

# CONSERVATORSHIP INFORMATION PACKET

FOR USE BY MONICA FRANKLIN, CELA

## ELDER LAW PRACTICE

Your appointment with us is: \_\_\_\_\_  
in our Knoxville office at 4931 Homberg Drive, Knoxville, Tennessee 37919.  
Directions to our office are enclosed or available on our website.

We ask a lot of questions on this form because we need a lot of information in order to pursue a conservatorship. Do your best, but don't worry if some of the information you need to complete this form is not available to you.

Please call us at (865) 588-3700 if you have any questions or concerns about completing this form.

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

Referred by: \_\_\_\_\_

### 1. Personal Information

Your name: \_\_\_\_\_

Disabled person's Name: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

\_\_\_\_\_

Street address: \_\_\_\_\_

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

City/State/zip: \_\_\_\_\_

Email: \_\_\_\_\_

Your relationship?: \_\_\_\_\_

County: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of birth: \_\_\_\_\_

U. S. citizen?:  Yes  No

Cell phone \_\_\_\_\_

Veteran?:  Yes  No

SSN: \_\_\_\_\_

U. S. citizen?:  Yes  No

Veteran?:  Yes  No

If not you, who is your "Contact Person" (the person we should contact for appointments, for more information about you, etc.): \_\_\_\_\_

**2. Relatives of Disabled Person: Please list the disabled person's spouse, children (if an adult child is deceased, list that child and date of death. List that child's children if the deceased child left children. Also, if the disabled person has living parents and/or siblings, please list them below.**

Name: _____	Name: _____
Relationship to Disabled Person: _____	Relationship to Disabled Person: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Date of Birth: _____	Date of Birth: _____
Date of Death: _____	Date of Death: _____
Name: _____	Name: _____
Relationship to Disabled Person: _____	Relationship to Disabled Person: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Date of Birth: _____	Date of Birth: _____
Date of Death: _____	Date of Death: _____

**PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY FOR RELATIVES' INFO.**

Does the Disabled Person have any dependents (that is, someone who depends on him/her, in whole or in part, for their support)?  Yes  No

If yes, who?: \_\_\_\_\_

Are any of the disabled person's children receiving Supplement Security Income, Social Security Disability; or, if not, has any major disabilities?  Yes  No

If yes, who?: \_\_\_\_\_

### 3. Information About Disabled Person's Health

1. What medical or health problems does disabled person currently have?

2. What medical problems has disabled person had in the past?

3. Please list all of the medications disabled person is currently taking:

**Medication**

**Why Is Disabled Person Taking This Drug?**

Medication	Why Is Disabled Person Taking This Drug?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You may attach a separate sheet, if necessary.

4. Does disabled person's family have a history of health problems (for example, heart disease, cancer, or Alzheimer's disease)? Describe:

Tell us about disabled person's parents:

	Disabled person's Mother	Disabled person's Father
Age at Death:		
Cause of Death:		

5. Name of disabled person's personal physician(s):

Name:

Address:

City/State:

Medical specialty:

Telephone #:

Name:

Address:

City/State:
Medical specialty:
Telephone #:

**4. Disabled person’s Functional Limitations and Support**

The term “activities of daily living” refers to the basic tasks of everyday life. When people are unable to perform these activities, they need help in order to cope, from either other human beings or mechanical devices (such as a walker or wheelchair) or both.

Why do we want this information? A conservatorship is for a person who suffers from a mental or physical disability (or both) and needs the court’s assistance and protection.

Place an X in the box that most applies for each activity.

<b>Activities of Daily Living</b>			
<b>Activity</b>	<b>Need No Help</b>	<b>Need Some Help</b>	<b>Unable to Do At All</b>
Bathing			
Dressing			
Transferring from bed to chair			
Walking			
Feeding Self			
Using the toilet			
Grooming			

<b>Instrumental Activities of Daily Living</b>			
<b>Activity</b>	<b>Need No Help</b>	<b>Need Some Help</b>	<b>Unable to Do At All</b>
Using the telephone			
Getting out by car or public transport			
Grocery shopping			
Preparing meals			
Doing housework or handyman work			
Doing laundry			
Taking medications			
Managing money			

	<b>Place Where Disabled Person Lives</b>	<b>Since When?</b>
<input type="checkbox"/>	Single-family home	
<input type="checkbox"/>	Same, but someone assists you there with above activities	
<input type="checkbox"/>	Apartment or retirement living community	
<input type="checkbox"/>	Assisted-living facility	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Nursing home	

List the names of all persons who provide assistance or caregiving for disabled person:

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Does disabled person want to be buried or cremated?    Buried     Cremated

## 5. Resources

### Monthly Income

Do not list interest or dividend income.

