

DDA CONSERVATORSHIP REQUEST FORM

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:

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)
- ECF
- HCBS/DCLS via CHOICES - Group 2 or 3
- Katie Beckett (Must be actively enrolling in ECF or CHOICES as listed above and does not pertain to those who are placed on a waiting list only)
- MAPs
- Money Follows the Person (Referral by TN Center for Decision-Making Support)

2) Must Include One of These:

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)

3) Must Include Both of These:

- 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 as noted above)
- Person needing a conservator must have an urgent situation such as immediate need (e.g. medical issue to be addressed) 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 or DDA.Conservatorships@tn.gov. Questions regarding completed request packets or request packets already in progress should be directed to your regional contact.

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
Karla.Goodman@tn.gov
(901) 745-7235

Michelle Jamias, Conservatorship Support
Michelle.Jamias@tn.gov
(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
Davy Crockett Tower, 2nd Floor
500 James Robertson Parkway
Nashville, TN 37243

Middle Region

MTRO_Conservatorship@tn.gov

Michelle Pittman, *Conservatorship Coordinator
Michelle.Pittman@tn.gov
(615) 655-4889

Jama M. Phillips, Conservatorship Support
Jama.M.Phillips@tn.gov
(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
253 Stewarts Ferry Pike
Nashville, TN 37214

Via FedEx
Spruce Cottage, Suite 1101
275 Stewarts Ferry Pike
Nashville, TN 37214

East Region

Carmel Beatty, *Conservatorship Coordinator Carmel.Beatty@tn.gov (865) 594-9339	Julia (Jill) Kiehna, Conservatorship Support Julia.Kiehna@tn.gov (423) 787-6953
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(Counties: Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Grundy, Hancock, Hamilton, Hamblen, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington)

East Region – 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

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 CONSERVATORSHIP REQUEST FORM

<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	1. The Request Packet must be completed in its entirety. Please print legibly. Please scan and email all completed forms to your regional contact for approval. If additional space is required to provide a thorough response, please attach additional pages to this packet before scanning and submitting. Be sure to note to which section and question you are answering.
<input type="checkbox"/>	2. Write Person Supported's name at the top of every page of the Conservatorship Request Form under "Conservatorship Request For:"
<input type="checkbox"/>	3. All documents pertaining to this conservatorship <u>must</u> 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. (e.g., Declaration of Next of Kin, Report of Examination, Consent to Service, Declaration of Current Conservator, and Declaration of Indigency)
<input type="checkbox"/>	4. Read through each section and answer <u>all</u> questions that apply. Indicate "N/A," "None," "Not Known," etc. where appropriate, rather than leaving an answer blank.
<input type="checkbox"/>	5. Include an email address and phone number for all contacts, if known.
<input type="checkbox"/>	6. Forms, including a Declaration, must also be dated by the person signing the document.
<input type="checkbox"/>	7. Not all supplemental forms in the request packet are required in order to submit your request for approval. Submit all pages of this request form, but to determine what additional documents are required, see checklist on pages 30-31.
<input type="checkbox"/>	8. Do not complete the court information at the top of the additional forms (Report of Examination, Declaration of Indigency, etc.). This will be completed by the Office of General Counsel.
<input type="checkbox"/>	9. Before mailing the original request form and supporting documents to the region, scan and email all completed forms to your Regional Contact for approval. You will be informed of any additional information that is needed. Once the request is approved by Office of General Counsel, then the original forms will be requested.

<input type="checkbox"/>	<p>10. Except in 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 successor conservator who is also a paid caregiver without compelling rationale. If the desired conservator, co-conservator, or successor conservator is also a paid caregiver or intends to be a paid caregiver for the person with a disability, approval must be obtained from DDA. See request form below for approval request.</p>
<input type="checkbox"/>	<p>11. 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.), <i>especially</i> 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.</p> <p>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.</p> <p>NOTE: In most instances, the request for appointment of a family or natural support person over the estate/finances/property will be denied due to potential for exploitation, thereby requiring the family or natural support to file a petition without the assistance of DDA, at his/her own expense.</p>
<input type="checkbox"/>	<p>12. 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.</p>
<input type="checkbox"/>	<p>13. 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.</p>
<input type="checkbox"/>	<p>14. 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. <i>A person's rights are not restored just because a conservator dies, which means neither the person supported nor the Circle of Support team are authorized to consent to PCSP.</i></p>

