



CONSERVATORSHIP INTAKE QUESTIONNAIRE

Please call us at (865) 384-8111 if you have any questions or concerns about completing this form.

1. Personal Information about the Conservator

Your name: _____

Address Line 1: _____

Address Line 2: _____

Phone: _____

Email: _____

County: _____

Date of birth: _____

SSN: _____

U.S. Citizen or
Permanent Resident? _____

What is your relationship
to the conservatee? _____

Does the conservatee owe you any money? Yes No

Do you owe the conservatee any money? Yes No

Have you filed bankruptcy in the last 10 years? Yes No

Have you ever been convicted of a felony or crime involving theft or fraud? Yes No

Have you ever been charged with or convicted for elder abuse or neglect? Yes No

Have you ever had a restraining order or order of protection against you? Yes No

Have you ever served as a conservator, executor, or fiduciary? Yes No

If so, were you asked to resign? Yes No

Do you have any credit problems such that you could not obtain a bond? Yes No

Is there a writing that nominates someone to serve as conservator? Yes No

Explain: _____

2. Information about the Proposed Conservatee

Conservatee name: _____

Address Line 1: _____

Address Line 2: _____

Phone: _____

Email: _____

County: _____

Date of birth: _____

SSN: _____

U.S. Citizen or Permanent Resident? _____

3. Children or next of kin of the Conservatee

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Spouse: _____	Spouse: _____
Children: _____	Children: _____
_____	_____
Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Spouse: _____	Spouse: _____
Children: _____	Children: _____
_____	_____

Does the Conservatee receive Supplement Security Income, Social Security Disability, or TennCare?

Yes No Describe: _____

What is the basis for alleging the Conservatee is disabled?

4. Information about Conservatee's Health

What medical or health problems does the Conservatee currently have?

What medical problems has the Conservatee had in the past?

Please list all medications the Conservatee is currently taking:

Medication

Why are they taking this drug?

Medication	Why are they taking this drug?

Name of Conservatee's physician(s):

Name:

Address:

City/State:

Medical Specialty:

Telephone No.:

Name:

Address:

City/State:

Medical Specialty:

Telephone No.:

5. Functional Limitations and Support of the Conservatee

“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. This help can come from other human beings, mechanical devices (for example, a walker or wheelchair), or both human and mechanical aid. We request this information because the more assistance people need with their daily activities, the more likely they are to need additional help in their home or to consider some other living arrangement; to use hospitals and doctors; or to die sooner rather than later.

Check the box that best reflects how often the Conservatee needs assistance with these activities.

Activities of Daily Living				
Activity	Always	4-6 Days/Week	1-3 Days/Week	Never
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring (e.g. bed to chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding self/eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviors (e.g. elopement, agitation, acting out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can express needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the box that best reflects how often the Conservatee needs assistance with these activities.

Instrumental Activities of Daily Living				
Activity	Always	4-6 Days/Week	1-3 Days/Week	Never
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting out by car or public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing housework or handyman work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the situation the conservatee is currently living in:

- Single-family home with no assistance
- Single-family home but someone assists with above activities
- Apartment or retirement living community
- Assisted-living facility
- Nursing home
- Other: _____

Since when have you lived here? _____

6. Resources of Conservatee

Monthly Income (Please list interest or dividend income.)

Source

Social Security

Pension

Other

Dividend/Interest

Total:

Personal Residence Owned by Conservatee

Property Address:

Names (as they appear on deed):

Date Acquired:	_____	Purchase Price:	\$ _____
Current Value:	\$ _____	Tax-Appraised Value:	\$ _____
Mortgage Company:	_____	Mortgage Balance:	\$ _____

Other Real Estate Owned by Conservatee

1. Property Address:

Names (as they appear on deed):

Date Acquired:	_____	Purchase Price:	\$ _____
Current Value:	\$ _____	Tax-Appraised Value:	\$ _____
Mortgage Company:	_____	Mortgage Balance:	\$ _____

2. Property Address:

Names (as they appear on deed):

Date Acquired:	_____	Purchase Price:	\$ _____
Current Value:	\$ _____	Tax-Appraised Value:	\$ _____
Mortgage Company:	_____	Mortgage Balance:	\$ _____

Other Assets (These are bank accounts, CDs, annuities, stocks, retirement plans, life insurance, etc.)

Type of Asset: Company Name: Value:	
Initial Investment: Name(s) on Account: Beneficiary:	
	\$
	\$
Type of Asset: Company Name: Value:	
Initial Investment: Name(s) on Account:	
Beneficiary:	
	\$
	\$
Type of Asset: Company Name: Value:	
Initial Investment:	
Name(s) on Account: Beneficiary:	
	\$
	\$

List items of personal property of the Conservatee (cars, boats, RVs, farm equipment, etc.):

Item: _____	Value: \$ _____
Item: _____	Value: \$ _____
Item: _____	Value: \$ _____
Item: _____	Value: \$ _____

Does the Conservatee have a prepaid funeral or burial? Yes No

If yes, describe arrangements: _____

Other Insurance

Medicare

Traditional Medicare Fee-for-Service? Yes No

OR

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

Company: _____

Medicare Supplemental (“Medigap”) Yes No

Company: _____

Type (Plan A through J): _____

Medicare Prescription Drug Plan Yes No

Company: _____

Employer Retiree Health Plan Yes No

Company: _____

Private Health Insurance Yes No

Company: _____

Long Term Care Insurance Yes No

Company: _____

Daily Benefit _____ Amount: _____

Length of Coverage: _____

Other Type (Cancer, Accidental Death, Hospital Supplement, etc.) Yes No

Company: _____

Type: _____

Company: _____

Type: _____

7. Monthly Expenses of Conservatee

Item	Amount
Property Tax	\$
Home Maintenance and Upkeep	\$
Homeowners Insurance	\$
Utilities (gas, electric, water and 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 and Personal Grooming	\$
Laundry and Cleaning	\$
Checking Account Charges and Bank Fees	\$
Newspapers and Magazines	\$
Recreation, Vacation, and Entertainment	\$
Health Insurance (such as Medicare supplement)	\$
Unreimbursed Medical Expenses (such as for drugs)	\$
Life Insurance	\$
Charitable Contributions	\$
Other: Click here to enter text.	\$
Other: Click here to enter text.	\$
Total Monthly Expenses:	\$

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

Item: _____	Cost: \$ _____
Item: _____	Cost: \$ _____
Item: _____	Cost: \$ _____
Item: _____	Cost: \$ _____
	Total: \$ _____

8. Money Owed by Conservatee

Creditor's Name	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total: \$ _____	

9. Public Benefits and Community Services

In addition to Social Security and Medicare, is the Conservatee receiving any other forms of assistance, whether from 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 card programs. Yes No

If yes, please list them below:

Provider	Form of Assistance
_____	_____
_____	_____
_____	_____
_____	_____

10. Gifts and Transfers

Has the Conservatee 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 of transfer:

To Whom: _____	To Whom: _____
Date of Gift: _____	Date of Gift: _____
Item: _____	Item: _____
Value: \$ _____	Value: \$ _____

11. Estate Planning

Does the Conservatee have any of the following documents? **Please bring any existing documents with you to your consultation.**

- | | |
|-------------------------------|--|
| Durable Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Care Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Living Will | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Last Will and Testament | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Revocable Living Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No |