 ♦ Phone (559) 600-1500

REFERRAL FOR PROBATE CONSERVATORSHIP

It is the policy of the Fresno County Public Guardian to accept conservatorship referrals from the public regarding persons who are unable to either care for themselves or manage their own affairs. Your referral may prompt an investigation leading to the establishment of a Probate Conservatorship of the individual you refer pursuant to provisions of the California State Probate Code. The proposed conservatee may be informed during these proceedings of the source of this referral. You may be asked to provide additional information, to corroborate such information and to testify in a court of law should this office proceed with a petition to establish a Probate Conservatorship based upon this referral and subsequent investigation. The proposed conservatee (the person who you are referring) must be an adult resident of Fresno County. A conservatorship of the person may be appointed for a person who is unable to properly provide for his or her personal needs of physical health, food, clothing or shelter. A conservatorship of the estate may be appointed for a person who is substantially unable to manage his or her financial resources or resist fraud or undue influence. Substantial inability may not be proved solely by isolated incidents of negligence or improvidence.

PERSON REFERRED FOR CONSERVATORSHIP

Name: _____

Residence: _____

Phone No.: _____

Present Location: _____

Phone No.: _____

PERSON OR AGENCY REFERRING INDIVIDUAL FOR CONSERVATORSHIP

Name: _____

Date of Referral: _____

Address: _____

Phone No.: _____

FAMILY MEMBERS OF PERSON REFERRED

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please leave unknown items blank

PERSONAL DATA

Identifying Information

Birth Date: _____ Birthplace: _____ SSN: _____
Ethnicity: _____ Citizenship Status: _____ Religion: _____

Family Composition

Father's Name: _____ Place of Birth: _____
Mother's Maiden Name: _____ Place of Birth: _____
Siblings: _____

Marital Status

Single Married Divorced Widowed

Present Marriage:

Spouse: _____ Maiden Name: _____ Birth Date: _____

Children: _____

Prior Marriage(s):

Spouse: _____ Maiden Name: _____ Birth Date: _____

Children: _____

Remarks: _____

See attached for additional marriages

Education

	<u>Name of School</u>	<u>Location</u>	<u>Years Attended</u>
Elementary School:	_____	_____	_____
Junior High School:	_____	_____	_____
High School:	_____	_____	_____
College:	_____	_____	_____

Remarks: _____

Employment History

From: _____ To: _____ Employer: _____ Occupation: _____

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From: _____ To: _____ Employer: _____ Occupation: _____

From: _____ To: _____ Employer: _____ Occupation: _____

Remarks: _____

Military Service

None

Branch: _____ Date of Entry: _____ Date of Discharge: _____

Serial No: _____ C#: _____ Rank: _____ Discharge Type: _____

FINANCIAL DATA

Monthly Income

<u>Source of Income</u>	<u>ID or Account No.</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Monthly Income		\$ _____

Income Tax Status: _____

ASSETS

Bank Accounts

None

Bank #1: _____ Branch/Address: _____
 Account Type: _____ Account No. _____
 Vesting: _____
 Balance: \$ _____ As of: _____ Closed Frozen Flagged

Bank #2: _____ Branch/Address: _____
 Account Type: _____ Account No. _____
 Vesting: _____
 Balance: \$ _____ As of: _____ Closed Frozen Flagged
 See attached for additional accounts

Life Insurance

None

Company: _____ Group/Policy No. _____ Date Issued: _____
 Premiums: \$ _____ Face Value: \$ _____ CSV: \$ _____
 Beneficiary: _____ Policy Location: _____

Stocks and Bonds

None

<u>Company</u>	<u>Type of Security</u>	<u>No. Of Shares</u>	<u>Estimated Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Stocks and Bonds			\$ _____

Recommended Plan: Sell Hold See attached for additional stocks and bonds

Remarks: _____

Name: _____

ASSETS - Continued**Real Property** None

Location: _____ City: _____ State: _____

Description: _____

APN: _____ Estimated Value: \$ _____ Date Estimated: _____

Vesting: _____

Present Use: Residence Vacant Rental Commercial Agriculture

Property Tax Status: _____

Recommended Plan: Sell Rent

Remarks: _____

Household Furniture and Furnishings None

Description: _____

Location: _____ Estimated Value: \$ _____

Recommended Plan: Sell Store Conservatee's Use

Remarks: _____

Other Properties None

Description: _____ Location: _____

Estimated Value: \$ _____ Date Estimated: _____

Present Use: _____

Recommended Plan: Sell Store Conservatee's Use

Remarks: _____

Automobile None

Make: _____ Model: _____ Year: _____

Location: _____ Estimated Value: \$ _____

Lic. No. _____ VIN: _____

Ownership: _____ DMV Registration Status: _____

Recommended Plan: Sell Store Conservatee's Use

Remarks/Description: _____

Jewelry None

Description: _____

Location: _____ Estimated Value: \$ _____

Recommended Plan: Sell Store Conservatee's Use

Remarks: _____

ASSETS - Continued

Personal Belongings	<input type="checkbox"/> None
Description: _____	
Location: _____ Estimated Value: \$ _____	
Recommended Plan: <input type="checkbox"/> Sell <input type="checkbox"/> Store <input type="checkbox"/> Conservatee's Use	
Remarks: _____	

PRE-NEED

Funeral Arrangements	<input type="checkbox"/> None
Funeral Home: _____ Amount Paid: \$ _____	
Arrangements: _____	

Burial Arrangements	<input type="checkbox"/> None
Cemetery: _____ Plot Description: _____	
Amount Paid: \$ _____ Marker Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	

Last Will and Testament	<input type="checkbox"/> None
Date of Last Will: _____ Location: _____	
Nominated Estate Representative: _____ Phone No. _____	
Address: _____	
<i>(Attach copy of the will to referral form if possible.)</i>	

MEDICAL INFORMATION

Health Insurance	<input type="checkbox"/> None	
<input type="checkbox"/> Medi-Cal	No. _____	Share of Cost: \$ _____
<input type="checkbox"/> Medicare: <input type="checkbox"/> Part A <input type="checkbox"/> Part B	No. _____	Effective Date: _____
<input type="checkbox"/> Private Company: _____		Policy No. _____
Coverage: _____		

Attending Physician	
Name: _____	Phone: _____
Address: _____	

Past Medical History:

Present Medical Condition:

Present Mental Status:

How has the proposed conservatee demonstrated his/her need for conservatorship?

What actions have you or someone else taken to resolve the proposed conservatee's problem before making this referral?

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. Executed on this date, the _____ day of _____, year _____, in the city of _____, County of _____, state of _____.

Signed: _____ Print Name: _____

Agency/Relationship: _____ Address: _____

City: _____ ZIP: _____ State: _____ Phone No. _____

This signed form can sent to the Public Guardian by mail, fax or e-mail.
E-mail to dbhpgo@fresnocountyca.gov. Fax to 559-600-1501.

THIS PAGE TO BE COMPLETED FOR REFERRALS FROM APS

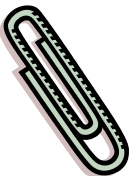
Who was the reporting party: _____

Is there a history of APS calls/contacts regarding the proposed conservatee? If so, please detail:

Has law enforcement been contacted and if so, what actions have they taken:

Has a capacity declaration been submitted to the doctor? YES NO

If so, what is the doctor's name? _____ Phone number: _____



Attach ALL case narratives with this completed referral form.

If this form is sent to PG as an e-mail attachment, send case narratives by fax or delivery.