



GOOD SAMARITAN PROVIDERS

DO GOOD. MAKE A DIFFERENCE.



Conservatorship Request

Please compose an email briefly explaining the need for a conservator and send to info@goodsampro.org with an attached completed copy of this request.

OR

Address the completed copy to:

Good Samaritan Providers Inc

P.O. Box 157

Dyer, Tennessee, 38330

CHECKLIST OF ITEMS TO INCLUDE WITH PACKET

- o Consent to Serve
- o Current Behavioral Plan
- o Current Physical, Psychological Evaluation or Other Examination
- o Current Person-Centered Plan
- o Current List of Medications or copy of Medication Administration Record
- o Statements from closest relatives and natural supports not willing to serve as conservator
- o Statements from current conservators wishing to be relieved from duties as appointed conservator
- o Affidavit of Indigency
- o Special Needs Trust statement (if applicable)
- o Court Orders relating to conservatorship
- o All other supporting documents



Please print or type contents pertaining to request legibly and remember to print documents on **ONE SIDE ONLY.**

INFORMATION OF PERSON COMPLETING REQUEST FORM

	
Phone: () _____	Alt. Phone: () _____
Fax: () _____	Email: _____
	

INFORMATION FOR PERSON SUPPORTED

PERSON SUPPORTED:

Full Name: _____

DOB: ____/____/____

SSN: ____-____-____

Gender: M F Trans Nonbinary

Current

Address: _____

Phone: () _____

County: _____

CURRENT CONSERVATOR: Please attach all court orders pertaining to previous conservatorship if applicable.

If no Conservator has been court appointed previously, skip to the next section.

Does person supported currently have a conservator? ____YES ____NO

If YES, please briefly explain reason for requesting a change of conservator:

If previous conservator is deceased, please indicate date of passing: ____/____/____

If known, county of where conservatorship was granted: _____

Conservator's Full Name: _____

DOB: ____/____/____

SSN: ____-____-____

Current or last known address:

Phone: (____) _____

Email: _____

Relationship to Person Supported: _____

Note: *If it applies, please include a signed statement from appointed conservator indicating that he/she is unable or no longer willing to fulfill the duties related to conservatorship and consents to the appointment of a successor conservator.*

Is there a co-conservator appointed? ____YES ____NO

If yes, please complete the following:

CURRENT CO-CONSERVATOR OR STANDBY CONSERVATOR:

Co-conservator's Full Name: _____

DOB: ____/____/____

SSN: ____-____-____

Current or last known address:

Phone: (____) _____

Email: _____

Please briefly explain reason for requesting a change or dismissal of co-conservator:

If co-conservator is deceased, please indicate date of passing: ____/____/____

Note: If it applies please include a signed statement from appointed conservator/co-conservator indicating that he/she is unable or no longer willing to fulfill the duties related to conservatorship and consents to the appointment of a successor conservator.



CLOSEST RELATIVES AND NATURAL SUPPORTS OF PERSON SUPPORTED

Note: For legal purposes, please list the names of the Person's Supported closest relatives. Aunts, Uncles or cousins need not be mentioned unless they are indeed the closest of kin or important to the life of the Person Supported and are involved in casual decision making. Diligent efforts to engage relatives or natural supports must be made and documented to assess whether they may be appropriate to serve as the conservator.

1) Person's Full Name: _____

DOB: ____/____/____

SSN: ____-____-____

Current Address:

Phone: (____) _____

Email: _____

Relationship to Person Supported: _____

Summary of efforts to contact or engage (including dates):

CLOSEST RELATIVES AND NATURAL SUPPORTS OF PERSON SUPPORTED (cont'd)

2) Person's Full Name: _____

DOB: ____/____/____

SSN: ____-____-____

Current Address:

Phone: (____) _____

Email: _____

Relationship to Person Supported: _____

Summary of efforts to contact or engage (including dates): _____

3) Person's Full Name: _____

DOB: ____/____/____

SSN: ____-____-____

Current Address:

