



## **DIDD CONSERVATORSHIP REQUESTS**

This Conservator Request Form and supporting documents (Request Packet) is to be used **only** for:

- A Person Supported in the Tennessee Department of Intellectual and Developmental Disabilities Waiver; or
- A Person Supported enrolled in the ECF Choices program; and
- A Person Supported over the age of eighteen (18); and
- A Person Supported who is financially indigent; or
- A Person Supported who is not financially indigent, but receives prior approval from DIDD's Office of General Counsel; and
- A Person Supported who has an urgent or emergency need for a conservator due to their current conservator no longer being able to serve as conservator or due to a medical need.

Any questions regarding the appointment of a conservator for a Person Supported should be directed to the DIDD Office of General Counsel at 615-253-2386 or [DIDD.Conservatorships@tn.gov](mailto:DIDD.Conservatorships@tn.gov).

Completed Request Packets should be sent to the appropriate regional contact:

West – [Karla.Goodman@tn.gov](mailto:Karla.Goodman@tn.gov)

Middle – [Jenna.M.Martin@tn.gov](mailto:Jenna.M.Martin@tn.gov)

East – [Terry.Jordan-Henley@tn.gov](mailto:Terry.Jordan-Henley@tn.gov).

## **REGIONAL CONTACT LIST FOR CONSERVATORSHIP REQUESTS**

### **West Regional Office**

11437 Milton Wilson Road  
Arlington, Tennessee 38002

C.J. McMorran, Regional Director

[CJ.Mcmorran@tn.gov](mailto:CJ.Mcmorran@tn.gov)

(901) 745-7357

Tracy Rappel, Executive Assistant

[Tracy.Rappel@tn.gov](mailto:Tracy.Rappel@tn.gov)

(901) 745-7361

Karla Goodman, \*Conservatorship Coordinator

[Karla.Goodman@tn.gov](mailto:Karla.Goodman@tn.gov)

(901) 745-7235

### **Middle Regional Office**

Stamps Building  
291 Stewarts Ferry Pike  
Nashville, Tennessee 37214

Dr. Levi Harris, Regional Director

[Levi.Harris@tn.gov](mailto:Levi.Harris@tn.gov)

(615) 231-5436

Virginia Harris, Executive Assistant

[Virginia.A.Harris@tn.gov](mailto:Virginia.A.Harris@tn.gov)

(615) 231-5436

Jenna Martin, Deputy Regional Director of Intake, \*Conservatorship Coordinator

[Jenna.M.Martin@tn.gov](mailto:Jenna.M.Martin@tn.gov)

(615) 231-5004

### **East Regional Office**

Langley Building, Suite 201  
520 West Summit Hill Drive  
Knoxville, Tennessee 37902

John Craven, Regional Director

[John.Craven@tn.gov](mailto:John.Craven@tn.gov)

(865) 594-9301

Kristen Norton, Executive Assistant

[Kristen.Norton@tn.gov](mailto:Kristen.Norton@tn.gov)

(865) 594-9300

Terry Jordan-Henley, Deputy Regional Director, \*Conservatorship Coordinator

[Terry.Jordan-Henley@tn.gov](mailto:Terry.Jordan-Henley@tn.gov)

(865) 594-9302

Carmel Beatty

Knoxville Conservatorships

[Carmel.Beatty@tn.gov](mailto:Carmel.Beatty@tn.gov)

(865) 594-9339

Julia (Jill) Kiehna

Greenville Conservatorships

[Julia.Kiehna@tn.gov](mailto:Julia.Kiehna@tn.gov)

(423) 787-6953

## 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:

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

If the proposed conservator is not a family member of Person Supported, please explain reason for requesting this person as opposed to a family member. Unless the proposed conservator is a corporate conservator, also provide information as to the extent of interaction between the proposed conservator and Person Supported.

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**CLOSEST RELATIVES AND NATURAL SUPPORTS TO PERSON SUPPORTED:**

**Note: For legal notice purposes, you must list Person Supported’s closest living relatives. Aunts, uncles and cousins do not need to be listed unless they are the closest living relative or are important in the life of Person Supported. Diligent efforts to engage relatives or other natural supports must be made and DOCUMENTED in order to assess whether they may be appropriate to serve as conservator. Attempts must be made to obtain a statement from next of kin if he/she is not seeking appointment as conservator which indicates that he/she is not willing or able to serve and is supportive of the proposed conservator.**

**If there is not sufficient room to list the closest living relatives or natural supports, please provide their information on a separate sheet of paper and include it with this packet.**

1) 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: (\_\_\_\_)\_\_\_\_\_  
\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_  
City State Zip  
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.**

**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)**

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TENNESSEE

IN THE MATTER OF:

\_\_\_\_\_, DOCKET NO.: \_\_\_\_\_  
Respondent.

