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| **DDA CONSERVATORSHIP REQUEST FORM** |

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This Conservatorship Request Form and supporting documents (Request Packet) are intended for use ***only*** for people who are eligible for the Tennessee Department of Disability and Aging (DDA) to file for conservatorship. The ***minimum*** eligibility requirements for DDA to file for conservatorship are:

1. **Must Include One of These:**

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| Person needing a conservator must be enrolled in one of the following, *but* enrollment does **not** guarantee approval of request:   * Tennessee Department of Disability and Aging waiver (1915(c) waiver), including persons supported through Harold Jordan Center and DDA regional Community Homes (ETH, WTH, MTH) * CHOICES * ECF CHOICES * Katie Beckett (must be actively enrolling in ECF CHOICES or CHOICES) * MAPs * Money Follows the Person (Referral by TN Center for Decision-Making Support) |

1. **Must Include One of These:**

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| Person needing a conservator must be:   * Financially indigent * Not financially indigent, but received prior approval in writing from DDA’s Office of General Counsel (written approval must be included with Request Packet; this is NOT a commitment to process, only for review) |

1. **Must Include Both of These:**

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| * Person needing a conservator must be over the age of eighteen (18) (or will be 18 years old when petition is filed, if currently enrolled in the Katie Beckett Program and actively enrolling in the CHOICES Program or ECF Choices Program) * Person needing a conservator must have an urgent or emergency such as an immediate need or the current conservator is no longer living or able to serve and there is no one available to make decisions in accordance with the previous Order |

General questions regarding the appointment of a conservator for a person who meets the above requirements should be directed to the DDA Office of General Counsel at 615-770-1115 (Phil Vaughn, Paralegal, Phil.Vaughn@tn.gov) or [DDA.Conservatorships@tn.gov](mailto:DDA.Conservatorships@tn.gov). Questions regarding completed request packets or request packets already in progress should be directed to your regional contact (see next page).

**REGIONAL CONTACTS**

Once this Request Form is completed and all additional required documents gathered, email them to the appropriate regional contact for review. The region is determined by the county in which the person supported currently lives. Your regional contact will notify you if additional information is needed prior to submission for approval.

**West Region**

Karla Goodman, \*Conservatorship Coordinator Michelle Jamias, Conservatorship Support

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

(901) 745-7235 (901) 745-7517

(Counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Madison, Obion, Shelby, Tipton, Weakley)

**West Region – Once your request is approved, send all original documents to:**

DDA Office of General Counsel

Attn: Yaimerys Martin-Alfaro

UBS Building, 8th Floor

315 Deaderick Street

Nashville, TN 37243

**Middle Region**

**MTRO\_Conservatorship@tn.gov**

Sondra Everett, \*Conservatorship Coordinator Jama Phillips, Deputy Regional Director

[Sondra.Everett@tn.gov](mailto:Sondra.Everett@tn.gov) [Jama.M.Phillips@tn.gov](mailto:Jama.M.Phillips@tn.gov)

(615) 231-5458 (615) 231-5288

(Counties: Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, Dekalb, Dickson, Fentress, Franklin, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Sumner, Stewart, Trousdale, Warren, Wayne, White, Williamson, Wilson)

**Middle Region – Once your request is approved, send all original documents to:**

DDA Office of General Counsel

Attn: Phil Vaughn

Via USPS Via FedEx

253 Stewarts Ferry Pike Spruce Cottage, Suite 1101

Nashville, TN 37243 275 Stewarts Ferry Pike

Nashville, TN 37214

**East Region**

Carmel Beatty, \*Conservatorship Coordinator Julia (Jill) Kiehna, Conservatorship Support

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

(865) 594-9339 (423) 787-6953

(Counties: Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Grundy, Hancock, Hamilton, Hamblen, Hawkins, Jefferson, Johnson, Knox, Louden, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington)

**East – Once your request is approved, send all original documents to:**

DDA East Tennessee Regional Office

Attn: Mary Jane Davis, Esq.