Phone: (____) _____

Email: _____

Relationship to Person Supported: _____

Summary of efforts to contact or engage (including dates):

4) Person's Full Name: _____

DOB: ____/____/____

SSN: ____-____-____

Current Address:

Phone: (____) _____

Email: _____

Relationship to Person Supported: _____

Summary of efforts to contact or engage (including dates):

To your knowledge, has anyone else expressed an interest in serving as the conservator for the Person Supported? ____YES ____NO

To your knowledge, is anyone opposed to this conservatorship action? ____YES ____NO

If YES to either above question, please provide the following information:

Person's Full Name: _____

DOB: ____/____/____

SSN: ____-____-____

Current Address:

Phone: (____) _____

Email: _____

Relationship to Person Supported: _____

Reasons for opposition:

MEDICAL AND CARE INFORMATION FOR PERSON SUPPORTED

Primary diagnosis/Level of intellectual disability (i.e. mild, moderate, profound, etc.): _____

Brief Description of daily needs/person's ability to function/services provided:

List other diagnoses (i.e. GERD, Bipolar Disorder, Schizophrenia, etc.):

Note: The most recent person-centered plan, behavioral plan, medication records and report of Physical, Psychological and Other Examination should be submitted with this request packet. The date indicated on the report of Physical, Psychological and Other Examination must be within 180 days of the submission to Good Samaritan Providers.

CURRENT PROVIDER/AGENCY INFORMATION

Provider/Agency Name: _____

Facility

Address: _____

Person Supported's time at facility: _____ years _____ months

Phone: (____) _____

Fax: (____) _____

Agency Contact Name: _____

Email: _____

CURRENT CASE WORKER INFORMATION:

Name: _____

Agency: _____

Address: _____

Phone: (____) _____

Email: _____

TYPE OF CONSERVATORSHIP REQUESTED Please check which type may apply.

Types and descriptions are listed as follows:

Limited Conservatorship: _____

Court appoints the responsibility of person with developmental disabilities or limited mental capacity to make informed decisions related to health, treatment, and overall quality of life. Good Samaritan Providers does not choose to assume the responsibility of the estate. At request, if no representative payee has been assigned, Good Samaritan Providers will seek appropriate entity to handle such matters on supported person's behalf.

Temporary or Emergency Conservatorship: _____

Court appoints the responsibility of person with immediate need to act on behalf of a person who has been recently deemed incapacitated or diagnosed with a terminal illness. Person requires assistance with making end of life choices and/or decisions on hospice care treatment. Good Samaritan Providers does not assume responsibility of the estate and will seek appropriate entities to handle such matters on supported person's behalf.

FINANCIAL INFORMATION FOR PERSON SUPPORTED

Does Person Supported have a Special Needs Trust? _____YES _____NO

If YES, Special Needs Trust Balance if known: \$ _____

Does Person Supported have a Representative Payee? _____YES _____NO

If YES, List name of Representative Payee: _____

Note: Please include the original and notarized Affidavit of Indigency with this request as well as the Special Needs Trust statement if applicable.

Please check which may apply:

____ The agency and/or Person Supported requests the petition costs be paid by Good Samaritan Providers Inc, related to filing with the respective probate court. Person Supported is requesting conservatorship and has chosen Good Samaritan Providers Inc as their proposed conservator.

____ The agency of the person supported chooses to pay petition costs related to filing with the respective probate court, and requests services on behalf of the Person Supported who seeks the assistance and supervision of the proposed conservator, Good Samaritan Providers Inc.

____ The agency and/or Person Supported chooses to pay petition costs from the estate of the Person Supported and of whom is requesting conservatorship services and has chosen Good Samaritan Providers Inc as their proposed conservator.

ADDITIONAL INFORMATION

Note: If there are additional names of relatives or natural supports to be provided please attach on a separate piece of paper. If there are others who are opposed to the action of appointing conservatorship, please list those names on a separate document as well. Please provide any issues deemed necessary to be discussed as additional attachments to this packet.