



Mental Health Committals – Tennessee

Kezia C. Mills, Esq.

Senior Associate Counsel

Tennessee Department Mental Health Substance
Abuse Service (TDMHSAS)

Middle Tennessee Mental Health Institute (MTMHI)



Agenda

- Probable Cause Hearings
- Judicial Commitment Hearings
- Reporting Requirements for Involuntary Commitments
- Limited Conservatorship Hearings





[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

Introduction

- Aside from advising MTMHI's administration on a variety of legal matters, I am responsible for facilitating all civil commitment matters before the Davidson County Courts arising out of MTMHI (including Conservatorship matters), meeting certain statutory reporting requirements, overseeing internal investigations, responding to external complaints, and representing the Department in administrative appeals under the Tennessee Excellence, Accountability, and Management Act (TEAM Act).
- This presentation will focus on involuntary committals and limited conservatorship hearings in Tennessee.

Probable Cause Hearings

PC Hearings – Part 4 Hearings

- T.C.A. § 33-6-401 et seq.
- Emergency Involuntary Admission to Inpatient Treatment

How are patients admitted?

1. Each patient admitted must be accompanied by two Certificates of Need (“CONs”) signed by mental health professionals. (T.C.A. § 33-6-404)
2. One CON is completed by a professional in the community, and the other CON by MTMHI’s admitting physician.
3. Once the CONs are completed, the admissions department e-files the paperwork to the Davidson County E-filing Portal for the Commissioner’s signature.
4. Once the Commissioner signs the ex parte order, the patient has been legally admitted under T.C.A. § 33-6-413 and may be detained for 5 business days.

Certificate of Need (CON) - PC Hearings

T.C.A. § 33-6-404

STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES PART 1

→ Complete Part 1 for **EMERGENCY DETENTION** for immediate examination for emergency admission
 → Complete Part 2 for the 1st Certificate of Need for **EMERGENCY INVOLUNTARY ADMISSION**
 → Complete Part 3 for the 2nd Certificate of Need for **EMERGENCY INVOLUNTARY ADMISSION**

**EMERGENCY DETENTION
FOR IMMEDIATE EXAMINATION FOR EMERGENCY ADMISSION**

I am a (click one):

Law enforcement officer authorized to make arrest in Tennessee
 Licensed physician
 Licensed psychologist with health service provider designation
 Qualified Mental Health Professional (QMHP), as identified in Tenn. Code Ann. § 33-1-301 and found on page 2, section A of this form, designated by the TDMHSAS Commissioner as a mandatory pre-screening agent.

Pursuant to Tenn. Code Ann. § 33-6-401, _____, referred to below as "person", shall be detained under Tenn. Code Ann. § 33-6-402 for immediate examination under Tenn. Code Ann. § 33-6-404 to determine whether the person is subject to admission to a hospital or treatment resource under Tenn. Code Ann. § 33-6-403 for emergency diagnosis, evaluation, and treatment under Title 33, Chapter 6, Part 4, Tenn. Code Ann.

I have reason to believe that the person identified above has a mental illness or serious emotional disturbance, AND the person poses an immediate substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the mental illness or serious emotional disturbance, as evidenced by the following behavior by the person which I have observed or have reason to believe is true: (Specifically, include behavior which shows threats or attempts of suicide, self-harm, or behavior placing others in reasonable fear of violent behavior, or which shows that the person is unable to avoid severe impairment or injury from specific risks.)

Date: _____ Signature: _____
 Time: _____ Printed Name: _____

Disposition (i.e. released, transferred, transported to CHU, admitted, etc.):

Date: _____ Signature: _____
 Time: _____ Printed Name: _____

984-0042 Certificate of Need 984-0042

Check Here to RESCIND
(requires a new examination)

DATE: _____ TIME: _____

STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES PART 2

**FIRST CERTIFICATE OF NEED
FOR EMERGENCY INVOLUNTARY ADMISSION
UNDER TITLE 33, CHAPTER 6, PART 4, TENNESSEE CODE ANNOTATED**

PRINT NAME OF EXAMINING PROFESSIONAL _____ of the County of _____
 State of Tennessee, certify that I personally examined _____
 PRINT NAME OF PERSON EXAMINED _____
 ON _____ DATE _____ YEAR _____ AT _____ TIME _____ AM _____ PM

A Check all that apply:

I am not a Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Commissioner-designated mandatory pre-screening agent and, I am a (check one):
 Licensed physician Licensed psychologist designated as a health service provider

Please Complete the Following:

I have completed this certificate because a mandatory pre-screening agent was not available within 2 hours AND

I have consulted with the mental health crisis team in my area and have determined that all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person as indicated in Section B, # 4 below.