CONSERVATORSHIP REQUEST FORM

I. PERSON COMPLETING THIS FORM		
Name:	Relationship to Person Supported:	
Name of Business:	Title:	
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Fax:	Email:	
II. PERSON SUPPORTED		
Full Legal Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Social Security #:	Phone:
County of Residence:	Region: (see page 2 for contact info)	
Residential Address (incl. Apt./Suite #):		
City:	State:	Zip:
Mailing Address (incl. Apt./Suite #) (Complete if Mailing address is different than residential address):		
City:	State:	Zip:
Enrolled/Enrolling in:	<input type="checkbox"/> DDA waiver services, including HJC and Community Homes <input type="checkbox"/> CHOICES <input type="checkbox"/> ECF CHOICES <input type="checkbox"/> Katie Beckett <input type="checkbox"/> MAPs <input type="checkbox"/> Money Follows the Person	
III. PROVIDER AGENCY		
Agency:		
Contact:	Title:	
Mailing Address (incl. Apt./Suite #):		

City:		State:		Zip:	
Office Phone:			Cell Phone:		
Fax:		Email:			
IV. INDEPENDENT SUPPORT COORDINATOR / CASE MANAGER / SUPPORT COORDINATOR					
Agency:			<input type="checkbox"/> Independent Support Coordinator <input type="checkbox"/> Case Manager <input type="checkbox"/> Support Coordinator		
Name:					
Mailing Address (incl. Apt./Suite #):					
City:		State:		Zip:	
Office Phone:			Cell Phone:		
Fax:		Email:			
V. MANAGED CARE ORGANIZATION (MCO)					
MCO:					
Contact:			Title:		
Mailing Address (incl. Apt./Suite #):					
City:		State:		Zip:	
Office Phone:			Cell Phone:		
Fax:		Email:			
VI. CURRENT CONSERVATORSHIP					
<p>Is there an order of conservatorship in place for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*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.</p>					
<p>The current order appoints: <input type="checkbox"/> Conservator <input type="checkbox"/> Co-Conservators <input type="checkbox"/> Standby Conservator</p>					

(Check all above 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? _____

*Include a copy of the current appointment order and any subsequent orders that amend the appointment order.

A. Current Conservator / Co-Conservator

Full Name:

This person was appointed as the:
 Conservator Co-Conservator

Relationship to Person Supported:

Is the conservator deceased? Yes No If yes, 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 do not complete a Declaration, provide the reason why. (You may be called to testify about this in court.)

Reason Why Current Conservator Cannot Complete the Declaration of Current Conservator: N/A (included) or Explanation:

Mailing Address (incl. Apt./Suite #):

City:

State:

Zip:

Phone:

Cell Phone:

Email:

B. Current Co-Conservator

No Co-Conservator was appointed (If checked, skip to next section.)

Full Name:

Relationship to Person Supported:

Is the co-conservator deceased? Yes No If yes, 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.)

<p>Reason Why Current Conservator Cannot Complete the Declaration of Current Conservator: <input type="checkbox"/> N/A (included) or <input type="checkbox"/> Explanation:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Mailing Address (incl. Apt./Suite #):</p>		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
<p>C. Current Standby Conservator</p>		
<p><input type="checkbox"/> No Standby Conservator was previously appointed (If checked, skip to next section.)</p>		
Full Name:	Relationship to Person Supported:	
<p>Is the Standby Conservator deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of death: _____</p> <p>*If yes, include copy of death certificate and obituary if available.</p> <p>(If yes, skip to next section. If no, complete the remainder of this section.)</p>		
<p><input type="checkbox"/> Contact information not known</p> <p>*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.)</p> <p>Provide efforts to obtain contact information, including dates and results:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Mailing Address (incl. Apt./Suite #):</p>		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		

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:

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/PCS 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: _____

If the 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:

VII. REASON FOR REQUEST

NO PREVIOUS CONSERVATOR APPOINTED: If there is not a current conservatorship in place by the Court, provide reasoning as to why a conservator is now needed.

CONSERVATOR HAS PREVIOUSLY BEEN APPOINTED: If there is a current conservatorship in place by the Court, provide reasoning for the request for a change in conservator.

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. Ideally, the Circle of Support/Person Centered Support Team and DDA/MCO will be in agreement that the appointment is in the best interest of the person supported.

Statutory Requirements of a Proposed Conservator

Priorities and preferences for appointment are statutory and subject to the court’s determination of what is in the best interests of the person with a disability. See T.C.A § 34-3-103. The court must 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; please indicate N/A when appropriate.

*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).

Unknown Contact Information: If the contact information for any relative is not known, reasonable efforts to obtain contact information for them **must** be shown.

Contact Information Known: If contact information is known or obtained, reasonable efforts must be made to contact the relative to determine if they are willing and able to serve as conservator for person supported. If they are not able to serve or do not want to serve, make efforts to obtain a Declaration of Next of Kin from them indicating they are not opposed to the

appointment of a conservator but do not want to be considered for that role. Keep records of your efforts to make contact, including copies of e-mails and letters.

