

## CONSERVATORSHIP WORKSHEETS INFORMATION FOR PETITION

1. Type of Conservatorship    ☐ Person    ☐ Estate    ☐ Person & Estate    ☐ Limited  
If the person subject to the conservatorship is developmentally disabled or under 65 years of age, please mark "limited"
2. Do you want to request that the bond be waived?    ☐ Yes    ☐ No  
If so, will all relatives within the 2<sup>nd</sup> degree agree?    ☐ Yes    ☐ No
3. Do any independent powers need to be requested?    ☐ Yes    ☐ No
4. Does the proposed conservatee lack the capacity to make medical decisions for him/herself?    ☐ Yes    ☐ No
5. Do you want to provide the conservatee with a nominal personal allowance?    ☐ Yes    ☐ No  
If so, how much? \_\_\_\_\_
6. Do you wish to request a waiver of court accounts (estate must be less than \$5,000)?    ☐ Yes    ☐ No
7. Does the conservatee owe you any money?    ☐ Yes    ☐ No  
Do you owe the conservatee any money?    ☐ Yes    ☐ No
8. Which of the following is the proposed conservator:  
☐ a nominee of conservatee  
☐ relative of conservatee; indicate relationship \_\_\_\_\_  
☐ professional conservator
9. Indicate petitioner's capacity:  
☐ proposed conservatee  
☐ spouse of the proposed conservatee  
☐ relative of the proposed conservatee; indicate relationship \_\_\_\_\_  
☐ state or local public entity, officer or employee  
☐ bank            ☐ other entity authorized to conduct business of a trust company  
☐ an interested person or friend of the proposed conservatee  
☐ a private professional conservator  
☐ guardian of the proposed conservatee

10. Indicate the character and estimated value of the estate:

Personal property

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Annual gross income from

☐ real property

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☐ personal property

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Real property

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Income from pension, Social Security, etc.

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PERSONAL INFORMATION ABOUT THE PROPOSED CONSERVATEE

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

PERSONAL INFORMATION ABOUT THE PROPOSED CONSERVATOR

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship, if any, to proposed conservatee \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License \_\_\_\_\_ State of Issuance \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

CLOSE RELATIVES OF PROPOSED CONSERVATEE (WITHIN 2<sup>ND</sup> DEGREE)

Name & Relationship

Address

Spouse

Children

Grandchildren

Sisters/Brothers

Parents

Grandparents (both maternal and paternal)

11. Is the proposed conservatee a patient in or on leave from a state institution (SDMH or SDDS)? ☐ Yes ☐ No

12. Is the proposed conservatee entitled to receive benefits from the Veterans Administration? ☐ Yes ☐ No

13. Is the proposed conservatee able to complete an affidavit of voter registration? ☐ Yes ☐ No

14. Is the proposed conservatee: ☐ an adult  
☐ an adult on the effective date of the order  
☐ a married minor  
☐ a minor with a dissolved marriage

15. Is the proposed conservatee unable to provide for his/her personal needs for physical health, food, clothing, or shelter? ☐ Yes ☐ No

If so, please give the supporting facts (Attach medical diagnosis if one is available)

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16. Is the proposed conservatee substantially unable to manage his/her financial resources or resist undue influence? ☐ Yes ☐ No

If so, please give the supporting facts: \_\_\_\_\_

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17. Does the proposed conservatee voluntarily request the appointment of a conservator? ☐ Yes ☐ No

If so, specify facts: \_\_\_\_\_

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\_\_\_\_\_

18. Is a Confidential Supplement Information being filed with the petition? ☐ Yes ☐ No

19. Is the proposed conservatee developmentally disabled? ☐ Yes ☐ No

If so, specify the nature and degree of the alleged disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Will the proposed conservatee attend the hearing? ☐ Yes ☐ No

21. Is the proposed conservatee the petitioner? ☐ Yes ☐ No

22. Has the proposed conservatee nominated the proposed conservator? ☐ Yes ☐ No

23. Is the proposed conservatee able but unwilling to attend the hearing? ☐ Yes ☐ No

24. Does the proposed conservatee wish to contest the establishment of a conservatorship? ☐ Yes ☐ No

25. Does the proposed conservatee object to the proposed conservator? ☐ Yes ☐ No

26. Does the proposed conservatee prefer another person to act as conservator? ☐ Yes ☐ No

Is so, who? \_\_\_\_\_

27. Is the proposed conservatee unable to attend the hearing because of a medical inability? ☐ Yes ☐ No

28. Is there any form of medical treatment for which the proposed conservatee has the capacity to give an informed consent? ☐ Yes ☐ No

29. Is the proposed conservatee an adherent of a religion that relies on prayer alone for healing? ☐ Yes ☐ No

30. Is a temporary conservatorship necessary? ☐ Yes ☐ No



INFORMATION FOR CAPACITY DECLARATION

1. Name of doctor making declaration: \_\_\_\_\_

2. Is the person a duly licensed practitioner and the proposed conservatee is under his/her treatment? ☐ Yes ☐ No

1. Please give a statement of the facts that support your allegation that the proposed conservatee is unable to provide properly for his or her needs for physical health, food, clothing, and shelter (specify in detail; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns).

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3. Location of the proposed conservatee:

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4. The proposed conservatee's residence address:

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5. Is the proposed conservatee living at his/her residence? ☐ Yes ☐ No

6. If so, will he/she continue to live there unless circumstances change? ☐ Yes ☐ No

7. Will he/she need to be moved after a conservator is appointed? ☐ Yes ☐ No

8. If the proposed conservatee is not living at his/her residence, when will he/she return? 

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9. If the proposed conservatee will not return, please specify supporting facts:

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10. Were any of the following alternatives to conservatorship considered?

Voluntary acceptance of informal or formal assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special or limited power of attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General power of attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Durable power of attorney for health care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Durable power of attorney for estate management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other alternatives considered (specify and give reason each is unsuitable or unavailable)

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11. Did the proposed conservatee receive any health services during the year before this petition was filed? ☐ Yes ☐ No

If so, please explain what services were provided:

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12. Did the proposed conservatee received any social services during the year before this petition was filed? ☐ Yes ☐ No

If so, please explain what services were provided:

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13. Did the proposed conservatee receive any estate management assistance during the year before this petition was filed? ☐ Yes ☐ No

If so, please explain what services were provided:

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