I spoke with _____ STAFF NAME _____ TITLE / AGENCY _____
 OR _____

I am a Qualified Mental Health Professional (QMHP) who has been designated by the TDMHSAS Commissioner as a mandatory pre-screening agent.
 **QMHP means a person who is licensed in the state, if required for the profession, and who is a psychiatric physician with expertise in, psychologist with health service provider designation, psychological examiner, licensed master's level worker with two (2) years of mental health experience or licensed clinical social worker, mental and family therapist, nurse with a master's degree in nursing who functions as a psychiatric nurse, licensed professional counselor, or if the person is providing service to service recipients who are children, any of the above educational credentials plus mental health experience with children. *A TDMHSAS Commissioner-designated mandatory pre-screening agent must have mental health experience with children in order to complete a certificate of need on a child.

B In my professional opinion, based on the examination and the information provided, I certify that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated because, as shown by the following facts and reasoning, the person:

1. has a mental illness or serious emotional disturbance as defined in Tenn. Code Ann. § 33-5-101(1)(a) and (2), (1)(c) within mental illness or serious emotional disturbance history and current signs/symptoms. Mental illness is a psychiatric disorder, alcohol dependence or drug dependence, does not include intellectual and/or developmental disabilities. Serious emotional disturbance is a condition in a child who at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria, that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology.

984-0042 Certificate of Need 984-0042

Certificate of Need (CON) – PC Hearings

T.C.A. § 33-6-404

FIRST CERTIFICATE OF NEED - PART 2 CONTINUED

B 2. **AND**, poses an immediate substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the mental illness or serious emotional disturbance (detail specific behavior substantiating this requirement):
 A person "poses an immediate substantial likelihood of serious harm" IF AND ONLY IF the person:

- has threatened or attempted suicide or to inflict serious bodily harm on such person, or
- has threatened or attempted homicide or other violent behavior, or
- has placed others in reasonable fear of violent behavior and serious physical harm to them, or
- is unable to avoid severe impairment or injury from specific risks, AND
- there is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

3. **AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance (describe what makes care, training, or treatment necessary):

4. **AND**, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person (list alternatives considered and rationale for rejection of all alternatives):

C Having certified that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated, I further certify that this patient:

May be transported to a TDMHSAS designated telehealth location for a second certificate of need (CON) examination, OR

Requires direct transportation to an admitting psychiatric facility for a second certificate of need (CON) examination, AND

(1) May be transported to an admitting psychiatric facility or TDMHSAS designated telehealth location for second CON examination pursuant to Tenn. Code Ann. § 33-6-901 by an available friend, neighbor, mental health professional familiar with the individual, relative, or a member of the clergy because the patient does not require physical restraint or vehicle security AND does not pose a reasonable risk of danger to the patient's self or others for purposes of transport, OR

(2) May be transported to an admitting psychiatric facility or TDMHSAS designated telehealth location for second CON examination by ambulance or secondary transportation agent designated by the sheriff because the patient does not require physical restraint or vehicle security for purposes of transport, OR

(3) Must be transported to an admitting facility or TDMHSAS designated telehealth location for second CON evaluation by sheriff/law enforcement because the patient poses a reasonable risk of danger to the patient's self or others AND requires physical restraint and vehicle security for purposes of transport, or transport options (1) and (2) above are unavailable.

D WITH MY SIGNATURE:

- I conclude that this person is subject to admission to a hospital or treatment resource under Title 33, Chapter 6, Part 4, Tennessee Code Annotated. The information is accurate and based upon my (check one):
 - FACE-TO-FACE examination of the individual
 - TELEHEALTH examination of the individual
- I understand that completion of this certificate of need initiates a process, which may result in deprivation of an individual's liberty for the purposes of care, training, or treatment. I understand that to willfully provide inaccurate information on this certificate of need constitutes a crime.

PRINT NAME OF EXAMINING PROFESSIONAL _____ SIGNATURE OF EXAMINING PROFESSIONAL _____

DATE _____ TIME _____ PHONE NUMBER _____

MH-5542 Certificate of Need RDA-3305

SECOND CERTIFICATE OF NEED FOR EMERGENCY INVOLUNTARY ADMISSION PART 3

Name of person examined: _____ Date: _____

A I am a licensed physician. [ONLY for completing second certificate at the time of admission.]