(Note: You may be called to testify in court regarding efforts made to identify next of kin.)

A. Person Designated in Writing

Has anyone been named in writing (e.g., a notation in a POA or Advance Directive but this 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:	Relationship to Person Supported:
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Mailing Address (incl. Apt./Suite #):

City:	State:	Zip:
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Phone:	Cell Phone:
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Email:

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/PCS 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: _____

Is this person currently employed by an agency providing services to the person supported? Yes No If yes, in what capacity? _____

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:

Contact information not known

Provide efforts to obtain contact information, including dates and results:

Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:		Cell Phone:
Email:		
<input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: <hr/> <hr/> <hr/>		
<input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the Circle of Support/PCS Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____ <hr/> <hr/> <hr/>		
If person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person but efforts to obtain are documented 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: <hr/> <hr/> <hr/>		
Is this person currently employed by an agency providing services to the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____ <hr/>		

C. Adult Children			
<p><u>Does the person supported have any living adult children?</u> <input type="checkbox"/> Yes <input type="checkbox"/> 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.)</p>			
1. Adult Child			
Full Name:			
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			
<input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: _____ _____ _____			
Mailing Address (incl. Apt./Suite #):			
City:	State:	Zip:	
Phone:	Cell Phone:		
Email:			
<input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: _____ _____			
<input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the Circle of Support/PCS Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____ _____ _____			
If person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person but efforts to obtain are documented 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: _____ _____			

Is this person currently employed by an agency providing services to the person supported? Yes No If yes, in what capacity? _____

2. Adult Child

Full Name:

Son Daughter

Contact information not known

Provide efforts to obtain contact information, including dates and results:

Mailing Address (incl. Apt./Suite #):

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email:

Attempted contact, but unable to reach person and/or no response from person
Provide efforts to contact, including dates and results:

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/PCS 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: _____

If 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 this person but efforts to obtain are documented

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:

Is this person currently employed by an agency providing services to the person supported? Yes No If yes, in what capacity? _____

3. Adult Child

Full Name:
 Son Daughter

Contact information not known
Provide efforts to obtain contact information, including dates and results:

Mailing Address (incl. Apt./Suite #):
City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Attempted contact, but unable to reach person and/or no response from person
Provide efforts to contact, including dates and results:

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/PCS 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: _____

If 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, but efforts to obtain are documented

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:

Is this person currently employed by an agency providing services to the person supported? Yes No If yes, in what capacity? _____

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.

1. Father

Full Name:

- Deceased Approximate Date of Death, if known: _____
- Contact information not known

Provide efforts to obtain contact information, including dates and results:

Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
<input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: <hr/> <hr/>		
<input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____ <hr/> <hr/> <hr/> <hr/>		
If person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person but efforts to obtain are documented 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: <hr/> <hr/> <hr/> <hr/>		
Is this person currently employed by an agency providing services to the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____ <hr/>		
2. Mother		
Full Name:		
<input type="checkbox"/> Deceased	Approximate Date of Death, if known: _____	

<input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: <hr/> <hr/> <hr/>		
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:		Cell Phone:
Email:		
<input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: <hr/> <hr/> <hr/>		
<input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the Circle of Support/PCS Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____ <hr/> <hr/> <hr/> <hr/>		
If person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person but efforts to obtain are documented If unable to obtain Declaration from this person, provide efforts to obtain statement, including dates, results, and reason it was not obtained: <hr/> <hr/> <hr/> <hr/>		
Is this person currently employed by an agency providing services to the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____ <hr/> <hr/>		

3. Living Adult Sibling		
Full Name:		
<input type="checkbox"/> Brother <input type="checkbox"/> Sister		
<input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results: _____ _____		
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
<input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results: _____ _____		
<input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the Circle of Support/PCS Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____ _____ _____ _____		
Is this person currently employed by an agency providing services to the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____ _____		
If person is not willing or able to serve as conservator, provide a Declaration of Next of Kin. <input type="checkbox"/> Declaration of Next of Kin completed by this person and included in request packet <input type="checkbox"/> Declaration of Next of Kin not completed by this person but efforts to obtain are documented 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: _____ _____ _____		

4. Living Adult Sibling

Full Name: _____

Brother Sister

Contact information not known

Provide efforts to obtain contact information, including dates and results:

Mailing Address (incl. Apt./Suite #):

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Attempted contact, but unable to reach person and/or no response from person

Provide efforts to contact, including dates and results:

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/PCS 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: _____

Is this person currently employed by an agency providing services to the person supported? Yes No If yes, in what capacity? _____