Source	Amount
Social Security:	
Pension:	
Other:	
<b>Total:</b>	

#### A. Personal Residence

Address of property: \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_                      Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_                      Tax-Appraised Value: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

#### B. Other Real Estate

Address of property: \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_                      Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_                      Tax-Appraised Value: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

Address of property: \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_                      Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_                      Tax-Appraised Value: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

**Other Assets**

These are your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

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Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Total Value of Assets on this Page:** \_\_\_\_\_

Does disabled person have a safe deposit box?     Yes     No

If yes, list name of bank, branch and box number.

\_\_\_\_\_

**List all life insurance.**

**Company Name:** \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit (face value): \_\_\_\_\_

Cash surrender value: \_\_\_\_\_

Loan against policy (if any): \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit (face value): \_\_\_\_\_

Cash surrender value: \_\_\_\_\_

Loan against policy (if any): \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit (face value): \_\_\_\_\_

Cash surrender value: \_\_\_\_\_

Loan against policy (if any): \_\_\_\_\_

List large items of personal property disabled person owns (cars, boats, RVs, farm equipment, etc.) Attach a separate sheet if necessary.:

Personal Property (Item)	Value

Does disabled person have a prepaid funeral or burial?  Yes  No

If yes, describe the arrangements: \_\_\_\_\_

Does the disabled person want to be cremated or buried? \_\_\_\_\_

**Other Insurance**

Please complete the following health insurance information as it applies:

Medicare

Traditional Medicare Fee-for-Service?       Yes  No

OR

Medicare HMO, PSO, PPO, Private Plan?       Yes  No

Company: \_\_\_\_\_

Medicare Supplement ("Medigap")

Company: \_\_\_\_\_

Type (Plan A through J): \_\_\_\_\_

Medicare Prescription Drug Plan

Company: \_\_\_\_\_

Employer Retiree Health Plan

Company: \_\_\_\_\_

Private Health Insurance

Company: \_\_\_\_\_

Long Term Care Insurance

Company: \_\_\_\_\_

Daily Benefit Amount: \_\_\_\_\_

Length of Coverage: \_\_\_\_\_

Other Type (Cancer, Accidental Death, Hospital Supplement, etc.)

Company: \_\_\_\_\_

Type: \_\_\_\_\_

Company: \_\_\_\_\_

Type: \_\_\_\_\_

Company: \_\_\_\_\_

Type: \_\_\_\_\_

**6. Monthly Expenses**

	Item	Amount
	Property tax	_____
	Home maintenance and upkeep	_____
	Homeowners insurance	_____
	Utilities (gas, electric, water & sewer, security)	_____
	Residential facility	_____
	Private health care services	_____
	Telephone	_____
	Cable television	_____
	Auto operation (gas and maintenance)	_____
	Auto insurance	_____
	Clothing	_____
	Groceries and other household	_____
	Hair cuts, personal grooming	_____
	Laundry and cleaning	_____
	Checking account charges/bank fees	_____
	Newspapers and magazines	_____
	Recreation, vacation, entertainment	_____
	Health insurance (such as Medicare supplement)	_____
	Unreimbursed medical expense (such as for drugs)	_____
	Life insurance	_____
	Charitable contributions	_____
	Other: _____	_____
	Other: _____	_____
	<b>Total Monthly Expenses:</b>	_____

Anticipated maintenance needs to homestead (examples: roof, windows, painting, foundation repair, driveway, etc.)