B In my professional opinion, based on the examination and the information provided, I certify that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated because, as shown by the following facts and reasoning, the person:

1. has a mental illness or serious emotional disturbance as defined in Tenn. Code Ann. § 33-1-103(2)(i) and (3)(i). (Not known mental illness or serious emotional disturbance history and current signs/symptoms):
 Mental illness is a psychiatric disorder, alcohol dependence or drug dependence, does not include intellectual and/or developmental disabilities. Serious emotional disturbance is a condition in a child who at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnosis criteria, that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology.

2. **AND**, poses an immediate substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the mental illness or serious emotional disturbance (detail specific behavior substantiating this requirement):

- has threatened or attempted suicide or to inflict serious bodily harm on such person, or
- has threatened or attempted homicide or other violent behavior, or
- has placed others in reasonable fear of violent behavior and serious physical harm to them, or
- is unable to avoid severe impairment or injury from specific risks, AND
- there is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

A person "poses an immediate substantial likelihood of serious harm" IF AND ONLY IF the person:

3. **AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance (describe what makes care, training or treatment necessary):

4. **AND**, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person (list alternatives considered and rationale for rejection of all alternatives):

C WITH MY SIGNATURE:

- I conclude that this person is subject to admission to a hospital or treatment resource under Title 33, Chapter 6, Part 4, Tennessee Code Annotated. The information is accurate and based upon my (check one):
 - FACE-TO-FACE examination of the individual
 - TELEHEALTH examination of the individual
- I understand that completion of this certificate of need initiates a process, which may result in deprivation of an individual's liberty for the purposes of care, training, or treatment. I understand that to willfully provide inaccurate information on this certificate of need constitutes a crime.

PRINT NAME OF EXAMINING PROFESSIONAL _____ SIGNATURE OF EXAMINING PROFESSIONAL _____

DATE _____ TIME _____ PHONE NUMBER _____

MH-5542 Certificate of Need RDA-3305

Timing of PC Hearings

- PC Hearings are commitment hearings held for every individual patient who is detained at MTMHI past the 5th business day following their admission date.
- Weekends and holidays are not counted in the five days. (T.C.A. § 33-6-413 and 422)
- For example, if a patient is admitted on Wednesday, January 1, their hearing will be scheduled for Wednesday, January 8, which is five business days following their admission.
 - Exception: If a hearing day falls on a holiday, or a holiday is between the admission date and scheduled hearing date, the court date may move up or down one or two days, depending on how the court chooses to schedule.
 - Exception: Upon agreement of the MTMHI attorney and counsel for the patient, and the Court, a patient's hearing may be continued to a later docket.

PC Hearings – Commitment Criteria

- T.C.A. § 33-6-403

1. Person has a mental illness or serious emotional disturbance, AND
2. Person poses an immediate substantial likelihood of serious harm, under § 33-6-501, because of the mental illness or serious emotional disturbance, AND
3. Person needs care, training, or treatment because of the mental illness or serious emotional disturbance, AND
4. All available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person...

PC Hearings – Actual Hearing

- The typical procedure for a Probable Cause hearing is routine: Psychiatrist testifies, patient testifies, Judge makes findings. Attorneys are usually allowed to cross examine.
- Hearings are often informal, and rules of procedure are in force but are not always strictly followed (per statute, hearings are to be conducted “in as informal a manner as may be consistent with orderly procedure”—T.C.A. § 33-3-613).
- The patient is appointed an attorney in advance, and attorneys are usually appointed for the week, and that one attorney will represent all the patients on the docket.
- Any patient committed at the Probable Cause level is committed to the hospital for 15 (calendar) days from the date the Order is signed. (T.C.A. § 33-6-422) The statute directs that the patient must be released upon the 15th day “unless a complaint is filed under chapter 6, part 5 of this title, within the fifteen (15) days.” *Id.*

Judicial Commitment Hearings

JC Hearings – Part 5 Hearings

- T.C.A. § 33-6-501 et seq.
- Nonemergency Involuntary Admission to Inpatient Treatment

Certificate of Need (CON) - JC Hearings

T.C.A. TITLE 33, CHAPTER 6, PART 5

CERTIFICATE OF NEED
FOR INVOLUNTARY COMMITMENT UNDER TITLE 33, CHAPTER 6, PART 5
TENNESSEE CODE ANNOTATED

I, _____, of the County of _____
State of Tennessee, certify that I personally examined _____ on
_____, 2_____.
DATE NAME OF PERSON EXAMINED


(Check One of the Following)
I am a licensed:
 physician, or
 psychologist designated as a health service provider

If this certificate concerns a child and is executed for the purpose of judicial commitment under Tenn. Code Ann. §33-6-502, I certify that I have professional experience with children.