520 W. Summit Hill Drive, Suite 201

Knoxville, TN 37902

**For Regional Offices Only**

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| Once the completed request form and all required documents are reviewed and approved by the region, email the request form and all documents to DDA.Conservatorships@tn.gov, copying the regional attorney, for review and approval by OGC. Once request is approved by OGC, send originals to the designated addresses above. |

**INSTRUCTIONS FOR**

**DDA CONSERVATORSHIP REQUEST FORM**

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| **** | Please read instructions carefully. Check the box by each section affirming that you have read and understand. Call or email your Regional Contact with any questions. |
|  | 1. It is preferred that all request packets submitted after 10/01/2024 be on this form, which is noted as “Revised 09/24/2024” in the lower left-hand corner of the form. |
|  | 1. It is preferred that the request packet and forms are typed, but if handwritten, please print legibly. |
|  | 1. All documents pertaining to this conservatorship must be printed on one side only. Documents that need to be filed with the court and are printed on both sides will not be accepted. |
|  | 1. Read through each section and answer all questions that apply. |
|  | 1. Include an email address and phone number for all contacts when available. |
|  | 1. Except in VERY limited circumstances, due to the significant potential for conflict of interest, **DDA will not file a petition requesting the appointment of a conservator, co-conservator, or standby conservator who is also a paid caregiver.** If the desired conservator, co-conservator, or standby conservator is also a paid caregiver for the person with a disability, approval must be obtained from DDA. See request form below for approval request. **Note: TennCare does NOT allow for a conservator to be paid for providing CLS or CLS-FM services. This same absolute prohibition may become effective for both DDA and TennCare once Integration occurs.** |
|  | 1. **Except in VERY limited circumstances, DDA will not file a petition requesting the appointment of a conservator or successor conservator over the estate** (meaning assets such as property, finances, etc.), *especially* if the proposed conservator is a family member, friend, or natural support. If a conservator over the estate is necessary, DDA’s preference/priority is the appointment of a corporate conservator.   If a family member or natural support is requested, though, an explanation **must** be included with the packet explaining why this is necessary, including a detailed property management plan developed by the proposed conservator that includes plans for any property or money the person supported owns or stands to inherit. If approved, the conservator will be required to secure bond in a specific amount set by the court. Generally, the assets of a person supported are limited to monthly SSI/SSDI benefits which are paid to a representative payee, who in turn ensures bills are paid, resulting in very little expendable funds to manage, so a conservator over the estate/finances is not necessary.  ***NOTE:*** **In most instances, the request for appointment of a family or natural support person over the estate/finances/property will be denied, thereby requiring the family or natural support to file a petition without the assistance of DDA, at his/her own expense.** |
|  | 1. Except in VERY limited circumstances, DDA will not file a petition requesting the appointment of a co-conservator or standby conservator. If a co-conservator and/or standby conservator is desired, an explanation of the need for a co-conservator and/or a standby conservator must be given on the Conservator Request Form and must be approved by DDA. |
|  | 1. **A standby conservator does not automatically become the conservator when the appointed conservator is no longer able or willing to serve.** Pursuant to T.C.A § 34-1-119(b), “Under no circumstance can the fiduciary and the standby fiduciary be simultaneous empowered to act.” The court **must** enter a new order authorizing the standby conservator to function in the place of the current conservator. |
|  | 1. If a court has issued an Order appointing a conservator for an individual, that Order is considered current until the court issues a subsequent Order stating otherwise, even if the current conservator is deceased. Therefore, **when a conservator dies, the court must be notified and a petition to appoint a successor conservator must be filed with the court. *A person’s rights are not restored just because a conservator dies*.** |
|  | 1. Not all forms in the request packet are required for each conservatorship request. Submit all pages of this request form, but only applicable additional forms need to be submitted (see checklist at end of this form for additional forms needed). If additional forms such as Declaration and Consent to Serve over property and person, Declaration of Standby Conservator, and Confirmation of Previous Report of Examination are needed, they should be requested by contacting your regional contact. |
|  | 1. Do not fill out the court information at the top of the additional forms (Report of Physician, Declaration of Indigency, etc.). This will be completed by the Office of General Counsel. |
|  | 1. Before mailing request packet to the region, email all completed forms to your regional contact for approval. You will be informed of any additional information that is needed. |

