

BOYLE COUNTY ATTORNEY

Room 120, Boyle County Courthouse

859-238-1121



Definition of Guardianship

In Kentucky, guardianship is a legal relationship between a court-appointed adult who assumes the role of guardian for a ward. A ward is a person who has been declared legally disabled by the court and is no longer able to care for his or her personal and/or financial needs.

A guardian may be a friend or family member willing to care for the disabled individual. If no one is available to care for the disabled person, the court appoints the Cabinet for Health and Family Services state guardian.

In some cases, a Power of Attorney may be utilized in place of guardianship. The County Attorneys Office is available to discuss this option with individuals.

The Boyle County Attorney's Office is available for questions regarding guardianship and assistance in completing the petition.

All questions and concerns should be addressed prior to submission of petition.



PETITION TO DETERMINE
IF DISABLED

Case No. _____
Court _____ District _____
County _____
Division _____

COMMONWEALTH OF KENTUCKY
VS.

PETITIONER

RESPONDENT

_____ has reasonable grounds or knowledge to lead him/her to believe Respondent appears to be unable to provide for his/her physical health and safety and/or manage his/her financial resources effectively and submits to the Court the following facts upon which he/she supports this belief:

1. Name of Petitioner: _____
Address: _____
Phone No.: _____
Petitioner's relationship to Respondent: _____

2. Name of Respondent: _____
Respondent's Date of Birth (if known): _____

3. Respondent's Permanent, Full-time Residence: _____
Address

- a. Respondent has resided at this address for the previous _____ years _____ months.
- b. Is this address a hospital, treatment facility, correctional facility, or long-term care facility? Yes No

4. Is Respondent currently physically located at his or her permanent address above? Yes No If No, (check one):
 a. Respondent is currently located at: _____
Address
 b. Respondent's current location is unknown at this time.

5. Is Respondent a citizen or a permanent resident of the United States? Yes No

6. Has Respondent been convicted of, pled guilty to, or entered an Alford plea for a felony sex crime as defined in KRS 17.500? Yes No Unknown

7. Has Respondent been convicted of, pled guilty to, or entered an Alford plea for a felony offense that would classify the person as a violent offender under KRS 439.3401? Yes No Unknown

8. The nature of Respondent's disability and the facts or reasons supporting the need for determination of disability are:

9. Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state none or unknown):

ESTATE	VALUE
Real Property	\$ _____
Personal Property	\$ _____
Yearly Income	\$ _____
Source of Yearly Income	_____

10. Name of Person or Facility having custody of Respondent: _____
Address: _____

11. Respondent's Durable Power of Attorney OR Health Care Surrogate is:
Name: _____
Address: _____

12. Respondent's next of kin:
Name: _____
Address: _____

Relationship to Respondent: _____

Name: _____

Address: _____

Relationship to Respondent: _____

WHEREFORE, Petitioner requests the Court inquire into Respondent's ability to care for himself/herself and to manage his/her financial resources. Petitioner attaches an **Application for Appointment of Fiduciary and further requests:**

1. A (*choose one*) bench trial jury trial be held;
2. Court appointment of counsel to represent Respondent; and
3. Court appointment of an interdisciplinary evaluation team to evaluate Respondent as provided by law, unless the evaluation report is filed with this Petition.

Date

Signature of Petitioner

Subscribed and sworn to before me by _____ on _____ in the county
(name) (month/day/year)
of _____
(county) (state)

For Notaries: My commission expires: _____ . My notary ID number is : _____

Name/Title

To be completed if Petitioner is represented by counsel:

Attorney's Name: _____

Address: _____

Phone No.: _____

Attorney Signature

AOC- 745 Doc. Code: AAF
Rev. 7-18
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 387.530(2); 387.720; 395.130;
210.290



APPLICATION FOR APPOINTMENT
OF FIDUCIARY FOR DISABLED PERSONS

Case No. _____
Court District
County _____
Division _____

COMMONWEALTH OF KENTUCKY
VS.