If 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 but efforts to obtain are documented
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:

5. Living Adult Sibling

Full Name: _____

Brother Sister

Contact information not known

Provide efforts to obtain contact information, including dates and results:

Mailing Address (incl. Apt./Suite #):

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Attempted contact, but unable to reach person and/or no response from person

Provide efforts to contact, including dates and results:

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 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: _____

Is this person currently employed by an agency providing services to the person supported? Yes No If yes, in what capacity? _____

If 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 but efforts to obtain are documented
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:

6. Other Close Relative or Natural Support with Interest to Serve

Full Name:	Relationship to Person Supported:
------------	-----------------------------------

Contact information not known
Provide efforts to obtain contact information, including dates and results:

Mailing Address (incl. Apt./Suite #):

City:	State:	Zip:
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Phone:	Cell Phone:
--------	-------------

Email:

Attempted contact, but unable to reach person and/or no response from person
Provide efforts to contact, including dates and results:

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/PCS 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: _____

Is this person currently employed by an agency providing services to the person supported? Yes No If yes, in what capacity? _____

If 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 but efforts to obtain are documented

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:

E. District Public Guardian						
<p>Has a district public guardian, as described by § 34-7-104, been appointed for the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to section F. If yes, complete the remainder of this section.)</p>						
<p>Full Name: _____</p>						
<p><input type="checkbox"/> Contact information not known Provide efforts to obtain contact information, including dates and results:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						
<p>Mailing Address (incl. Apt./Suite #): _____</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City: _____</td> <td style="width: 17%;">State: _____</td> <td style="width: 17%;">Zip: _____</td> </tr> <tr> <td>Phone: _____</td> <td colspan="2">Cell Phone: _____</td> </tr> </table>	City: _____	State: _____	Zip: _____	Phone: _____	Cell Phone: _____	
City: _____	State: _____	Zip: _____				
Phone: _____	Cell Phone: _____					
<p>Email: _____</p>						
<p><input type="checkbox"/> Attempted contact, but unable to reach person and/or no response from person Provide efforts to contact, including dates and results:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						
<p><input type="checkbox"/> Contact was made with person Is this person willing and able to serve as conservator for the person supported?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this person currently employed by an agency providing services to the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____</p> <p>_____</p> <p>If yes, does the Circle of Support/PCS Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state reason: _____</p> <p>_____</p>						

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 – OGC will contact the corporate conservatorship agency to request the Consent to Serve.* If no, skip to the next section.

Explain reason for requesting corporate conservator as opposed to a family member.

Does the Circle of Support/PCS 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: _____

2. Third Party Proposed 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 and 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.

Full Name of Proposed Conservator:		
Relationship to Person Supported:		
Date of Birth of Proposed Conservator:		
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
<p>Does the Circle of Support/PCS Planning Team agree that this person serving as the conservator for the person supported is in the best interest of the person supported?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, state reason: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Is this person currently employed by an agency providing services to the person supported? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____</p> <p>_____</p>		

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://internet.health.tn.gov/AbuseRegistry/>

<https://www.nsopw.gov/>

Has the proposed conservator ever been convicted or pled *nolo contendere* (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.

IX. OPPOSITION TO ESTABLISHMENT OF CONSERVATORSHIP: (Meaning the person is believed to have capacity to make decisions without requiring assistance)			
To your knowledge, is anyone opposed to the establishment of a conservatorship? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip next section. If yes, complete the remainder of this section.)			
Reason person is opposed, if known: _____ _____ _____			
Relationship to Person Supported:			
<input type="checkbox"/> Contact information already listed in this form (If checked, skip to next section. If not, complete remainder of this section)			
<input type="checkbox"/> Contact information not known			
Provide efforts to obtain contact information, including dates and results: _____ _____ _____			
Mailing Address (incl. Apt./Suite #):			
City:	State:	Zip:	
Phone:	Cell Phone:		
Email:			
Reason conservatorship is opposed, if known: _____ _____ _____			
X. OPPOSITION TO PERSON/ENTITY IDENTIFIED AS THE PROPOSED CONSERVATOR			
To your knowledge, is anyone opposed to the proposed conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip next section. If yes, complete the remainder of this section.)			
Full Name of Person Opposed to Possible Conservator:			
Relationship to Person Supported:			
<input type="checkbox"/> Contact information already listed in this form (If checked, skip to next section. If not, complete remainder of this section)			
<input type="checkbox"/> Contact information not known			
Provide efforts to obtain contact information, including dates and results:			

Mailing Address (incl. Apt./Suite #):

City:	State:	Zip:
-------	--------	------

Phone:	Cell Phone:
--------	-------------

Email: _____

Reason proposed conservator is opposed, if known:

XI. MEDICAL AND CARE INFORMATION

The most recent ISP/PCSP, BSP, **and IDF** 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, BSP, and/or IDF before it is submitted or provide an 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: _____

Person supported's level of intellectual disability (i.e. profound, moderate, mild) and full-scale IQ, if known: _____

Person supported's primary diagnosis:

Person supported's other diagnoses (i.e. GERD, Schizophrenia, Bipolar, etc.):

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? _____

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: _____

Current trust account balance, if known: \$ _____

*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:

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 should be transferred to a conservator.