**CONSERVATORSHIP REQUEST INFORMATION**

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| **I.** PERSON COMPLETING THIS FORM | | | | | | | | | | | |
| **Name:** Enter your Name | | | | **Relationship to Person Supported:** Enter Relationship | | | | | | | |
| **Name of Business:** Enter Name of Business | | | | | | | **Title:** Enter Your Title | | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | | | | | | | | | |
| **City:** Enter City | | | **State:** Choose an item | | | | | | **Zip:** Enter Zip Code | | |
| **Phone:** Enter Phone # | | | | | **Cell Phone:** Enter Cell # | | | | | | |
| **Fax:** Enter Fax # | | | **Email:** Enter Email Address | | | | | | | | |
| **II. PERSON SUPPORTED** | | | | | | | | | | | |
| **Full Legal Name** Enter Full Name | | | | | | | | | | | **Male**  **Female** |
| **Date of Birth:** Enter DOB | **Social Security #:** Enter SS# | | | | | | | **Phone:** Enter Phone # | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | | | | | | | | | |
| **City:** | | **State:** Choose or Enter State | | | | | | | | **Zip:** Enter Zip Code | |
| **County:** Enter County | | | | | | **Region:** Choose Region (see page 2 for contact info) | | | | | |
| **Enrolled/Enrolling in:**  **DDA waiver services, including HJC and Community Homes**  **CHOICES**   **ECF CHOICES**   **Katie Beckett**  **MAPs**  **Money Follows the Person** | | | | | | | | | | | |

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| **III. PROVIDER AGENCY** | | | | |
| **Agency:** Enter Agency Name | | | | |
| **Contact:** Enter Contact Name | | | **Title:** Enter Title | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | | |
| **City:** Enter City | **State:** Choose an item | | | **Zip:** Enter Zip Code |
| **Office Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | | |
| **Fax:** Enter Fax # | **Email:** Enter Email Address | | | |

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| **IV. INDEPENDENT SUPPORT COORDINATOR / CASE MANAGER** | | | | |
| **Agency:** Enter Agency Name | | **ISC/CM:** Enter ISC Name | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | | |
| **City:** Enter City | **State:** Enter State | | | **Zip:** Enter Zip Code |
| **Office Phone:** Enter Phone # | | | **Cell Phone:** Enter Cell # | |
| **Fax:** Enter Fax # | **Email:** Enter Email Address | | | |

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| **V. MANAGED CARE ORGANIZATION (MCO)** | | | | |
| **MCO:** Enter MCO | | | | |
| **Contact:** Enter Contact | | | **Title:** Enter Title | |
| **Mailing Address (incl. Apt./Suite #):** Enter Mailing Address | | | | |
| **City:** Enter City | **State:** Enter State | | | **Zip:** Enter Zip |
| **Office Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | | |
| **Fax:** Enter Fax # | **Email:** Enter Email Address | | | |

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| **VI. CURRENT CONSERVATORSHIP** |
| **Is there an order of conservatorship in place for the person supported?**  **Yes**  **No**  \*The conservatorship is still in effect as long as there is not a separate order ending the conservatorship, even if the current conservator is deceased. If no, skip to Section VII. |
| **The current order appoints:**  **Conservator**  **Co-Conservators**  **Standby Conservator**  (Check all that apply) \*Note: A standby conservator cannot act as a co-conservator, nor do they automatically become the conservator when the appointed conservator is no longer able to serve. Pursuant to T.C.A § 34-1-119, under no circumstance can the conservator and the standby conservator be simultaneously empowered to act, the court must enter a new order authorizing the standby conservator to function in the place of the current conservator. |
| **In what county was the conservatorship granted?** Enter County  \*Include a copy of the current appointment order and any subsequent orders that amend the appointment order. |

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| **A. Current Conservator / Co-Conservator** | | | |
| **Full Name:** Enter Full Name | | | |
| **This person was appointed as the:**  **Conservator**  **Co-Conservator** | | **Relationship to Person Supported:**  Enter Relationship | |
| **Is the conservator deceased?** **Yes**  **No** **If yes, date of death:** Enter Date of Death  \*If yes, include copy of death certificate and obituary if available, then skip to next section. If no, complete the contact information below and include a Declaration of Current Conservator, if current conservator is able to complete one. If they are not, provide the reason why. (You may be called to testify about this in court.)  **Reason Why Current Conservator Cannot Complete the Statement of Current Conservator:  N/A** (included) or Enter Reason | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Choose an item | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |

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| **B. Current Co-Conservator** | | | | |
| **No Co-Conservator was appointed** (If checked, skip to next section.) | | | | |
| **Full Name:** Enter Full Name | | | **Relationship to Person Supported:**  Enter Relationship | |
| **Is the co-conservator deceased?**  **Yes**  **No** **If yes, date of death:** Enter Date of Death  \*If yes, include copy of death certificate and obituary if available, then skip to next section. If no, complete the contact information below and include a Declaration of Current Conservator, if current co-conservator is able to complete one. If they are not, provide the reason why. (You may be called to testify about this in court.)  **Reason Why Current Conservator Cannot Complete the Statement of Current Conservator:  N/A** (included) or Enter Reason | | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | | |
| **City:** Enter City | **State:** Choose an item | | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | | |
| **Email:** Enter Email Address | | | | |

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| **C. Current Standby Conservator** | | | | |
| **No Standby Conservator was appointed** (If checked, skip to next section.) | | | | |
| **Full Name:** Enter Full Name | | | **Relationship to Person Supported:**  Enter Relationship | |
| **Is the Standby Conservator deceased?**  **Yes**  **No**  **If yes, date of death:** Enter Date  \*If yes, include copy of death certificate and obituary if available. (If yes, skip to next section. If no, complete the remainder of this section. | | | | |
| **Contact information not known** \*If the contact information for this person is not known, for legal notice purposes, documentation must be given showing diligent efforts to obtain contact information and attempts to contact standby conservator. (Note: You may be called to testify about this in court.)  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | | |
| **City:** Enter City | **State:** Enter State | | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | | |
| **Email:** Enter Email Address | | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  \*For legal notice purposes, documentation must be given showing diligent efforts to attempt to contact standby conservator. (Note: You may be called to testify about this in court.)  **Provide efforts to contact, including dates and results:** Enter Efforts | | | | |
| **Contact was made with standby conservator**  **Is the standby conservator still willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, standby conservator is not still willing or able to serve as conservator, contact your regional contact and request a Declaration of Standby Conservator.  **Declaration of Current Standby Conservator completed and included in request packet**  **Declaration of Current Standby Conservator not completed and not included in request packet**  **If unable to obtain the Declaration of Current Standby Conservator, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | | |

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| **VII. REASON FOR REQUEST** |
| **If there is not a current conservatorship in place by the Court, provide reason for need of conservator.** Enter Reason  **If there is a current conservatorship in place by the Court, provide reason for request for change of conservator.** Enter Reason |

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| **VIII. PROPOSED CONSERVATOR AND CLOSEST RELATIVES** |
| It is important when choosing a proposed conservator that the person or entity chosen meets the statutory requirements set out by Tennessee Code Annotated (T.C.A) § 34-3-103 *and* is agreed upon by the circle of support *and* the Region as being in the best interest of the person supported. |
| **Statutory Requirements of a Proposed Conservator**  Priorities and preferences; appointments. (T.C.A § 34-3-103)  Subject to the court’s determination of what is in the best interests of the person with a disability, the court shall consider the following persons in the order listed for appointment of the conservator:  (1) The person or persons designated in a writing signed by the alleged person with a disability;  (2) The spouse of the person with a disability;  (3) Any child of the person with a disability;  (4) Closest relative or relatives of the person with a disability;  (5) A district public guardian as described by § 34-7-104; and  (6) Other person or persons. (NOTE: This would include a corporate conservator.) |
| Complete sections A – F below to determine the best conservator for the person supported. Every question must be answered whether or not the person is being requested or is seeking to be the conservator. \*Pursuant to T.C.A. §§ 34-1-106 and 108, notice is required to be given to closest relatives of the person supported (i.e., spouse, adult children, parents). If the contact information for any relative is not known, reasonable efforts to obtain contact information for them ***must*** be shown. If contact information is known or obtained, reasonable efforts to contact the relative to see if they are willing and able to serve as conservator for person supported and obtain a Declaration of Next of Kin from them, if they are not, ***must*** be shown. (Note: You may be called to testify about this in court.) |

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| **A. Person Designated in Writing** | | | | |
| **Has anyone been named in writing (includes a notation in a POA or Advance Directive but does NOT include a previous Court Order) by the person supported as someone he/she would like to be conservator?**  **Yes**  **No** (If no, skip to section B. If yes, complete the remainder of this section and include a copy of the writing with the request packet.) | | | | |
| **Full Name:** Enter Full Name | | | **Relationship to Person Supported:**  Enter Relationship | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | | |
| **City:** Enter City | **State:** | | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | | |
| **Email:** Enter Email Address | | | | |
| **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  ***Note: This person should not be a staff person of the provider agency or a paid caregiver for the person supported.***  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason | | | | |

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| **B. Spouse** | | | |
| **Does the person supported have a spouse who is still living?**  **Yes**  **No** (If no, skip to section C. If yes, complete the remainder of this section.) | | | |
| **Full Name:** Enter Full Name | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Choose an item | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** asdf | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by this person and included in request packet**  **Declaration of Next of Kin not completed by this person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| **C. Adult Children** |
| **Does the person supported have any living adult children?**  **Yes**  **No** (If no, skip to section D. If yes, complete the remainder of this section. If the person supported has more children than there are spaces, list additional information on a separate sheet and include with the request packet.) |

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| 1. **Adult Child** | | | |
| **Full Name:** Enter Full Name  **Son**  **Daughter** | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by person and included in request packet**  **Declaration of Next of Kin not completed by person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| 1. **Adult Child** | | | |
| **Full Name:** Enter Full Name  **Son**  **Daughter** | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by person and included in request packet**  **Declaration of Next of Kin not completed by person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| 1. **Adult Child** | | | |
| **Full Name:** Enter Full Name  **Son**  **Daughter** | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by person and included in request packet**  **Declaration of Next of Kin not completed by person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| **D. CLOSEST RELATIVES** |
| Response to sections for father, mother, and siblings is required, even if unknown. Response to sections for other relatives is not required unless they are the closest living relative or are important in the day-to-day life of the person supported. If adequate space is not available, list additional information on a separate sheet and include with request packet.  **Deceased and Unknown Parent(s):** If a parent is deceased, provide the name and indicate “deceased.” If whereabouts are unknown, check that box, but be prepared to testify under oath that you have no way of obtaining this information. Check the person’s service records! A deceased sibling does not have to be listed. |

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| **1. Father** | | | |
| **Full Name:** Enter Full Name | | | |
| **Deceased Approximate Date of Death, if known:** Enter Date of Death  **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by this person and included in request packet**  **Declaration of Next of Kin not completed by this person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| **2. Mother** | | | |
| **Full Name:** Enter Full Name | | | |
| **Deceased Approximate Date of Death, if known:** Enter Date of Death  **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by this person and included in request packet**  **Declaration of Next of Kin not completed by this person and not included in request packet**  **If unable to obtain Declaration from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| **3. Living Adult Sibling** | | | |
| **Full Name:** Enter Full Name **Brother**  **Sister** | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by this person and included in request packet**  **Declaration of Next of Kin not completed by this person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| **4. Living Adult Sibling** | | | |
| **Full Name:** Enter Full Name **Brother**  **Sister** | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by this person and included in request packet**  **Declaration of Next of Kin not completed by this person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| **5. Living Adult Sibling** | | | |
| **Full Name:** Enter Full Name  **Brother**  **Sister** | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by this person and included in request packet**  **Declaration of Next of Kin not completed by this person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts and Reason | | | |

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| **6. Other Close Relative or Natural Support with Interest to Serve** | | | |
| **Full Name:** Enter Full Name | | **Relationship to Person Supported:**  Enter Relationship | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to serve as conservator and is a close relative, provide a Declaration of Next of Kin.  **Declaration of Next of Kin completed by this person and included in request packet**  **Declaration of Next of Kin not completed by this person and not included in request packet**  **If unable to obtain Declaration of Next of Kin from this person, provide efforts to obtain statement, including dates, results, and reason it of Next of Kin was not obtained:** Enter Efforts and Reason | | | |

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| **E. District Public Guardian** | | | |
| **Has a district public guardian, as described by § 34-7-104, been appointed for the person supported?**   **Yes**  **No** (If no, skip to section F. If yes, complete the remainder of this section.) | | | |
| **Full Name:** Enter Full Name | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Attempted contact, but unable to reach person and/or no response from person**  **Provide efforts to contact, including dates and results:** Enter Efforts | | | |
| **Contact was made with person**  **Is this person willing and able to continue to serve as conservator for the person supported?**  **Yes**  **No**  **If yes, does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason  If no, person is not willing or able to continue to serve as conservator, provide a Declaration of Current Conservator.  **Declaration of Current Conservator completed by person and included in request packet**  **Declaration of Current Conservator not completed by person and not included in request packet. If unable to obtain Declaration of Current Conservator from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained:** Enter Efforts | | | |

