

DDA RESTORATION OF RIGHTS REQUEST FORM

This Restoration of Rights Request Form and supporting documents (collectively referred to as “Request Packet”) are intended for use only for people who are eligible for the Tennessee Department of Disability and Aging (DDA) to file for restoration of rights. The minimum eligibility requirements for DDA to file for restoration of rights 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 Supported needing their rights restored 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)

General questions regarding restoration of rights 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 to restore rights 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 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

Sondra Everett, *Conservatorship Coordinator
Sondra.Everett@tn.gov
(615) 231-5458

Jama Phillips, Deputy Regional Director
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
309C 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

(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 supporting 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 RESTORATION OF RIGHTS 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 Restoration of Rights Request Form under “Restoration of Rights Request For:”.
<input type="checkbox"/>	3. All documents pertaining to this request <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 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 page 16.
<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. The current conservatorship Order that lists rights removed MUST be sent to the Regional Contact with this completed Requested Form. Upon receipt, DDA will review and draft, if applicable, a Report of Examination that is personalized to the Person Supported. The personalized Report of Examination will be forwarded to the ISC/Case Manager to then be completed by the physician or psychologist. The Report of Examination must be returned to the DDA Regional Contact before the request will be considered for approval. <i>The conservatorship request packet Report of Examination will not be accepted for a restoration of rights action.</i>
<input type="checkbox"/>	10. Before mailing the original request form and supporting documents, 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.

DDA RESTORATION OF RIGHTS 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)	
Length of time residing in County of Residence:		
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 <input type="checkbox"/> HJC <input type="checkbox"/> DDA 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:	ISC/CM:	
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:	



VI. CURRENT CONSERVATORSHIP		
In what county was the conservatorship granted? _____ (Include a copy of the current appointment Order and any subsequent orders that amend the appointment Order. Include all pages of the Order.)		
The current Order appoints: (Check all that apply) <input type="checkbox"/> Conservator <input type="checkbox"/> Co-Conservators <input type="checkbox"/> Standby Conservator		
A. Current Conservator / Co-Conservator		
Full Name:		
This person was appointed as the: <input type="checkbox"/> Conservator <input type="checkbox"/> Co-Conservator	Relationship to Person Supported:	
Is the conservator deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of death: _____ (If yes, include copy of death certificate, then skip to next section. If no, complete the contact information below and include a Statement of Current Conservator/Co-Conservator Supporting Restoration of Rights. NOTE: If no death certificate is available, please attach an obituary, if available – check the internet.)		
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
B. Current Co-Conservator		
<input type="checkbox"/> No Co-Conservator was appointed (If checked, skip to next section.)		
Full Name:	Relationship to Person Supported:	
Is the co-conservator deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of death: _____ (If yes, include copy of death certificate, then skip to next section. If no, complete the contact information below and include a Statement of Current Conservator/Co-Conservator Supporting Restoration of Rights. NOTE: If no death certificate is available, please attach an obituary, if available – check the internet.)		
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		



C. Current Standby Conservator		
<input type="checkbox"/> No Standby Conservator was appointed (If checked, skip to next section.)		
Full Name:		Relationship to Person Supported:
Is the Standby Conservator deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of death: _____ (If yes, include copy of death certificate, then skip to next section. If no, complete the contact information below and include a Statement of Current Conservator/Co-Conservator Supporting Restoration of Rights. NOTE: If no death certificate is available, please attach an obituary, if available – check the internet.)		
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:		Cell Phone:
Email:		
VII. CLOSEST ADULT RELATIVES		
For legal notice purposes, list Person Supported’s closest living relatives. Aunts, uncles, and cousins do not need to be listed, <i>unless</i> they are the closest living relative(s) or are important in the life of Person Supported – meaning heavily involved in care such as the support team.		
<ul style="list-style-type: none"> • Does Person Supported have a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does Person Supported have any living adult children? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does Person Supported have any living adult siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is the mother of Person Supported’s living? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If living, provide mother’s contact information below, if not provided in Section VI., above. • Is the father of Person Supported’s living? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If living, provide father’s contact information below, if not provided in Section VI., above. 		
Relative #1		
Name:		Relationship to Person Supported:
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:		Cell Phone:
Email:		