Please review the Report of Examination to ensure it is completed in its entirety. Pay attention to the profession of the person who signed it and confirm that he/she physically examined the person supported. Be sure it is dated and that it was completed no more than 60 days prior.

If right to communication, visitation, or interaction is checked, provide specific details as to what restrictions are needed, against whom, and rationale. **Provide information on a separate sheet to be included with the packet.** Be prepared to testify to support the restrictions.

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

If no, why not? _____

XIV. 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. Applicable to Existing Conservatorship Only

1. Conservatorship Order

<u>Included</u>	<u>N/A</u>	<u>Document</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Order appointing current conservator/co-conservators
<input type="checkbox"/>	<input type="checkbox"/>	Order(s) that modify the appointment order pertaining to the current conservator/co-conservator

2. Current Conservator

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Declaration of Current Conservator (If current conservator is not able to complete this document, provide the reason why in Section VI.A. above.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Death certificate of conservator, if available, or copy of obituary (if current conservator is deceased) |

3. Current Co-Conservator

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Death certificate of Co-Conservator, if available, or copy of obituary (if co-conservator is deceased) |

4. Current Standby Conservator

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Declaration of Current Standby Conservator (If standby conservator is not able to complete this document, provide the reason why in Section VI.C. above.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Death certificate of standby conservator, if available, or copy of obituary (if standby conservator is deceased) |
| <input type="checkbox"/> | <input type="checkbox"/> | Declaration and Consent to Serve (If the standby conservator is the proposed conservator.) |

B. All Requests

1. Declaration and Consent to Serve

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Declaration and Consent to Serve (Completed by the proposed conservator, unless the proposed conservator is a corporate conservator.) |
|--------------------------|-------------------------------------|--|

NOTE: Consent to Serve from a corporate conservator will be obtained by DDA Office of General Counsel once the request is approved.

A conservatorship over person and property requires pre-approval from DDA and a separate Consent to Serve will be provided by DDA Office of General Counsel (OGC) for signing. This request must be made by the DDA regional office to DDA OGC.

2. Other Statements		
<u>Included</u>	<u>N/A</u>	<u>Document</u>
<input type="checkbox"/>	<input type="checkbox"/>	Statement by the person supported naming someone that they want to serve as their conservator (See Section VIII.A. above)
<input type="checkbox"/>	<input type="checkbox"/>	Declaration of Next of Kin, if available (See Sections VIII.B. – D. above)
3. Financial Documents		
<input type="checkbox"/>	<input type="checkbox"/>	Indigency Declaration of Representative Payee or other Representative of Respondent (Original needed. Must be printed on one side only.)
<input type="checkbox"/>	<input type="checkbox"/>	Trust Document (If person supported has a Special Needs or any other type of trust.)
<input type="checkbox"/>	<input type="checkbox"/>	Most Recent Trust Statement (If person supported has a Special Needs or any other type of trust.)
4. Medical Documents		
<input type="checkbox"/>	<input type="checkbox"/>	Report of Examination
5. Other Documents		
<input type="checkbox"/>	<input type="checkbox"/>	ISP/PCSP
<input type="checkbox"/>	<input type="checkbox"/>	BSP
<input type="checkbox"/>	<input type="checkbox"/>	IDF
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	Any other relevant document(s)

TO BE COMPLETED BY REGIONAL OFFICE

Region: _____

Date request received by Regional Office: _____

Date approved by Regional Office: _____

Signature of Regional Director or Regional Director's Designee: _____

Date submitted to Legal for review: _____

Does the Region agree that restoration of rights is in the best interest of the Person Supported?

Yes No

Please provide a basis for this conclusion, upon request.

TO BE COMPLETED BY OFFICE OF GENERAL COUNSEL

Date Initial Review Completed by Paralegal: _____

Date Initial Review Completed by Regional Atty: _____

Date(s) Email(s) sent to Region with Additional Info Needed:

Date Complete Packet Received from Region: _____

Date Submitted to Deputy General Counsel for Approval: _____

Date Approved/ Denied (circle one) by Deputy General Counsel: _____

Date(s) Originals Requested from Region: _____

Date(s) Originals Received from Region: _____

IN THE CONSERVATORSHIP MATTER OF: _____

DECLARATION OF CURRENT CONSERVATOR

(NOTE: This document is requested only if there is a current conservator appointed by the Court. If the conservator is no longer able or willing to complete the form, please move forward with submitting the request packet to DDA.)