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| **F. Proposed Conservator** |
| Please be sure to read “Instructions for DDA Conservatorship Request Form” on pages 3 and 4, specifically sections 6-9 pertaining to requirements, rules, and restrictions for conservators, co-conservators, and standby conservators. If your request requires additional information such as the reason for the request (e.g., appointment of a co-conservator), then please remit the documentation with your packet. Failure to do so may result in the denial of the packet at the regional level and require resubmission. |
| **1. Corporate Conservator** |
| **Is the proposed conservator a corporate conservator?**  **Yes**  **No** (If yes, complete the remainder of this section, then skip to the next section. You do not need to provide a Consent to Serve for a corporate conservator. If no, skip to the next section.) |
| **Explain reason for requesting corporate conservator as opposed to a family member.**  Enter Reason |

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| Does the Circle of Support/PCSP Planning Team agree that a corporate conservator serving as the conservator for the person supported is in the best interest of the person supported?  Yes  No  If no, state reason: Enter Reason |

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| **2. Non-Corporate Conservator (Individual, Not a Business)** |
| **Is the proposed conservator someone listed in one of the sections above?**  **Yes**  **No**  (If yes, answer the next question, if it applies, list the person’s name below, then skip to the section below entitled “Required Registry Checks.” A Declaration and Consent to Serve must be completed by the proposed conservator will need to be included with the request packet. If no, complete the remainder of this section.) |
| **If the proposed conservator is not a family member of the person supported, please explain reason for requesting this person as opposed to a family member. Also, provide information as to the extent of interaction between the proposed conservator and the person supported.** Enter Reason and Interaction |
| **Full Name of Proposed Conservator:** Enter Full Name |

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| **Relationship to Person Supported:** Enter Relationship | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Does the Circle of Support/PCSP Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?**  **Yes**  **No**  **If no, state reason:** Enter Reason | | | |

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| **3. Required Registry Checks** |
| **Does the proposed conservator’s name 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. § 68-11-1001?  Yes  No**  **Does the proposed conservator’s name appear on the national sex offender registry maintained by the United States Department of Justice? Yes No**  **Using the link below, please provide a copy of the results for the following links in your packet, proving that the person is not on either registry. Both registries must be checked using the various names and aliases of the proposed conservator, unless the request is for a corporate conservator.**  [**https://apps.health.tn.gov/AbuseRegistry/default.aspx**](https://apps.health.tn.gov/AbuseRegistry/default.aspx)  [**https://www.nsopw.gov/**](https://www.nsopw.gov/)  **Has the proposed conservator ever been convicted or pled *nolo contender* (no contest) to a felony or misdemeanor?**  **Yes**  **No**  \*If yes, include in the request packet a copy of the judgment for each conviction or plea or a statement: 1) listing each conviction/plea; 2) the date of each conviction/plea; and 3) the county and court of record for each conviction/plea. |

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| **IX. OPPOSITION TO ESTABLISHMENT OF CONSERVATORSHIP** |
| **To your knowledge, is anyone opposed to the establishment of a conservatorship?**  **Yes**  **No** (If no, skip next section. If yes, complete the remainder of this section.) |
| **Reason person is opposed, if known:** Enter Reason |
| **Relationship to Person Supported:** Enter Relationship |

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| **Contact information already listed in this form** (If checked, skip to next section. If not, complete remainder of this section) | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |
| **Reason conservatorship is opposed, if known:** Enter Reason | | | |

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| **X. OPPOSITION TO PROPOSED CONSERVATOR** |
| **To your knowledge, is anyone opposed to the proposed conservator?**  **Yes**  **No** (If no, skip next section. If yes, complete the remainder of this section.) |
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| **Full Name of Person Opposed to Possible Conservator:** Enter Full Name |
| **Relationship to Person Supported:** Enter Relationship |

