

**IN THE CHANCERY COURT FOR WILLIAMSON COUNTY, TENNESSEE**

IN RE:	CONSERVATORSHIP OF:	)	) NO. _____
_____	_____	)	
	(Respondent)	)	

**AFFIDAVIT**

For the purposes set forth in T.C.A. §34-3-105, \_\_\_\_\_, the affiant herein, states under oath:

1. The affiant is a duly licensed  **physician**;  **psychologist**  **senior psychological examiner** in the state of Tennessee.
2. The affiant has personally examined the respondent. **The date of the examination was \_\_\_\_\_.**

3. **The medical history of the respondent is as follows:**

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

4. **The nature and type of respondent's disability, including a detailed description of the physical and/or mental conditions that may render the respondent a person with a disability, is as follows:**

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

5. **The following is a detailed description of how the respondent's physical and/ or mental conditions may impair the respondent's ability to function normally:**

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

6. My evaluation of the respondent in the listed areas is as follows:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Chronic</u>	<u>N/A</u>
Mental Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **The type and scope of Conservatorship needed by the respondent is:**

- Conservator for the respondent's person **because** \_\_\_\_\_
- Conservator for the respondent's property **because** \_\_\_\_\_
- Conservator for both the respondent's person and property **because** \_\_\_\_\_

8. The respondent is currently taking the following medication:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