PURSUANT TO RULE 72 of the Tenn. Rules of Civil Procedure, I, _____, make the following declaration:

I am the conservator for _____, Respondent. For the reason(s) stated below, I am no longer able or willing 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.

Explanation and additional remarks: _____

I declare under penalty of perjury that the foregoing statements are true and correct.

DATE: _____

SIGNATURE

PRINTED NAME

ADDRESS: _____

PHONE NUMBER: _____ / _____
HOME NUMBER CELLULAR NUMBER

EMAIL: _____

IN THE CONSERVATORSHIP MATTER OF: _____

DECLARATION OF CURRENT STANDBY CONSERVATOR

(NOTE: This document is only applicable if a previous court Order has appointed a standby conservator. If the person cannot be located or refuses to sign, move forward with submitting the request packet. Document efforts made to contact the standby.)

PURSUANT TO RULE 72 of the Tenn. Rules of Civil Procedure, I, _____, make the following declaration:

I am named in the current conservatorship Order as the standby conservator for _____, Respondent. For the reasons stated below, I am no longer willing or able to serve as a conservator, should the Court determine that the current conservator should be relieved from his/her duties and a successor conservator appointed. Furthermore, I **do** or **do not** waive any right that the court may determine that I have pertaining to future notice regarding these proceedings. Lastly, I declare under penalty of perjury that the statements contained herein are true and accurate.

Additional comments/remarks: _____

DATE: _____

SIGNATURE

PRINTED NAME

ADDRESS: _____

PHONE NUMBER: _____ / _____
HOME NUMBER CELLULAR NUMBER

EMAIL: _____

IN THE CONSERVATORSHIP MATTER OF: _____

**DECLARATION AND CONSENT TO SERVE
OF PROPOSED CONSERVATOR OF THE PERSON**

(NOTE: To be completed only when proposed conservator is family or friend, NOT a corporate conservatorship agency. This form is REQUIRED to be signed and submitted when requesting the appointment a family member or friend.)

PURSUANT TO RULE 72 of the Tenn. Rules of Civil Procedure, I, _____
make the following declaration:

I hereby acknowledge and consent to my nomination to serve as the conservator of the person of Respondent, _____. 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 further agree that, once appointed, I will contact the court clerk to find out the requirements of filling an annual or periodic report, including the due date(s).

I acknowledge that the duties and obligations required of me have been explained, including Tenn. Code Ann. § 34-1-109 regarding the oath of a fiduciary which was provided to me. Upon appointment, I willingly agree to undertake such responsibilities and will take the conservator's oath as required by law and administered by the court clerk.

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. § 68-11-1001 *et seq.* or on the national sex offender registry, maintained by the United States Department of Justice.

Check One:

- I confirm that I have not been convicted nor pled *nolo contendere* (no contest) to a felony or misdemeanor.
- I confirm that I have been convicted or pled *nolo contendere* (no contest) to a felony or misdemeanor and either a copy of the judgment for each conviction/plea is attached or a statement listing each conviction/plea, date of each conviction/plea, and county and court of record for each conviction/plea is attached.

Lastly, I hereby declare under the penalty of perjury that the foregoing statements are true and correct. 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

IN THE CONSERVATORSHIP MATTER OF: _____

DECLARATION OF NEXT OF KIN

(NOTE: This document is requested only if there is close next of kin who are not willing or able to serve as conservator. This pertains to parents, grandparents, spouses, adult children, and adult siblings of the person with a disability. If an individual refuses or isn't able to sound, please move forward with submitting the packet to DDA.)

PURSUANT TO RULE 72 of the Tenn. Rules of Civil Procedure, I, _____, make the following declaration:

1. I am 18 years of age or older, of sound mind and disposing memory, and make this Declaration based upon my own personal knowledge or belief.
2. Respondent, _____, is my _____.
3. I am aware that a petition has been or will be filed, asking the court to appoint a conservator for _____.
4. I understand that adult next of kin are given priority when the court considers conservator candidates.
5. I hereby declare that I am **not** able or willing to serve as conservator for _____ and do not object to the appointment of a corporate conservator, if applicable, or _____, as named in the petition as conservator.
6. I **do** or **do not** waive my right to further notice regarding these proceedings.
7. I declare under penalty of perjury that the foregoing statements are true and correct.