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| **Contact information already listed in this form** (If checked, skip to next section. If not, complete remainder of this section) | | | |
| **Contact information not known**  **Provide efforts to obtain contact information, including dates and results:** Enter Efforts | | | |
| **Mailing Address (incl. Apt./Suite #):** Enter Address | | | |
| **City:** Enter City | **State:** Enter State | | **Zip:** Enter Zip Code |
| **Phone:** Enter Phone # | | **Cell Phone:** Enter Cell # | |
| **Email:** Enter Email Address | | | |

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| **Reason proposed conservator is opposed, if known:** Enter Reason |

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| **XI. MEDICAL AND CARE INFORMATION** |
| The most recent ISP/PCSP and BSP should be submitted as part of this packet.  **If any of the information in these documents differs from the information provided in this request, either update the ISP/PCSP and/or BSP before it is submitted or provide an explanation:** Enter Explanation |
| A Report of Examination should be submitted as part of this packet. Per T.C.A. § 34-3-105, an exam of the person supported, and a report of that examination must be completed by a physician, psychologist, or senior psychological examiner.  ***A report completed by anyone else (such as a physician's assistant or a nurse practitioner) will not be accepted*.**  **Report of Examination was completed by:**  **Physician**  **Psychologist**  **Senior Psychological Examiner**  Make sure the report is completed in its entirety, including the date of last exam in question # 2. Incomplete reports will not be accepted. Per T.C.A. § 34-3-105, the examination must be completed "*not more than ninety (90) days prior to the filing of the petition*." We ask that this request packet be submitted to DDA no more than thirty (30) days after the date of the examination to allow sufficient time to draft and file the petition and related documents with the court. If 30 days is not feasible, the regional office should address this with the designated senior attorney for that region. We suggest obtaining the Report of Examination last, so it does not expire while you are obtaining other required information and documents.  \* **The Report of Examination must be printed on one side only**. The court will not accept two sided documents.**Date of last exam:** Date |
| **Person supported’s level of intellectual disability (i.e. profound, moderate, mild) and full-scale IQ, if known:** Enter Level of Disability |
| **Person supported’s primary diagnosis:** Enter Primary Diagnosis |
| **Person supported’s other diagnoses (i.e. GERD, Schizophrenia, Bipolar, etc.):** Enter Other Diagnoses |
| **Brief description of person supported’s**  **Decision-making ability:** Enter Description  **Ability to function:** Enter Description  **Daily needs:** Enter Description  **Services provided based on his/her intellectual disability:** Enter Description |

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| **XII. FINANCIAL INFORMATION** |
| A Declaration of Indigency must be completed to be able to show the court the person supported's financial status. The declaration should be completed by someone with knowledge of the finances of the person supported, usually the rep payee. \*The Declaration of Indigency must be printed on one side only. The court will not accept two sided documents.  **Is the monthly income of the person supported higher than his/her monthly expenses?**  **Yes**  **No \*** If yes, note difference under the Assets section.  **Are the monthly expenses of the person supported higher than his/her monthly income?**  **Yes**  **No**  **If yes, who covers the overage?** Enter Name  **Is the person supported expected to repay this money?**  **Yes**  **No**  \*If yes, note the amount owed and who the money is owed to under the Debts section. |
| **Does the person supported have a Special Needs Trust or any other type of trust?**  **Yes**  **No**  **If yes, type of trust:** Enter Trust Type  **Current trust account balance, if known: $** Enter Amount  \*Provide a copy of the Order establishing the trust and the latest statement for the trust account with the request packet. |
| **Does person supported have a representative payee?**  **Yes**  **No**  **If yes, name of the representative payee:** Enter Name |