	Item	Cost
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	<b>Total</b>	_____

**7. Money Disabled person Owes**

	Creditor's Name	Amount Owed
	_____	_____
	_____	_____
	<b>Total</b>	_____

## 8. Public Benefits and Community Services

In addition to Social Security and Medicare, is disabled person receiving any other forms of assistance, whether from the government, charitable organizations or churches, or volunteer organizations? Examples include: Veterans benefits, Section 8 housing and other subsidized housing, Medicaid, TennCare, CHAMPUS, TRICARE for Life, Meals-on-Wheels, subsidized regional transportation services, adult day care, support group services, property tax relief, home weatherization, and drug company discount card programs.

Yes     No

If yes, please list them below:

Provider	Form of assistance
_____	_____
_____	_____
_____	_____
_____	_____

## 9. Gifts and Transfers

Has the disabled person made any gifts or transfers, greater than \$500.00, to any individuals or to a trust within the last 60 months?     Yes     No

If yes, please furnish the indicated information for each gift or transfer:

To whom: _____	To whom: _____
Date of gift: _____	Date of gift: _____
Item: _____	Item: _____
Value: _____	Value: _____
To whom: _____	To whom: _____
Date of gift: _____	Date of gift: _____
Item: _____	Item: _____
Value: _____	Value: _____

**10. If you, as the petitioner, have had past financial problems such as bad credit or a bankruptcy, you will need to notify the attorney at your first consultation. Please also tell us if you have a past criminal history. This information will be important because a conservator must have a solid financial background and no criminal history in order to qualify for a bond. However, in some cases, a bond may not be necessary.**

**\*\*\*Please bring all financial information available relating to the disabled person\*\***

## **Conservatorship**

A conservatorship is necessary when a person suffers from a mental or physical disability and needs the court's assistance and protection. The disabled person may be unable to handle his finances. Or he may be the object of financial abuse or fraud as a result of his disability. In some circumstances, the disability may prevent him from getting adequate medical care. If the disabled person has a durable power of attorney, it may be possible to avoid a conservatorship.

## **Frequently Asked Questions**

### **Who may file the conservatorship proceeding?**

Anyone who has an interest in the disabled person's welfare may file the conservatorship petition. The petitioner does not have to be a family member.

### **Are there conservatorship forms so that an attorney is unnecessary?**

Tennessee courts do not provide forms for a conservatorship.

### **How much does it cost?**

It depends on the complexity of the case and whether or not the disabled person or a family member contests the conservatorship.

### **How long does it take?**

If the conservatorship is uncontested, it usually takes about four weeks. If the disabled person is in a life-threatening situation, it can take less time.

### **Why does it take so long?**

A conservatorship is a process. The attorney must draft the Petition to explain why a conservatorship is necessary. Then the Petition must be filed with the Court. The Chancellor must sign an Order appointing a Guardian Ad Litem (a neutral attorney), and the clerk must issue the Summons and Notice of Hearing. The disabled person must be formally served with a copy of the Petition and Notice of Hearing, and the next of kin must be notified by certified mail. The Guardian Ad Litem must perform an investigation and make a report to the Court. Finally, if the matter is uncontested a brief in-chambers hearing is held.

### **Is there an alternative to a conservatorship?**

In some cases, there is no alternative. However, if the disabled person is willing and competent to sign a power of attorney, a conservatorship may be avoided.

### **I feel that my mother needs a conservatorship, but I do not want to serve. Is there an alternative?**

Yes. In some cases it is appropriate for the public guardian to serve as conservator; however, the case must meet certain requirements.

## **What are some of the differences between a power of attorney and a conservatorship?**

When a person signs a durable power of attorney for financial decisions, he gives his agent the authority to act in any way he could act. Depending on the language of the power of attorney, the agent may pay bills, sell real property or make other transfers. A power of attorney does not remove any rights from the principal. In a conservatorship, rights are actually removed from the disabled person and vested in the conservator. For example, the rights to sell property, vote or drive may be removed from the disabled person ("ward"). The court order will define exactly which rights are removed. A conservator is subject to the court's jurisdiction and must account annually to the court as to how he has spent the ward's money. Depending on the size of the estate, a bond may be necessary. The bond premium is paid from the ward's funds. The conservator must have the court's permission and approval before selling real property.