



Steve H. Hornstein, Esq., CPA, LL.M., CFP®
Attorney at Law
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ATTORNEY-CLIENT EMPLOYMENT AGREEMENT

This Attorney-Client Employment Agreement ("Agreement") is entered into by and between _____ ("you" or "client") and Law Office of Steve H. Hornstein, Esq., CPA, LL.M., CFP®, Attorney at Law, also known as Hornstein Law Offices ("the firm").

- 1. Scope of Employment.** You have engaged the firm to represent you and to perform legal services, as follows:

 - Conservatorship petition to appoint conservator.
 - Other as needed or requested.
- 2. Effective Date.** This Agreement will not take effect, and the firm will have no obligation to provide legal services, until you provide a signed copy of this Agreement. When it becomes effective, it will be retroactive to the date services were first provided. Even if this Agreement does not take effect, you will be obligated to pay the reasonable value of any services performed for you.
- 3. Legal Fees.** The minimum fee is \$_____ plus costs. The expected total cost of the conservatorship process is estimated to be in the range \$_____ to \$_____; however, it could be higher. It is possible that an independent guardian ad litem (GAL) will need to be appointed by the court to insure that the conservator's interests are protected. Costs such as court filing fees and service of process, and guardian ad litem are estimated to be approximately \$_____. Work will be billed at our standard hourly rates, which range from \$50.00 to \$375.00 per hour.
- 4. You Will Receive Copies.** You will receive copies of all documents and correspondence on a flow basis as they are received or generated by the firm. These documents constitute your file. If you ever need a duplicate of this file, I will provide one on receipt of the duplication costs.
- 5. Obligations of the Client.** You will pay for legal services and retainer requests and/or additional minimum fee requests and you will cooperate fully and provide all information known or available to you that is relevant to this matter. The firm does not make any promise or guarantee about the outcome of this matter, and your obligation under this Agreement is not contingent in any way on the outcome.
- 6. Time for Payment.** \$_____ is due with this agreement. Balance of amount due, if any, will be billed separately. Should time or costs exceed the amount listed at item three above, you will be billed on a flow basis.
- 7. Discharge and Withdrawal.** Although I expect this Agreement to continue until completion of the subject matter, you may terminate the Agreement at any time. Reciprocally, the firm reserves the right to terminate work and withdraw from the case if you fail to perform the obligations of this Agreement. At the termination of my services, all charges are immediately due and payable, and any retainer balance will be returned to you.

Attorney-Client Employment Agreement

In addition, the firm may withdraw from representing you with your consent or with good cause. Good cause includes any activity by you that would render continued representation unlawful or unethical, such as a conflict of interest.

Law Office of Steve H. Hornstein, Esq., CPA, LL.M., CFP®
also known as Hornstein Law Offices

Steve Hornstein

Date

I agree and accept this Agreement, a copy of which is hereby acknowledged, on the date set forth below.

Signature X

Print Name: _____

Date: _____

Signature X

Print Name: _____

Date: _____

Please fill in information below:

Client Address: _____

City: _____, State: _____ Zip Code: _____

Telephone: Work: () _____ - _____ Home: () _____ - _____

Cell: () _____ - _____ Fax: () _____ - _____

E-mail: _____

(Office use only) Representative/Paralegal: _____



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QUESTIONNAIRE FOR CONSERVATORSHIPS

CONSERVATORSHIP INFORMATION

1. Information concerning proposed conservator.

Name: _____

Address: _____

Drivers License Number: _____

Social Security Number: _____

Birthdate: _____

Relationship to Proposed Conservatee: _____

Telephone Number(s): _____

Do you consent to act as conservator? _____

2. Personal information about Proposed Conservatee:

Full name of Proposed Conservatee (include aka's):

Last residence address(es), including county for last 5 yrs.,

Address where proposed conservatee resides if different from above:

Telephone number: _____

Can proposed conservatee continue to live at residence, if not, reason change is proposed?: (Y / N) Additional info: _____

Immediate needs, if any:

Financial: _____

Medical: _____

Other: _____

Date of Birth and Sex: _____

Place of birth, including county: _____

Social Security number: _____

Citizenship of Minor; _____

Married/unmarried/divorced/widowed: _____

Spouse full name: _____

Spouse DOD: _____

3. Information about Proposed Conservatee's relatives:

Children, grandchildren, parents, grandparents, brothers and sisters, nieces and nephews:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

4. Petition information:

Will proposed conservatee be able to attend hearing?

Is proposed conservatee willing to attend hearing?

Is proposed conservatee available for personal service of process?

Physician's name, address, and telephone number:

Health and social services provided to the proposed conservatee during the past year

Is proposed conservatee in or on leave of absence from a state institution?

Is proposed conservatee receiving or entitled to receive benefits from the Veterans Administration?

If yes monthly benefit \$_____ and address of facility:

Is proposed conservatee developmentally disabled? If so, give address of regional center working with the proposed conservatee:

Physical condition of proposed conservatee. Describe nature and extent of infirmity (PLEASE PROVIDE DETAIL; THIS IS VERY IMPORTANT.):

Does proposed conservatee consent to conservatorship?

Has proposed conservatee nominated conservator? Or would proposed conservatee sign a nomination?

Temporary conservator – Is this needed (does a temporary conservator need to be appointed immediately to handle affairs prior to a permanent conservator being appointed)?

Y / N (Note, will likely not be granted unless truly necessary):

Describe emergency that requires temporary conservator of the person and/or estate pending appointment of permanent conservator:

Name of proposed temporary conservator (include address and telephone number if different person)

5. Proposed Conservatee's financial status:

Accountant:

Name: _____

Address: _____

Phone Number: _____

Insurance agent(s):

Name: _____

Address: _____

Phone Number: _____

Any other persons who may have knowledge of decedent's assets:

Name: _____

Address: _____

Phone Number: _____

Information about Proposed Conservatee's property:

Estimated value of total estate: _____

For each parcel of real property (get copy of deed):

Address: _____

County: _____

Nature of title (e.g., community property etc.): _____

Encumbrances: _____

Rental Info. (type and number): _____

For each business decedent owned or had ownership interest in:

Name and address: _____

President/manager: _____

Nature of decedent's interest: _____

Estimated value of decedent's interest: _____

For each safe deposit box:

Name and address of institution: _____

Box number: _____

Person possessing any token of ownership (e.g., key): _____

For each financial account:

Name and address of institution: _____

Account type and number: _____

Manner in which title is held: _____

Location of passbooks, if any: _____

(Provide last statement showing date of death balance)

Name and address of institution: _____

Account type and number: _____

Manner in which title is held: _____

Location of passbooks, if any: _____

(Provide last statement showing date of death balance)

For each stock brokerage account:

Name and address of broker: _____

Account type and number: _____

Manner in which title is held: _____

For each life insurance policy:

Name and address of agent: _____

Type of policy and number: _____

Name of Beneficiary: _____

Face value of policy: _____

Location of policy: _____

Personal Property of significant value briefly describe:

Motor vehicle: _____

Jewelry: _____

Clothing: _____

Artwork: _____

Coin, stamp, gun, or other collections: _____

Bonds: _____ Copyrights/royalties: _____

Stock options: _____

Other tangible or intangible personal property of significant value: _____

Proposed conservatee's testamentary plans:

Has proposed conservatee made a will/trust? Is a copy available?