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**CONSENT TO SERVE AS CONSERVATOR AND  
JOINDER IN PETITION FOR APPOINTMENT OF CONSERVATOR**

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I, \_\_\_\_\_, hereby acknowledge and consent to my nomination to serve as the conservator of the person for \_\_\_\_\_. I further agree that if appointed, I will comply with all rules of the court pertaining to conservators, including but not limited to the filing of annual or periodic reports.

I acknowledge that the duties and obligations required of me have been explained, and upon appointment, I willingly agree to undertake such responsibilities.

I confirm that my name does not appear on the Tennessee Department of Health registry of persons who have abused, neglected, or misappropriated the property of vulnerable persons, established by Tenn. Code Ann. 68-11-10; on the national sex offender registry, maintained by the United States Department of Justice.

- I confirm that I have not been convicted nor pled nolo contendere to a felony or misdemeanor.
- I confirm that I have been convicted or pled nolo contendere to a felony or misdemeanor and a statement is attached listing each conviction/plea, date of each conviction/plea, and county and court of record for each conviction/plea.

I join in the petition to which this consent is attached as if an original petitioner.

\_\_\_\_\_  
**Signature of Proposed Conservator**

\_\_\_\_\_  
**Mailing Address (Street/P.O. Box)**

\_\_\_\_\_  
**Printed Name of Proposed Conservator**

\_\_\_\_\_  
**Mailing Address (City, State, Zip)**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Home Phone**

/\_\_\_\_\_  
**Cellular Phone**

\_\_\_\_\_  
**Email Address**

**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: \_\_\_\_\_

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

IN THE \_\_\_\_\_ COURT FOR \_\_\_\_\_ COUNTY, TENNESSEE

IN RE CONSERVATORSHIP OF \_\_\_\_\_ )

)

\_\_\_\_\_, )  
RESPONDENT. )

CASE NO.: \_\_\_\_\_

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STATEMENT OF NEXT OF KIN

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My name is \_\_\_\_\_, Respondent, \_\_\_\_\_,  
is my \_\_\_\_\_. I am aware that a conservatorship action has been or will  
be filed requesting that \_\_\_\_\_ be appointed to serve as  
conservator for Respondent. I am not able or am not willing to serve in this capacity; however, I  
do not have any objection to \_\_\_\_\_ serving as conservator.  
Furthermore, I waive any future right to notice in this matter.

Additional comments/remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_



IN THE \_\_\_\_\_ COURT FOR \_\_\_\_\_ COUNTY, TENNESSEE

IN RE CONSERVATORSHIP OF \_\_\_\_\_ )

\_\_\_\_\_, )

RESPONDENT. )

CASE No.: \_\_\_\_\_

**STATEMENT OF CURRENT CONSERVATOR**

My name is \_\_\_\_\_, and I am the conservator for \_\_\_\_\_, Respondent. For the reasons stated below, I am no longer able to fulfill my duties and responsibilities as conservator and would like to be relieved from this position. Respondent is still in need of a conservator, so I would like to request that \_\_\_\_\_ be appointed as successor conservator.

Additional explanation/remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

IN THE \_\_\_\_\_ COURT FOR \_\_\_\_\_ COUNTY, TENNESSEE

IN THE MATTER OF: \_\_\_\_\_ )

Conservatorship for: \_\_\_\_\_, )

Respondent. )

Docket No. \_\_\_\_\_ )

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**UNIFORM CIVIL AFFIDAVIT OF INDIGENCY**

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(To be completed by Respondent, if able, or a representative on his/her behalf)

I, \_\_\_\_\_ (Respondent or Respondent's Representative) having been duly sworn according to law, make oath that due to the financial Respondent is unable to bear the expenses of this cause. The following facts support my poverty:

1. Full name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone number: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. Names and ages of dependents:

a. \_\_\_\_\_ Relationship: \_\_\_\_\_

b. \_\_\_\_\_ Relationship: \_\_\_\_\_

c. \_\_\_\_\_ Relationship: \_\_\_\_\_

6. I am employed by: \_\_\_\_\_

7. My present weekly take home pay is: \$ \_\_\_\_\_

8. I am not employed but receive or expect to receive money from the following sources:

AFDC: \$ \_\_\_\_\_ per month beginning: \_\_\_\_\_

SSI: \$ \_\_\_\_\_ per month beginning: \_\_\_\_\_

Retirement: \$ \_\_\_\_\_ per month beginning: \_\_\_\_\_

Disability: \$ \_\_\_\_\_ per month beginning: \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_ per month beginning: \_\_\_\_\_

