

## **CONSERVATORSHIP REQUEST**

**Send the completed Conservatorship Information Form, along with appropriate documents, to the appropriate DIDD Regional Office listed below for approval.**

### **West Regional Office**

11437 Milton Wilson Road  
Arlington, Tennessee 38002  
C.J. McMorran, Regional Director  
CJ.Mcmorran@tn.gov  
(901) 745-7357

Janice Williams, Person Centered Planning  
Janice.Williams@tn.gov  
(901) 745-7215

### **Middle Regional Office**

Stamps Building  
291 Stewarts Ferry Pike  
Nashville, Tennessee 37214  
Dr. Levi Harris, Regional Director  
Levi.Harris@tn.gov  
(615) 231-5436

Kelly Hyde, Deputy Director of Transitions & Intake  
Kelly.Hyde@tn.gov  
(615) 884-4315

### **East Regional Office**

Langley Building, Suite 201  
520 West Summit Hill Drive  
Knoxville, Tennessee 37902  
John Craven, Regional Director  
John.Craven@tn.gov  
(865) 594-9301

Terry Jordan-Henley, Deputy Regional Director  
Terry.Jordan-Henley@tn.gov  
(865) 594-9302

Marla Stair-Wood, Executive Assistant  
Marla.Stair-Wood@tn.gov  
(865) 594-9300

## CONSERVATORSHIP INFORMATION FORM

PLEASE PRINT LEGIBLY OR TYPE

**ATTENTION:**

**DIDD will not request (except in certain limited circumstances) that a conservator also be a paid caregiver due to the significant potential for conflict of interest.**

**DIDD generally (except in limited circumstances) will not file petitions requesting the appointment of a co-conservator or standby conservator.**

**All documents pertaining to this conservatorship MUST be printed on one side only.**

**INFORMATION OF PERSON COMPLETING THIS FORM:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Regional Office Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Current Address: \_\_\_\_\_

STREET NAME (incl. Apt./Suite #)

CITY

STATE

ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**IDENTIFYING INFORMATION ON PARTIES/INDIVIDUALS INVOLVED**

**PERSON SUPPORTED:**

Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M F

**PERSON SUPPORTED (cont.):**

Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)

\_\_\_\_\_ CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

**CURRENT CONSERVATOR:**

Does the person supported currently have a Conservator? \_\_\_ Yes \_\_\_ No  
If yes, fill out information below and **attach a copy of all available court orders pertaining to the conservatorship**. If no, continue to the section pertaining to the proposed conservator.

Is the conservator deceased? \_\_\_ Yes \_\_\_ No

If yes, date of death, if known: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If known, county where conservatorship granted: \_\_\_\_\_

Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current or Last Known Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)

\_\_\_\_\_ CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**CURRENT CO-CONSERVATOR OR STANDBY CONSERVATOR:**

Is the co-conservator or standby conservator deceased? \_\_\_ Yes \_\_\_ No

If yes, date of death, if known: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

**CURRENT CO-CONSERVATOR OR STANDBY CONSERVATOR (cont.):**

DOB: \_\_\_ / \_\_\_ / \_\_\_ SSN: \_\_\_ - \_\_\_ - \_\_\_

Current or Last Known Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)  
\_\_\_\_\_  
CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**BRIEFLY EXPLAIN THE REASONING FOR THE CHANGE OF CONSERVATOR:**

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

**Note: Please obtain a signed statement from the current conservator indicating that he/she is no longer able or willing to fulfill the duties and consents to the appointment of a successor conservator.**

**PROPOSED CONSERVATOR:**

Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_ / \_\_\_ / \_\_\_ SSN: \_\_\_ - \_\_\_ - \_\_\_

Current or Last Known Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)  
\_\_\_\_\_  
CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Has the proposed conservator ever been convicted of a felony or misdemeanor? \_\_\_ Yes \_\_\_ No

If yes, list known conviction information including offense, conviction date, and court:

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



2) Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Current or Last Known Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)

\_\_\_\_\_ CITY STATE ZIP

Phone: ( ) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Summary of efforts to contact/engage, with dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Current or Last Known Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)

\_\_\_\_\_ CITY STATE ZIP

Phone: ( ) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Summary of efforts to contact/engage, with dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Current or  
Last Known  
Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)

\_\_\_\_\_  
CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Summary of efforts to contact/engage, with dates: \_\_\_\_\_

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

5) Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Current or  
Last Known  
Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)

\_\_\_\_\_  
CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Summary of efforts to contact/engage, with dates: \_\_\_\_\_

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

**MEDICAL AND CARE INFORMATION FOR PERSON SUPPORTED**

Primary diagnosis and Person Supported's level of intellectual disability (i.e. Profound, Moderate, Mild):

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Provide a brief description of Person Supported's ability to function, daily needs and services provided based on his/her intellectual disability:

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List other diagnoses for Person Supported (i.e. GERD, Schizophrenia, Bipolar, etc.):

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**Note: The most recent ISP, BSP, and *Report of Physical, Psychological or Other Examination* should be submitted as part of this packet. The date of the examination and the date of the signature on the *Report of Physical, Psychological, or Other Examination* must be within 60 days of the submission to DIDD.**

