



Tennessee Department of Children's Services

# Conservatorship Request and Worksheet

Submit completed form to:

STATE OF TENNESSEE  
 DEPARTMENT OF CHILDREN'S SERVICES  
 OFFICE OF GENERAL COUNSEL  
 PHONE: (615) 741-7236 FAX: (615) 532-2348

**INFORMATION ON PERSON COMPLETING THIS FORM AND REQUESTING REVIEW BY DCS LEGAL:**

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Office Phone: (     ) \_\_\_\_\_

Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

I REQUEST THE DCS OFFICE OF GENERAL COUNSEL TO REVIEW THE ENCLOSED INFORMATION AND DETERMINE WHETHER THERE ARE SUFFICIENT GROUNDS TO SUPPORT PURSUING A CONSERVATORSHIP.

SIGNATURE OF FSW	NAME OF FSW	COUNTY	REGION
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NOTE: IF DCS LEGAL DETERMINES THERE IS SUFFICIENT INFORMATION TO SUPPORT PURSUING A CONSERVATORSHIP AND FILES A PETITION, IT WILL BE NECESSARY FOR THE FSW TO ATTEND ALL COURT PROCEEDINGS.

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS REQUEST:**

- The medical or psychological report by the youth's treating physician or psychologist
- The signed and notarized consent to serve by the proposed conservator
- Background check results for the proposed conservator (see list of required checks in DCS Policy 19.10, Section C.)

List any other documents attached:

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

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\_\_\_\_\_

\_\_\_\_\_

**Total number of pages:**

**CHILD AND FAMILY TEAM MEMBERS WHO PARTICIPATED IN THE DECISION TO PURSUE A CONSERVATORSHIP FOR THIS YOUTH:**

**DATE OF CFTM:**

	<b>Title: FSW</b>
	<b>Title: Regional DCS Child Health Psychologist</b>
	<b>Title: Regional DCS Child Health Nurse</b>
	<b>Title:</b>
	<b>Title:</b>
	<b>Title:</b>
	<b>Title:</b>
	<b>Title:</b>
	<b>Title:</b>
	<b>Title:</b>

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**INFORMATION ON DISABLED YOUTH WHO WILL BE AGING OUT OF DCS CUSTODY:**

Full Name:		SSN:		TFACTS ID:	
Primary Diagnosis:		DOB:			
Secondary Diagnosis:		Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

Other disabling conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and contact information for youth's physician or psychologist who prepared the report and affidavit in support of a conservatorship:

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



**WHERE DOES THE DISABLED YOUTH RESIDE? (Provide complete address and phone number):**

*If disabled youth resides in a facility, please complete the following:*

Name of Facility:		Building Name:	
Phone # of Facility:	( )	County:	
Facility Director's Name:		Director's Phone:	( )
Facility Social Worker or Case Manager Name:		Phone Number:	( )

*If disabled youth resides in a foster home, please complete the following:*

Foster Home Address:		Foster Parent Name:	
Zip Code/County:		Foster Parent Phone:	

**FOR NOTICE PURPOSES THE DISABLED YOUTH'S CLOSEST LIVING RELATIVES MUST BE LISTED.**

Per the requirements from Tenn. Code Ann. § 34-3-104 (5): "The name, mailing address, and relationship of the closest relative or relatives of the **Respondent** and the name and mailing address of the person or institution, if any, having care and custody of the respondent or with whom the respondent is living. If the respondent has no then living spouse, child, parent or sibling, the petition shall so state and more remote relatives are not to be listed."

*(Grandparents, aunts, uncles, and cousins do not need to be listed unless they are the closest living relative.)*

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

2.. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

5. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Relationship to youth: \_\_\_\_\_

6. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Relationship to youth: \_\_\_\_\_

Has TPR been done?  Yes  No Date of TPR: \_\_\_\_\_

*(If you have names and addresses of additional family members, please attach a sheet with this form.)*

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**PROPOSED CONSERVATOR(S) INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Full Name)  
Mailing Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_

***If the proposed conservator is not the closest relative, explain why the closest relative is not recommended:***

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

**PROPOSED STANDBY CONSERVATOR(S):**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Full Name)  
Mailing Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_

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**If a specific person is not being recommended as the proposed conservator, please list all persons considered, contacted, and the reason they are not being recommended.**

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**REMOVAL OF RIGHTS**

**Place a check by all the recommended rights to be removed from the disabled youth and entrusted to the Conservator:**

<input type="checkbox"/>	To acquire or dispose of property
<input type="checkbox"/>	To make purchases above \$ <input type="text"/> .00
<input type="checkbox"/>	To make purchases of any amount
<input type="checkbox"/>	To execute instruments and/or contracts or enter into any other contractual relationship
<input type="checkbox"/>	To give or withhold consent to medical and mental examinations, hospitalization, treatment and therapeutic or rehabilitative services or programs
<input type="checkbox"/>	To make other health care decisions
<input type="checkbox"/>	To give or withhold consent to custodial arrangements
<input type="checkbox"/>	To file or pursue litigation in vindication of rights

**DISABLED YOUTH'S FINANCIAL DATA**

Monthly Income:	<input type="text"/>
Source of Income:	<input type="text"/>
Current Trust Account Balance:	<input type="text"/>
Any Other Assets:	<input type="text"/>

(If the youth has been awarded Victim's Compensations Funds, please include info re: where that money is being held for the youth; i.e. Juvenile Court Clerk address and case no.)