Worker's compensation: \$ \_\_\_\_\_ per month beginning: \_\_\_\_\_

Other: \$ \_\_\_\_\_ per month beginning: \_\_\_\_\_

9. **My expenses are:**

Rent/house payment: \$ \_\_\_\_\_ per month  
Groceries: \$ \_\_\_\_\_ per month  
Electricity: \$ \_\_\_\_\_ per month  
Water: \$ \_\_\_\_\_ per month  
Gas: \$ \_\_\_\_\_ per month  
Transportation: \$ \_\_\_\_\_ per month  
Medical: \$ \_\_\_\_\_ per month  
Telephone: \$ \_\_\_\_\_ per month  
Other: \$ \_\_\_\_\_ per month

10. **Assets:**

Automobile: \$ \_\_\_\_\_  
Checking/savings account: \$ \_\_\_\_\_  
House: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

11. **My debts are:**

Amount owed:	To whom:
\$ _____	_____
\$ _____	_____
\$ _____	_____

I hereby declare under the penalty of perjury that the forgoing answers are true, correct and complete and that I am financially unable to pay the costs of this action.

\_\_\_\_\_  
Respondent or Respondent's Representative

\_\_\_\_\_  
Date

Subscribed and sworn to before me this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

*Place seal here*

My commission expires: \_\_\_\_\_



- Conservator or Guardian for his/her right to association/visitation/communication  
\*Specify which rights to association/visitation/communication and why

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- No Conservator or Guardian is needed

6. If you feel Respondent is in need of a conservator/guardian, briefly describe the reason(s) for the recommendation of conservatorship/guardian.

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7. Please indicate your evaluation of Respondent in the following areas. Check a box in *each* category.

	EXCELLENT	GOOD	FAIR	POOR	CHRONIC	N/A
Mental Condition						
Physical Condition						
Social Condition						
Educational Condition						
Adaptive Behavior						
Social Skills						
Impact of current living conditions on his disability						

8. If you marked “poor” or “chronic” in any of the categories above, please provide a brief rationalization for this opinion and how it impacts Respondent’s daily living.

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9. Please indicate your recommendation as to the most appropriate rehabilitation plan. Check all appropriate answers.

- Physical therapy
- Occupational therapy
- Speech therapy
- Bed rest
- Continued medical treatment
- No rehabilitation plan is feasible
- No rehabilitation plan is necessary



STATE OF TENNESSEE )  
 )  
COUNTY OF \_\_\_\_\_ )

I hereby swear or affirm that the above recommendations and comments were written by me and are true and accurate to the best of my knowledge based upon my examination/treatment of Respondent.

Physician/Psychologist/  
Senior Psychological Examiner:

Date of Signature: \_\_\_\_\_

\_\_\_\_\_

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

**PRINT NAME**

\_\_\_\_\_

**SIGNATURE**

Phone: \_\_\_\_\_

STATE OF TENNESSEE )

COUNTY OF \_\_\_\_\_ )

Sworn to and subscribed before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

IN THE \_\_\_\_\_ COURT FOR \_\_\_\_\_ COUNTY, TENNESSEE

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TENNESSEE DEPARTMENT OF INTELLECTUAL )  
AND DEVELOPMENTAL DISABILITIES, )

*Petitioner,* )

v. )

Docket No. \_\_\_\_\_ )

\_\_\_\_\_, )

*Respondent.* )

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**CONFIRMATION OF PREVIOUS AFFIDAVIT**

I, \_\_\_\_\_, am the treating physician, psychologist, or senior psychological examiner who previously completed the Report Examination regarding the mental and/or physical condition(s) of Respondent, \_\_\_\_\_. Since the date of execution of that affidavit, I have continued to monitor Respondent's condition(s). I hereby swear and affirm that no change has occurred in Respondent's condition(s) that would cause me to alter my opinion regarding the need for a conservator as stated in the previously executed affidavit.

Physician/Psychologist/  
Senior Psychological Examiner:

\_\_\_\_\_  
PRINT NAME

Date of Signature:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_, 20\_\_

STATE OF TENNESSEE )

COUNTY OF \_\_\_\_\_ )

Sworn to and subscribed before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

(SEAL)