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| **XIII. RIGHTS TO BE TRANSFERRED TO CONSERVATOR** |
| DDA legal counsel, in consultation with program staff, will make the ultimate determination as to which rights of the person supported will be requested to the court to be transferred to the conservator. In accordance with T.C.A. § 34-1-127, the least restrictive alternatives upon the person supported must be chosen that are consistent with adequate protection of his/her person and property. Any rights of the person supported not specifically transferred to a conservator remains with the person supported, and they can exercise all of the powers of a person without a disability. Please keep this in mind when determining which right(s) of the person supported should be transferred to a conservator. Know that you may be called upon to explain why a particular right checked below should be transferred to a conservator. |
| **Check one or more of the rights of the person supported below that should be transferred to a conservator.**  The right to give, withhold, or withdraw consent and make decisions relative to medical and mental examinations and treatment.  The right to consent to admission to hospitalization, and to be discharged or transferred to a residential setting, group home, or other facility for additional care and treatment.  The right to consent to participate in activities and therapies which are reasonable and necessary for the habilitation of the person supported.  The right to consent or withhold consent to any residential or custodial placement.  The right to make end of life decisions: To consent, withhold, or withdraw consent for the entry of a "do not resuscitate" order or the application of any heroic measures or medical procedures intended solely to sustain life and other medications.  The right to make end of life decisions: To consent or withhold consent concerning the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.  The power to give, receive, release, or authorize disclosures of confidential information.  The right to apply for benefits, public and private, for which the person with a disability may be eligible.  Other: Enter Description  The right to communication, visitation, or interaction with other persons, including the right to receive visitors, telephone calls, or personal mail. (\*These rights should be sought only when necessary for the safety and security of the person supported. The intention is not to isolate the person supported through a blanket restriction on association. Restrictions should be limited to the timing, duration, and scope that are reasonable to protect the person supported and the community. Pursuant to T.C.A. § 34-3-107, if the person supported is unable to express consent to communication, visitation, or interaction with a person due to a physical or mental condition, then consent of the person supported may be presumed based on the supported person’s prior relationship history with the person.)  If right to communication, visitation, or interaction is checked, provide specific details as to what restrictions are needed and why: Enter Description.  If right to communication, visitation, or interaction is checked, does the Circle of Support/PCSP Planning Team agree that the restriction(s) is/are necessary?  **Yes**  **No** |

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| **XIV. ADDITIONAL INFORMATION** |
| Is there any additional information that we may need to know regarding this conservatorship request? Enter Information |

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| **XV. CHECKLIST** |
| Below is a checklist of documents to include in the request packet. Be sure to read additional notes to each required document. The following documents must be completed and included in the request packet. |
| **A. Conservatorship Already in Place Only** |
| **1. Conservatorship Order** |
| **Included N/A Document**  **Order appointing current conservator/co-conservators**  **Order(s) that modify the appointment order pertaining to the**  **current conservator/co-conservator** |
| **2. Current Conservator** |
| **Declaration of Current Conservator** (If current conservator is not able to complete this document, provide the reason why in Section VI.A. above.)  **Death certificate of conservator, if available, or copy of obituary**  (if current conservator is deceased) |
| **3. Current Co-Conservator** |
| **Declaration of Current Co-Conservator** (If current co-conservator is not able to complete this document, provide the reason why in Section VI.B. above.)  **Death certificate of Co-Conservator, if available, or copy of obituary**  (if co-conservator is deceased) |
| **4. Current Standby Conservator** |
| **Declaration of Current Standby Conservator** (If standby conservator is not able to complete this document, provide the reason why in Section VI.C. above.)  **Death certificate of standby conservator, if available, or copy of obituary** (if standby conservator is deceased)  **Declaration and** **Consent to Serve** (If the standby conservator is the proposed conservator.) |
| **B. All Requests** |
| **1. Declaration and Consent to Serve** |
| **Declaration and** **Consent to Serve** (Completed by the proposed conservator, unless the proposed conservator is a corporate conservator. Consent to Serve from a corporate conservator will be obtained by DDA Office of General Counsel once the request is approved.) |
| **2. Other Statements** |
| **Statement by the person supported naming someone that they want to serve as their conservator** (See Section VIII.A. above)  **Declaration of Next of Kin, if available** (See Sections VIII.B. – D. above) |
| **3. Financial Documents** |
| **Indigency Declaration of Representative Payee or other Representative of Respondent** (Original needed. Must be printed on one side only.)  **Trust Document** (If person supported has a Special Needs or any other type of trust.)  **Most Recent Trust Statement** (If person supported has a Special Needs or any other type of trust.) |
| **4. Medical Documents** |
| **Report of Examination** |
| **5. Other Documents** |
| **ISP/PCSP**  **BSP**  **Abuse Registry search print-out(s) for the legal name and all aliases, including maiden name, if applicable, of the proposed conservator. (*Note*: Not applicable for corporate conservator)**  **National Sex Offender Registry search print-out(s) for the legal name and all aliases, including maiden name, if applicable, of the proposed conservator. (*Note*: Not applicable for corporate conservator)**  **Any other relevant document(s)** |