Additional comments/remarks: _____

DATE: _____

SIGNATURE

PRINTED NAME

ADDRESS: _____

PHONE NUMBER: _____ / _____
HOME NUMBER CELLULAR NUMBER

EMAIL: _____

IN THE CONSERVATORSHIP MATTER OF: _____

**INDIGENCY DECLARATION OF REPRESENTATIVE PAYEE OR OTHER
REPRESENTATIVE OF RESPONDENT**

(NOTE: To be completed by a representative of Respondent familiar with his/her finances. Be specific, including amounts listed for income and expenses – don't forget rent, clothing, and personal expenses!)

PURSUANT TO Rule 72 of the Tenn. Rules of Civil Procedure, I, _____,
make the following declaration on behalf of Respondent:

I am familiar with the expenses and income of Respondent, and I declare that and due to the financial status of Respondent, he/she is unable to bear the expenses of this cause. The following facts support poverty of Respondent:

RESPONDENT'S INFORMATION:

1. Full name: _____

2. Address: _____

3. Telephone number: _____

4. Date of birth: _____

5. Dependents:

	Name	Age	Relationship
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

6. Name of Employer: _____; or Not Employed

7. Present weekly take home pay: \$ _____; or n/a

8. Receives or expects to receive money from the following sources:

AFDC: \$ _____ per month, beginning: _____ (date)

SSI: \$ _____ per month, beginning: _____ (date)

Retirement: \$ _____ per month, beginning: _____ (date)

Disability: \$ _____ per month, beginning: _____ (date)

Unemployment: \$ _____ per month, beginning: _____ (date)

Worker's compensation: \$ _____ per month, beginning: _____ (date)

Supplemental Nutrition Assistance Program (SNAP) \$ _____ per month, beginning: _____ (date)
(food stamps)

Other: _____ \$ _____ per month, beginning: _____ (date)

Other: _____ \$ _____ per month, beginning: _____ (date)

9. Expenses:

Rent/house:	\$ _____	Transportation:	\$ _____
Groceries:	\$ _____	Medical:	\$ _____
Electricity:	\$ _____	Telephone:	\$ _____
Water:	\$ _____	Other:	\$ _____
Gas:	\$ _____	Other:	\$ _____

10. Assets:

Automobile:	\$ _____	House:	\$ _____
Checking account:	\$ _____	Other:	\$ _____
Savings account:	\$ _____	Other:	\$ _____

11. Debts:

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

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

RESPONDENT'S REPRESENTATIVE:

PRINT NAME

ADDRESS: _____

SIGNATURE

PHONE: _____

DATE OF SIGNATURE: _____

SOCIAL SECURITY REPRESENTATIVE PAYEE
 CONSERVATOR WITH AUTHORITY OVER FINANCES
 OTHER: _____

IN THE CONSERVATORSHIP MATTER OF: _____

REPORT OF EXAMINATION



**TO THE PERSON COMPLETING
THIS REPORT OF EXAMINATION:**



Pursuant to Tennessee law (*Tenn. Code. Ann* § 34-3-105), the following requirement must be met in order to be accepted by the Court:

- **The examiner must be a physician, psychologist, or senior psychological examiner.**
(NOTE: A nurse practitioner or physician’s assistant may **NOT** conduct the examination or evaluation or complete the report.)
- The person completing the report must have **personally examined or evaluated** the individual.
- The examination must have been completed within 90 days of the filing of the petition.
(NOTE: Due to case management timeframes, **the Department of Disability and Aging requires the exam to have been completed no more than 60 days prior to the signing of the report.**)
- The report must be sworn before a notary public or declared under penalty of perjury.

Please acknowledge that you meet the necessary criteria listed above to examine the individual, complete the Report of Examination, and sign the sworn Declaration.

Signature: _____

Date: _____

Printed Name: _____

IN THE CONSERVATORSHIP MATTER OF: _____

REPORT OF EXAMINATION

PURSUANT TO Rule 72 of the Tenn. Rules of Civil Procedure and in accordance with *Tennessee Code Annotated* § 34-3-105, I, _____ (please print name legibly), as a

physician, psychologist, or senior psychological examiner, make the following declaration:

1. Are you duly licensed to practice in Tennessee? Yes No
If not, what state are you licensed to practice in? _____

2. When was your last *personal examination* of Respondent?
Date of most recent exam: _____

3. Briefly describe the medical history of Respondent, including **confirmed** diagnoses.

4. Please provide an opinion as to whether Respondent is capable of understanding his/her medical diagnoses and the risks/benefits of recommended treatment and/or surgery to the extent that Respondent is able to make his/her own informed healthcare decisions.

