

IN THE CONSERVATORSHIP MATTER OF: \_\_\_\_\_

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**DECLARATION OF CURRENT CONSERVATOR**

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

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**DECLARATION OF CURRENT STANDBY CONSERVATOR**

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(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: \_\_\_\_\_

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

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*(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**

T. C. A. § 34-1-109

§ 34-1-109. Effectiveness of appointment; evidence; fiduciaries liability; oath  
Effective: July 1, 2024

(a) On the entry of an order appointing the fiduciary, the administration of the oath as provided in subsection (b) and the posting of any required bond, the fiduciary's appointment becomes effective. The only effective evidence of appointment shall be duly issued letters of guardianship or conservatorship. Except for violations of § 39-14-101, the fiduciary shall have no liability for any act done pursuant to the order appointing the fiduciary between the date of the entry of the order and the date of the vacation of the order if the order is set aside on appeal.

(b)(1) Before delivering the letters of guardianship or conservatorship, the clerk shall administer to the fiduciary or fiduciaries an oath for the faithful performance of the fiduciary's duties.

(2) At the request of the proposed conservator or guardian, the court may waive the requirement that the clerk administer an in-person oath. If the in-person oath is waived, then the fiduciary must file with the clerk a written fiduciary oath that contains all language required pursuant to this subsection (b) and is sworn or affirmed by the fiduciary in the presence of a notary public.

(3) All fiduciary oaths must include the following language:

"I understand the needs and preferences of the respondent are important and should be considered. I will treat the respondent with respect. I will not physically, mentally, sexually, or financially abuse or exploit the respondent.

I will follow the orders of the court. I understand that if an authority is not specifically listed in the court's order, then I cannot make the decision on behalf of the respondent."

(4) If the fiduciary is a guardian or conservator over property, then the oath must include the language provided in subdivision (b)(3) and the following language:

"I PROMISE I WILL:

1. Make decisions based upon the best interest of the respondent.
2. Notify the court if my address changes or if the address of the respondent changes.
3. Notify the court if I believe the respondent no longer needs a conservator.
4. File all required reports, including, but not limited to, inventory reports, property management plans, status reports, annual and final accountings, tax returns, corporate security statements, and social security statements of account, on time unless waived by the court.
5. Open a conservatorship bank account and deposit all income of the respondent into the account.
6. Maintain accurate records. If an accounting is required, I understand that I must provide all required financial statements, including, but not limited to, bank statements, investment statements, credit card statements, cancelled checks, invoices, receipts, and tax returns.

I PROMISE I WILL NOT:

1. Limit the respondent's communication with others or access to visitors unless specifically authorized to do so by the court.
2. Spend the respondent's money or use the respondent's property for my benefit, or pay myself without court approval.
3. Spend the respondent's money or use the respondent's property for the benefit of someone else without the court's approval.
4. Make gifts on behalf of the respondent without court approval.
5. Deposit money belonging to anyone other than the respondent into the conservatorship bank account.
6. Borrow money from the respondent, loan the respondent's money to others, or use the respondent's assets to loan money to others.
7. Mortgage or sell the respondent's real property without court approval.
8. Spend more than one thousand dollars (\$1,000) on a single expenditure without express permission granted in a property management plan or other court order.
9. Retitle the respondent's assets into my name.
10. Pay guardian *ad litem* fees, attorney *ad litem* fees, attorney fees, or fees for professional tax preparation without specific court approval."

(5) If the fiduciary is a guardian or conservator over the respondent's person, then the oath must include the language provided in subdivision (b)(3) and the following language:

"I PROMISE I WILL:

1. Make decisions based upon the best interest of the respondent.
2. Notify the court if my address changes or if the respondent's address changes.
3. Notify the court if I believe the respondent no longer needs a conservator.
4. File all required reports, including, but not limited to, inventory reports, property management plans, status reports, annual and final accountings, tax returns, corporate security statements, and social security statements of account, on time unless waived by the court.

I PROMISE I WILL NOT:

1. Limit the respondent's communication with others unless specifically authorized to do so by the court.
2. Limit the respondent's access to visitors unless specifically authorized to do so by the court."

(c) The social security number of the respondent shall be given to the duly appointed fiduciary and used in any other manner approved by the court. The court may release the social security number to a third party upon good cause shown and upon conditions that the court may deem appropriate.

IN THE CONSERVATORSHIP MATTER OF: \_\_\_\_\_

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**DECLARATION OF NEXT OF KIN**

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

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_  
HOME NUMBER CELLULAR NUMBER

EMAIL: \_\_\_\_\_

IN THE CONSERVATORSHIP MATTER OF: \_\_\_\_\_

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

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*(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<br>account: | \$ _____ | Other: | \$ _____ |
| Savings<br>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:**

|                     |                         |
|---------------------|-------------------------|
| _____<br>PRINT NAME | ADDRESS: _____<br>_____ |
|---------------------|-------------------------|

|                    |              |
|--------------------|--------------|
| _____<br>SIGNATURE | PHONE: _____ |
|--------------------|--------------|

DATE OF SIGNATURE: \_\_\_\_\_

☐ SOCIAL SECURITY REPRESENTATIVE PAYEE  
☐ CONSERVATOR WITH AUTHORITY OVER FINANCES  
☐ OTHER: \_\_\_\_\_



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.

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6. Please check which of the below rights that in your professional opinion, Respondent should have **REMOVED** by the Court and bestowed upon a conservator. ***Please provide rationale for each box that is checked. 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.*

Rationale: \_\_\_\_\_

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- ☐ **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.*

Rationale: \_\_\_\_\_

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- ☐ **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.*

Rationale: \_\_\_\_\_

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- ☐ **ASSOCIATION:** *The authority and power to restrict the ability to interact and associate with other individuals, including visits, 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.*

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

- |   |  |
|---|--|
| <input type="checkbox"/> Physical therapy     | <input type="checkbox"/> Continued medical treatment         |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> No rehabilitation plan is feasible  |
| <input type="checkbox"/> Speech therapy       | <input type="checkbox"/> No rehabilitation plan is necessary |
| <input type="checkbox"/> Bed rest             |  |

9. Is Respondent currently taking any medication? ☐ Yes ☐ No

10. If the response to Question 9 is "Yes", please state the type of medication and the usual dosage:

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

11. 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        |           |             |             |                  |

12. Comments or Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY DECLARE under penalty of perjury that as the ☐ physician, ☐ psychologist, or ☐ senior psychological examiner for Respondent, the above recommendations and comments were written by me and are true and accurate to the best of my knowledge based upon my personal examination/treatment of Respondent.

SIGNATURE DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_