Relative # 2		
Name:	Relationship to Person Supported:	
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
Relative #3		
Name:	Relationship to Person Supported:	
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
Relative #1		
Name:	Relationship to Person Supported:	
Mailing Address (incl. Apt./Suite #):		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		

VIII. MEDICAL INFORMATION AND FUNCTIONAL CAPACITY OF PERSON SUPPORTED

For appropriate assessment of medical and functional need of the Person Supported, the following information is needed:

1. The most recent ISP/PCSP, BSP, if applicable, of the Person Supported must be submitted with this form, including the IDF Form.
2. Use the Identifying Need of Support with Decision-Making and Alternatives to Conservatorship tool to help assess decision-making level.
3. **This request packet must be submitted to DDA prior to obtaining a report of examination, BUT it is expected that the conservator has already spoken with the medical provider to confirm that the provider agrees to at least a partial reinstatement of rights.**

Has the medical provider been consulted and has agreed to complete a Report of Examination to determine whether reinstatement of rights may be applicable?

Yes NO

If no, then do not submit the packet until this preliminary conversation has been had with the provider and the conservator has confirmed this step.

Diagnoses including intellectual disability (i.e. Schizophrenia, Bipolar, GERD, etc.):



Upon the preliminary approval of the request packet by your Regional Office and after review by the DDA regional senior attorney, a personalized Report of Examination will be forwarded to you for completion by the applicable medical or psychological provider - note that a Physician's Assistant or Nurse Practitioner cannot complete the form.

IX. FINANCIAL INFORMATION AND FUNCTIONAL CAPACITY OF PERSON SUPPORTED

For appropriate assessment of court costs, the following financial information of Person Supported is needed. A Declaration of Indigency must be submitted with this form, as well as a copy of the most recent Special Needs Trust statement, if applicable and available.

1. Does Person Supported have a Special Needs Trust? Yes No
2. If you answered the above question, yes, what is the last known account balance of the Special Needs Trust? _____. Please provide statement.
3. Does Person Supported have a representative payee? Yes No
If yes, please state the name of the representative payee: _____

Refer to the Order appointing Conservator for Person Supported. Does the Order give the conservator authority over the person and property? Yes No

1. Is Person Supported or Circle of Support seeking to restore rights of Person Supported to manage property (real or personal)? Yes No
2. If so, please provide evidence that the individual can manage his/her finances, including budgeting, paying bills, and making sound financial decisions.
3. Additionally, please include any bank statements, financial plans, or other documentation that may demonstrate financial literacy and responsibility.

X. DECISION-MAKING ABILITY OF PERSON SUPPORTED

If additional pages are needed to thoroughly respond, please attach according. Reference which section and question the additional information refers. Please note which section and question you are answering.

1. Does Person-Centered Support Plan (PCSP) and BSP, if applicable, include language indicating Person Supported has the ability to make his/her own decisions?
 Yes No

If yes, identify where in the documentation can this be found:

2. Is Person Supported able to make decisions in all areas of his/her life without assistance? For example, would the individual be capable of making a decision without relying upon others providing prompting or giving their opinion?
 Yes No

Please explain thoroughly.

3. Is Person Supported able to make decisions in some areas of his/her life without assistance, but needs assistance in other areas of his/her life? Please explain thoroughly.

Yes No

4. What is the current decision-making ability of Person Supported?

5. What types of decisions does Person Supported currently make independently on a day-to-day basis?

6. Please describe Person Supported's daily living needs (e.g., personal care, communication, social interaction, mobility, and safety awareness) and specify the types of supports and services currently provided to meet these needs as they relate to the individual's intellectual disability.

7. Does Person Supported utilize any enabling technologies?

Yes No

If so, please describe how these assist him/her with daily living and potentially impact decision-making.

8. Does Person Supported have employment? If so, please name the employer and provide contact information. If not employed, is he/she seeking employment?

9. How often does Person Supported consult with his/her Circle of Support? What is the extent of the input the COS provides to Person Supported related to decision-making?

10. What is Person Supported's primary method of communication? (e.g., verbal, written, assistive device)

11. Does Person Supported demonstrate an understanding that he/she has a conservator and how restoration of rights would impact him/her? Please explain.