In my professional opinion, based on my examination and the information provided, I certify that this person is subject to involuntary care and treatment under Tenn. Code Ann. §33-6-502 because the person:

- has mental illness or serious emotional disturbance, as shown by the following facts and reasoning:

- AND, poses a substantial likelihood of serious harm because of the mental illness or serious emotional disturbance, as shown by the following facts and reasoning:

PATIENT IDENTIFICATION (Label)		Dept. of Mental Health and Substance Abuse Services CERTIFICATE OF NEED FOR INVOLUNTARY COMMITMENT
MH-5032 (Rev. 5/13)	Page 1 of 2	RDA-2305

- AND, needs care, training, or treatment because of the mental illness or serious emotional disturbance, as shown by the following facts and reasoning:

- AND, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person, as shown by the following facts and reasoning:

I understand that a person "poses a substantial likelihood of serious harm" IF AND ONLY IF:

- The person has threatened or attempted suicide or to inflict serious bodily harm on such person, or
 - The person has threatened or attempted homicide or other violent behavior, or
 - The person has placed others in reasonable fear of violent behavior and serious physical harm to them, or
 - The person is unable to avoid impairment or injury from specific risks.

AND
- There is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

_____ a.m./p.m.*
SIGNATURE OF EXAMINING PROFESSIONAL DATE TIME


Phone Number: _____

* The date of execution of this certificate must be within three days of the examination.

Sworn to and subscribed before me this
____ day of _____, 2____.

Notary Public

My commission expires: _____

PATIENT IDENTIFICATION (Label)		Dept. of Mental Health and Substance Abuse Services CERTIFICATE OF NEED FOR INVOLUNTARY COMMITMENT
MH-5032 (Rev. 5/13)	Page 2 of 2	RDA-2305

Timing of JC Hearings

- Once a Judicial Complaint for commitment is filed (see § 33-3-602, “contents of complaint for Commitment”), the patient may be held until the hearing date, which must occur no later than 20 days from the filing of the complaint, barring a continuance from the Judge (see § 33-3-606).
- Typically, the hearings are set one to two weeks out from the filing date.
- This is coordinated with the Circuit Court Clerk’s office for Davidson County.



JC Hearings – Commitment Criteria

- T.C.A. § 33-6-502

1. Person has a mental illness or serious emotional disturbance, AND
2. Person poses a substantial likelihood of serious harm because of the mental illness or serious emotional disturbance, AND
3. Person needs care, training, or treatment because of the mental illness or serious emotional disturbance, AND
4. All available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person...



JC Hearings – Actual Hearing

- The typical procedure for a Judicial Commitment hearing is generally the same manner of the PC hearings. In addition to the witnesses from the PC hearing, the social worker also testifies.*
- Hearings are often informal, but more formal than the PC hearing.
- Any patient committed at the Judicial Commitment level is committed to the hospital indefinitely. (T.C.A. § 33-6-706)
- There is no automatic Court review after the Judicial Commitment hearing.**
- Patients are discharged once the patients' treatment teams determine the patients no longer meet the statutory judicial commitment criteria.



Reporting Requirements

A network diagram consisting of numerous white circular nodes connected by thin white lines, set against a dark blue background. The nodes are arranged in a complex, interconnected pattern, resembling a molecular structure or a data network.

Reporting Involuntary Commitments

- T.C.A. § 33-3-117 requires each RMHI to report all individuals to local law enforcement who are “involuntarily committed” to the RMHI under Title 33.
- This report must be made within 3 business days of the commitment.
- Individuals reported as involuntarily committed to local law enforcement are ultimately included on the National Instant Criminal Background Check System (NICS) database at the FBI.
- At MTMHI, these reports are made directly to the Metropolitan Police Department of Nashville.
- The following commitments are included in this report:
 - (1) Probable Cause Commitments, or Commitments made pursuant to T.C.A. § 33-6-422;
 - (2) Judicial Commitments by outside hospitals or agencies pursuant to § 33-6-502;
 - (3) Judicial Commitments as part of a “301(b)” commitment, which is a commitment made by a criminal court for the purposes of ordering a defendant to undergo competency training under T.C.A. § 33-7-301(b).