**CURRENT PROVIDER AGENCY INFORMATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
City State Zip

Agency Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

**CURRENT ISC INFORMATION:**

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City State Zip Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_



**FINANCIAL INFORMATION FOR PERSON SUPPORTED**

Does Person Supported have a Special Needs Trust?     Yes         No

If yes, Special Needs Trust Account Balance if known: \$ \_\_\_\_\_

Does Person Supported have a representative payee?     Yes         No

If yes, please state the name of the representative payee: \_\_\_\_\_

**Please include the original, notarized of Affidavit of Indigency with this form as well a copy of the most recent Special Needs Trust Statement, if applicable and available. *The Affidavit of Indigency must be printed on one side of the paper only.***

**RIGHTS OF PERSON SUPPORTED AFFECTED BY CONSERVATORSHIP**

**Note: DIDD legal counsel, in consultation with program staff, will make the ultimate determination as to what rights will be requested to be removed/affected by this conservatorship petition. Examples of rights typically requested to be removed/affected include rights related to: healthcare/treatment decisions; ability to enter into contracts; consent for release of medical information; housing/treatment facility decisions; visitation.**

Are there any particular issues or rights specific to Person Supported that need to be addressed in this conservatorship petition? Please provide details as to the reason why the right should be restricted.

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**Right to Association/Visitation/Communication:** If any of these rights are to be restricted, please provide specific details as to the rationale. Also, is the COS in agreement that the restriction(s) is/are necessary? If additional space is needed, please attach additional paper.

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**ADDITIONAL INFORMATION**

To your knowledge, has anyone else expressed an interest in serving as conservator of Person Supported?    \_\_\_ Yes    \_\_\_ No

To your knowledge, is anyone opposed to this conservatorship action?    \_\_\_ Yes    \_\_\_ No

If yes to either, provide below the full name, address, phone #, and relationship to Person Supported, as well as the reason this person opposes or is not being considered to be conservator:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone:    (\_\_\_\_) \_\_\_\_\_    Relationship to Person Supported: \_\_\_\_\_

Reason opposed or not considered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF THERE ARE ADDITIONAL INDIVIDUALS WHO ARE IN OPPOSITION TO THE CONSERVATORSHIP OR OTHER ISSUES THAT NEED TO BE ADDRESSED, PROVIDE THIS INFORMATION ON A SEPARATE SHEET OF PAPER.

**ADDITIONAL FAMILY MEMBERS:**

6) Full Name: \_\_\_\_\_  
                            FIRST                            MIDDLE                            LAST

DOB: \_\_\_ / \_\_\_ / \_\_\_                              SSN: \_\_\_ - \_\_\_ - \_\_\_

Current or  
Last Known \_\_\_\_\_  
Address: \_\_\_\_\_

STREET NAME (incl. Apt. #)

\_\_\_\_\_  
                            CITY                            STATE                            ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Summary of efforts to contact/engage, with dates: \_\_\_\_\_

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

7) Full Name: \_\_\_\_\_  
                            FIRST                            MIDDLE                            LAST

DOB: \_\_\_ / \_\_\_ / \_\_\_                              SSN: \_\_\_ - \_\_\_ - \_\_\_

Current or  
Last Known \_\_\_\_\_  
Address: \_\_\_\_\_

STREET NAME (incl. Apt. #)

\_\_\_\_\_  
                            CITY                            STATE                            ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Summary of efforts to contact/engage, with dates: \_\_\_\_\_

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

8) Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Current or  
Last Known  
Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)

\_\_\_\_\_ CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Summary of efforts to contact/engage, with dates: \_\_\_\_\_

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

9) Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Current or  
Last Known  
Address: \_\_\_\_\_  
STREET NAME (incl. Apt. #)

\_\_\_\_\_ CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Person Supported: \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Summary of efforts to contact/engage, with dates: \_\_\_\_\_

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

**CHECKLIST OF ITEMS**  
**TO INCLUDE WITH THIS FORM**

- \_\_\_ ALL AVAILABLE COURT ORDERS RELATING TO CONSERVATORSHIP
- \_\_\_ CONSENT TO SERVE
- \_\_\_ ADDITIONAL FAMILY MEMBER INFORMATION SHEET  
(IF APPLICABLE)
- \_\_\_ STATEMENTS FROM FAMILY MEMBERS NOT WISHING TO SERVE AS  
CONSERVATOR AND SUPPORTING PROPOSED CONSERVATOR
- \_\_\_ STATEMENT FROM CURRENT CONSERVATOR REQUESTING TO BE  
RELIEVED AND SUPPORTING APPOINTMENT OF PROPOSED  
SUCCESSOR CONSERVATOR
- \_\_\_ REPORT OF PHYSICAL, PSYCHOLOGICAL OR OTHER EXAMINATION
- \_\_\_ AFFIDAVIT OF INDIGENCY
- \_\_\_ ISP – MOST RECENT VERSION
- \_\_\_ BSP (IF APPLICABLE) – MOST RECENT VERSION
- \_\_\_ MOST RECENT COPY OF SPECIAL NEEDS TRUST STATEMENT  
(IF APPLICABLE AND AVAILABLE)