5. Please indicate your evaluation of Respondent in the following areas:

	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 disability						

If you marked "poor" or "chronic" in any of the categories above, please provide a brief explanation for this opinion and how it impacts Respondent's daily living and the ability of Respondent to make decisions in his/her own best interest.

6. Please check which of the below rights of Respondent that, in your professional medical opinion, should be **REMOVED** or **NOT REMOVED** by the Court and bestowed upon a conservator due to Respondent's lack of decision-making capacity. *Please provide rationale for each recommendation. Without a rationale, the Court may not have sufficient information to properly consider and assign weight to your opinion and recommendations.*

❖ **MEDICAL AND TREATMENT DECISIONS:** *The authority and power to give or withhold consent and make other informed decisions relative to physical, habilitative, medical, psychological or other health related testing, examinations, therapies, care or treatment(s), including but not limited to hospitalization, surgery and the administration of psychotropic and other medications. Furthermore, in the event that Respondent suffers from a terminal medical condition from which his/her treating professional(s) does not believe recovery is possible, to consent or withhold 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; also, the power to consent or withhold consent for the donation of organs and the power to authorize an autopsy in the event of the death of Respondent.*

Right should **NOT** be removed

Right **SHOULD BE REMOVED**

Rationale: _____

❖ **ACTIVITIES/THERAPIES AND RESIDENTIAL PLACEMENT:** *The authority and power to consent to activities and therapies which are reasonable and necessary for the habilitation of Respondent, and also to participate in and consent to any decisions and actions concerning his residential placement and/or living arrangements.*

Right should **NOT** be removed

Right **SHOULD BE REMOVED**

Rationale: _____

❖ **HOSPITAL OR REHABILITATIVE ADMISSION OR CARE:** *The authority and power to consent to admission for hospitalization, treatment or rehabilitative care - whether for medical, psychological or other purposes - and to be discharged and/or transferred to a residential setting or other facility for additional care and treatment should such be necessary, required or recommended.*

Right should **NOT** be removed

Right **SHOULD BE REMOVED**

Rationale: _____

❖ **HIPAA AND PHI:** *The power to give, receive, release, or authorize disclosures of confidential information;*

Right should **NOT** be removed

Right **SHOULD BE REMOVED**

Rationale: _____

❖ **ASSOCIATION:** *The authority and power to restrict the ability to interact and associate with other individuals, including visits, sending and receiving of mail, community outings, and telephone access so that the person with a disability has little to no input as to whom he/she is able to associate, with those decisions being made by a conservator.*

Right should **NOT** be removed

Right **SHOULD BE REMOVED**

Rationale: _____

If this right is to be restricted to only include specific people, please identify and include the rationale above: _____

❖ **APPLICATIONS FOR BENEFITS:** *The right to apply for benefits, public and private, for which the person with a disability may be eligible;*

Right should **NOT** be removed

Right **SHOULD BE REMOVED**

Rationale: _____

❖ **OTHER RIGHTS NOT LISTED**

Please **specifically list** the additional rights recommended for removal and provide rationale:

Rights and Rationale: _____

7. Considering your responses above and knowledge of Respondent's medical conditions and the cognitive impact they may or may not have, please indicate the type and scope of conservatorship that you feel Respondent needs by marking *all* applicable boxes below:

- Conservator for his/her **physical well-being**
- Conservator to handle his/her **financial affairs**
(or at minimum, a Social Security Administration Representative Payee)
- Conservator to consent to **medical treatment**
- Conservator to consent to **relocation or housing**
- Conservator to consent to **associations with other individuals**
- No Conservator is needed**

If you have additional concerns not already listed herein that you would like the Court to consider when making its ruling on whether a conservatorship is needed, please indicate below

8. Is Respondent currently taking any medication? Yes No

9. If the response to Question 8 is “Yes”, please state the type of medication and the usual dosage:

10. Please indicate how the medication of Respondent will affect the following:

Please check the appropriate response in each category.

	NO AFFECT	WILL AFFECT	WILL IMPAIR	CANNOT DETERMINE
Mental Condition				
Physical Condition				
Educational Behavior				
Adaptive Behavior				
Social Skills				

11. Comments or Remarks: _____

I HEREBY DECLARE under penalty of perjury that:

- I am a Tennessee licensed physician, psychologist, or senior psychological examiner;
- I *personally examined* Respondent within the last 60 days;
- The above recommendations and comments were written by me and based upon my personal examination of Respondent; and
- All statements and opinions contained herein are true and accurate to the best of my knowledge.

SIGNATURE DATE: _____

SIGNATURE

PRINTED NAME

ADDRESS: _____

PHONE NUMBER: _____