Note on Reporting Commitments

- MTMHI does not report the judicial commitments of its own patients, as these patients have already been reported by MTMHI after their probable cause commitment.
- The reason for reporting outside commitments is that occasionally a private hospital or corrections facility will have an individual committed directly to MTMHI under T.C.A. § 33-6-502.
- It often cannot be verified whether such individuals have already been reported under § 33-3-117, so MTMHI reports them as commitments.

Limited Medical Conservatorship Hearings



Patients committed to MTMHI are not automatically deprived of their right to consent to medications.

Limited Medical Conservatorships

- In accordance with this provision, the Department promulgated Rule 0940-1-1-.06, “ADMINISTRATION OF MEDICATION TO PATIENTS OR RESIDENTS WHO LACK CAPACITY TO GIVE OR WITHHOLD CONSENT”.
- This rule provides that once a patient is determined to lack capacity and a treatment review committee (the “TRC”) is established to make medical decisions on their behalf, the committee has 90 days to treat the patient under the authority of the TRC.
- In order to continue to treat the patient after the 90th day under the TRC authority, the Department must file a petition to appoint a conservator over the patient pursuant to T.C.A. § 34-3-101 et seq.
- Accordingly, prior to the 90th day following a patient's TRC date, MTMHI legal must file a petition to appoint a limited medical conservator.
- Typically, MTMHI files a petition for a limited medical conservatorship, or for a conservator “over the person” as opposed to over “person and property.”

TRC and LOC

TREATMENT REVIEW COMMITTEE (TRC)

TCA § 33-6-107(A)

- All inpatient providers of mental health services shall have treatment review committees to make decisions for service recipients who are admitted to inpatient facilities and lack capacity under § 33-3-218 as determined under rules adopted under § 33-3-217 to make decisions for themselves on treatment,...

TCA § 33-6-107(B)

- The treatment review committee shall be composed of at least four (4) members. No one who is a member of a service recipient's treatment team may be a member of the treatment review committee. The treatment review committee should include a licensed physician, a service recipient advocate, and two (2) who are qualified mental health professionals, licensed pharmacists, or clinical chaplains...

TRC and LOC

LACK OF CAPACITY

TCA § 33-3-218

- 1. (A) [IF] a service recipient, due to intellectual disability or mental impairment related to a developmental disability, is unable to make an informed decision about application for admission to a developmental center under § 33-5-301, request discharge under § 33-5-303, or a routine medical, dental, or mental health treatment, OR
- (B) [IF] a service recipient, due to a diagnosed mental illness or serious emotional disorder, is unable to make an informed decision about application to a hospital or inpatient treatment resource under § 33-6-201, requesting discharge under § 33-6-206, inpatient mental health treatment, release of information, or getting information, AND
- 2. the incapacity is shown by the fact that the person is not able to understand the proposed procedure, its risks and benefits, or the available alternative procedures,
- THEN
- 3. the person “lacks capacity” under this title for decision about that matter at this time.

Limited Medical Conservatorships

- Conservatorship hearings usually include the following proof:
 - (a) Testimony of the physician
 - (b) Testimony of the social worker
 - (c) Testimony of the proposed conservator
 - (d) Testimony of the patient/respondent
- The core proof issues in conservatorship hearings are
 - (a) whether the person is “disabled” as defined in T.C.A. § 34-1-101 and in need of a conservator, and
 - (b) whether the proposed conservator is the appropriate person to serve in that capacity.

List of Documents needed to file for Limited Medical Conservatorships

1

Petition to Appoint Limited Medical Conservator

2

Sworn Medical Examination Report (T.C.A. § 34-3-104)

3

Proposed Order Appointing Guardian ad litem, Attorney ad litem, and setting hearing

4

Consent signed by Proposed Limited Medical Conservator (Fiduciary Oath is needed after the Limited Medical Conservator is appointed.)

5

A screenshot of the results from a search of the TN department of health's Abuse Registry: a registry of persons who have abused, neglected, or misappropriated the property of vulnerable persons, established by title 68, chapter 11, part 10.

