

# BOTTORFF LAW



## *2015 CONSERVATORSHIP QUESTIONNAIRE*

**CONFIDENTIAL**

The following information is requested from you in order that your attorney can prepare your Petition for Conservatorship. The information will be held confidentially. Please take time to carefully complete this questionnaire and mail or fax it back to the address listed above.

1. Information about person that needs a Conservatorship (Respondent)

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

2. Please describe why you believe it is in the best interest of the person above to have a conservatorship. Include any diagnosis of disabilities. Attach additional sheets of paper, if necessary.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

3. Who is going to be the person making decisions and helping with the person that needs a Conservatorship (Proposed Conservator)? Sometimes it is the case that two people wish to be co conservators (for example: Parents of adult child with special needs). If that is the case, please fill out information below for both people.



# BOTTORFF LAW



Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

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

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

If Co-Conservators:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

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

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

4. Tennessee Law now requires the proposed conservator to list any FELONIES or MISDEMEANORS the person has been convicted of. If the person has been convicted of a felony or misdemeanor, it does not automatically disqualify that person, but it must be disclosed to the court.

Felony: \_\_\_\_\_

Misdemeanor: \_\_\_\_\_



# BOTTORFF LAW



5. Who are the closest relatives to the Respondent? They will be notified of these proceedings. We will need their addresses, phone numbers and relationship to the Respondent. Please include living spouse, siblings, children and grandchildren.

Full Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

*Attach additional sheets if necessary*



# BOTTORFF LAW



6. What are the basic needs of the person that needs a conservatorship? Does the person need help with activities of daily living? Managing money? Etc.

---

---

---

---

---

---

---

7. Who is the primary care physician for the person that needs a conservatorship?

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

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

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

8. What are the assets of the Respondent, if any? (include cars, houses, personal property, bank accounts, retirement accounts, etc.)

---

---

---

---

---

---

---

9. What is the income of the person that needs a conservatorship, if any? (include social security or any other governmental benefits)

---

---

---

---

---

---

---