12. Has Person Supported expressed a desire to terminate their conservatorship, or have any individual or all of their rights restored? Please provide context and explain.

XI. RIGHTS ASSESSMENT AND REQUEST

This section is to be completed by referring directly to the existing conservatorship Order. List each right named in the most current Order Appointing Conservator, below, and indicate whether you are requesting the right to be restored or remain removed from Person Supported and held under the authority of the current conservator.

**More space may be necessary when responding. Additional sheets should be attached.
Be sure to note which section and question you are answering.**

When completing each section:

- Identify the specific right(s) being requested for restoration.
- Identify any right(s), being requested to remain removed and not restored.
- Provide a clear rationale for each request, explaining why restoration or continued removal is appropriate at this time. You are not expected to be a medical profession, but please provide an overview as to why the COS and/or conservator are of the opinion that the right(s) should be reinstated.

Please list any rights previously removed by the Court but should be restored and provide rationale. **Review the conservatorship Order for the list of removed rights.**

Right: _____

Rationale: _____

Please list any rights **NOT** to be restored and provide rationale as to why those rights should remain with the current conservator. **Review the conservatorship Order for the list of removed rights.**

Right: _____

Rationale: _____

Right: _____

Rationale: _____

Right: _____

Rationale: _____

Right: _____

Rationale: _____

Rationale: _____

To your knowledge, is anyone opposed to this request? Yes No
If yes, provide information below.

Name:	Relationship to Person Supported:
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Mailing Address (incl. Apt./Suite #): _____

City:	State:	Zip Code:
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Phone:	Cell Phone:
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Email: _____

Reason opposed:

Name:		Relationship to Person Supported:	
Mailing Address (incl. Apt./Suite #):			
City:	State:	Zip Code:	
Phone:		Cell Phone:	
Email:			
Reason opposed:			

XII. FINAL CHECKLIST

The documents listed below should be included with this completed form.

<input type="checkbox"/>	1. Request Form
<input type="checkbox"/>	2. Current PCSP or equivalent for Person Supported
<input type="checkbox"/>	3. Current BSP for Person Supported (if applicable)
<input type="checkbox"/>	4. Current Individual Demographic Form (IDF) of the PCSP for Person Supported (if applicable)
<input type="checkbox"/>	5. Conservatorship appointment Order and any subsequent Orders that amend the appointment Order
<input type="checkbox"/>	6. Declaration of Current Conservator/Co-Conservator supporting the Restoration of Rights
<input type="checkbox"/>	7. Death certificate of Conservator and/or Co-Conservator (if applicable) and/or obituary, if available. Preference is death certificate.
<input type="checkbox"/>	8. Declaration of Next of Kin supporting the Restoration of Rights (if applicable)
<input type="checkbox"/>	9. Indigency Declaration of Representative Payee or Other Representative of Respondent
<input type="checkbox"/>	10. Special Needs Trust statement (if applicable)
<input type="checkbox"/>	11. Identifying Need of Support with Decision-Making and Alternatives to Conservatorship tool (optional)

To Be Completed by Regional Office	
Person Supported: _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____	

IN THE CONSERVATORSHIP MATTER OF: _____

DECLARATION OF CURRENT CONSERVATOR

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

My name is _____, and I am the conservator for
_____, Respondent. After consulting with his/her medical
provider and for the reasons stated below, I feel that _____ no longer needs
a conservator over the specific rights listed in the conservatorship appointment Order and am
requesting that his/her conservatorship be terminated or amended and rights restored in whole or
part, as requested in the Petition for Restoration of Rights.

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 _____ COURT FOR _____ COUNTY, TENNESSEE

IN RE CONSERVATORSHIP OF _____)
)
 _____,)
 RESPONDENT.)

CASE No.: _____

DECLARATION OF NEXT OF KIN

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

My name is _____, and I am the _____ (relationship) of _____, Respondent. I am in agreement that _____ no longer needs a conservator over the specific rights listed in the conservatorship appointment Order and am requesting that his/her conservatorship be terminated or amended and rights restored in whole or part, as requested in the Petition for Restoration of Rights.

Explanation and additional 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.)

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: _____