6

A screenshot of the results from a search of the national sex offender registry maintained by the United States department of justice.

Sample Petition for Limited Medical Conservatorship – ComCare, Inc.

(d) The right to consent to participate in activities and therapies which are reasonable and necessary for the habilitation of the respondent;


(e) The power to give, receive, release, or authorize disclosures of confidential information.

8. The sworn report of the examining physician regarding the Respondent's mental and/or physical condition is submitted with this Petition as Exhibit 2.

PREMISES CONSIDERED, Petition prays:

1. That a guardian ad litem be appointed to accept service of process in this matter for the Respondent and to represent and protect the interests of the Respondent.
2. That an attorney ad litem be appointed to represent the Respondent.
3. That the Court set a time and place for a hearing on this Petition as soon as possible.
4. That a conservator be appointed for the Respondent with the powers and duties outlined in Paragraph 7 above, and that the rights identified in Paragraph 7 be transferred from the Respondent to the conservator.
5. That the requirements for bond and/or accountings be waived.
6. For such further relief to which the Court may find the Petitioner entitled.

Respectfully submitted,


KEZIA C. MILLS, BPR # 033672
Attorney for Petitioner
Middle Tennessee Mental Health Institute
221 Stewarts Ferry Pike
Nashville, TN 37214
Tel. (615) 902-7543

I swear (or affirm) that I have read the foregoing Petition for Appointment of a Conservator for the Defendant/Respondent and know its contents and that the contents are true except those stated on information and belief and that, as to those matters, I believe them to be true.

Petitioner

STATE OF TENNESSEE, COUNTY OF DAVIDSON

Sworn to and subscribed before me on this the _____ day of _____, 202_.

NOTARY PUBLIC

My commission expires: _____

Filed _____,

Court Clerk _____

Medical Report for Conservatorship

MEDICAL REPORT FOR CONSERVATORSHIP

Patient Name: _____

I, _____, a physician licensed to practice medicine in Tennessee or a psychologist licensed to practice psychology in Tennessee, do hereby declare that I examined this patient on _____ (date).

1. Medical History Summary:

2. Nature and Type of Disability:

3. Specific Reasons for Recommendation of Conservatorship:

4. Type and Scope of Conservatorship Needed:


5. Other Information:

Examining Professional Signature _____ Date _____ Time _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

PATIENT IDENTIFICATION (Label) MH-5489		Dept. of Mental Health and Substance Abuse Services MEDICAL REPORT FOR CONSERVATORSHIP Page 1 of 1 RDA-2305
---	---	--

Consent Form for Conservatorship

I am aware that I am being proposed as the full or limited medical conservator for _____ and hereby consent to serve as conservator if the Court so appoints me. I understand that my presence in court will be required.

Signature _____ Date _____

Relationship to Patient _____



Fiduciary Oath

In the Circuit Court of Davidson County, Tennessee
(Probate Division)

FIDUCIARY OATH

IN THE MATTER OF:
_____ DOCKET NO: _____
Respondent

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, _____, do solemnly swear or affirm that I will honestly and faithfully perform the duties as the Court-appointed Fiduciary in this matter and further shall honestly and faithfully promise to timely file each required Inventory and Accounting, unless waived by this Court, and to spend the assets of the minor or person with a disability only as approved by the Court. The inventory must be filed within sixty (60) days after my appointment date. The Accounting and Status Report are due six (6) months from the date of my appointment and yearly thereafter;

SO HELP ME GOD.

Signature of Affiant: _____
Address of Affiant: _____

E-Mail and Phone #: _____

Sworn to and subscribed before me, this _____ day of _____, 20____.

NOTARY PUBLIC / DEPUTY CLERK

My Commission Expires: _____

Revised 8/1/18

Note on “Proposed Conservators”

- T.C.A. § 34-3-103 establishes a “priority” of persons to be appointed as conservator over an individual.
- Priority is given first to any person designated in advance by the patient, next to spouse, next to child, next to closest relative, and finally to other willing persons.
- Typically, MTMHI patients do not have any individual designated as their preferred choice, and do not have family members who are able or willing to serve.
- If this is the case, MTMHI utilizes ComCare, Inc., which is a private entity which provides professional guardianship services.
- However, the Court will typically want to know that there are no other options before appointing ComCare.*



Questions???

Thank You!

Kezia C. Mills, Esq.

kezia.c.mills@tn.gov

615.902.7543