PETITIONER

RESPONDENT

* * * * *

1. Comes now _____, Applicant herein, and requests to be appointed as _____ for Respondent.

2. Applicant states his/her relationship to Respondent is _____.

3. Applicant states his/her qualifications for appointment are as follows:

4. Applicant offers as surety on his/her bond the following:

5. Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state if none or unknown):

<u>ESTATE</u>	<u>VALUE</u>
Real Property	\$ _____
Personal Property	\$ _____
Yearly Income	\$ _____
Source of Yearly Income	_____

6. If Applicant is the Cabinet for Health and Family Services, please attach, or provide the Court prior to the final hearing in this matter, a report indicating the average caseload of each field social worker.

7. Applicant states that all statements in the foregoing are true.

Applicant's Name: _____

Address: _____

Telephone Number: _____

Date _____

Applicant's Signature _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.

My Commission expires: _____

County, Kentucky _____ Name/Title _____

**WAIVER OF NOTICE AND REQUEST
FOR APPOINTMENT OF FIDUCIARY**

The undersigned hereby waive notice of hearing and the right to appointment and request the Court to make the appointment herein applied for:

_____	_____
_____	_____
_____	_____
_____	_____

To be completed if Applicant is represented by counsel:

Attorney's Name: _____

Address: _____

Telephone Number: _____

Date

Attorney Signature

AOC-747 Doc. Code: PEF
Rev. 7-03
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 387.740; 387.720; 395.130



**PETITION/APPLICATION FOR
EMERGENCY APPOINTMENT
OF FIDUCIARY FOR DISABLED PERSONS**

Case No. _____
Court District
County _____
Division _____

COMMONWEALTH OF KENTUCKY ex rel

PETITIONER

VS.

RESPONDENT

1. Comes Petitioner and requests appointment as emergency limited guardian OR conservator for Respondent for the purpose of:

2. Petitioner states his/her relationship to Respondent is: _____ and his/her qualifications for appointment are:

3. Petitioner offers as surety on his/her bond the following:

4. Respondent is _____ years of age and resides at: _____

5. The person or facility having custody of the Respondent is (name and address):

6. A petition for a Determination of Disability was filed on _____, 2____.
7. Respondent's Durable Power of Attorney OR Health Care Surrogate is:
Name: _____
Address: _____

8. Affidavit(s) are attached setting forth facts, including any danger alleged as imminent, and reasons necessitating such appointment.

9. Respondent's next of kin is/are:

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

WHEREFORE, Petitioner respectfully requests that a hearing be held within one (1) week of the filing of this Application.

Petitioner's Name: _____

Address: _____

Telephone Number: _____

Social Security No. _____

_____ Date

_____ Petitioner's Signature

SUBSCRIBED and SWORN to before me this _____ day of _____, 2_____.

My Commission expires: _____.

_____ County, Kentucky

_____ Name/Title

**WAIVER OF NOTICE AND REQUEST
FOR APPOINTMENT OF FIDUCIARY**

The undersigned hereby waive notice of hearing and the right to appointment and request the Court to make the appointment herein applied for:

To be completed if Applicant is represented by counsel:

Attorney's Name: _____

Address: _____

Telephone Number: _____

_____ Date

_____ Attorney Signature

Distribution: Petitioner/Attorney County Attorney Respondent/Attorney



PERSONAL IDENTIFIER DATA SHEET
(Mental Health/Disability/Incompetency)

Case No. _____
Court _____
County _____
Division _____

****For use in actions brought or proceedings conducted pursuant to KRS Chapters 202A (Involuntary hospitalization of the mentally ill); 202B (Involuntary intellectual disability admission); 222.430 et seq. (Involuntary treatment for a substance use disorder); 387.500 et seq. (Guardianship and conservatorship for disabled persons); 504 (Responsibility, incompetency/insanity/mental illness); and, 645 (Involuntary hospitalization of the mentally ill child).

TO THE PETITIONER IN A MENTAL HEALTH OR DISABILITY PROCEEDING

TO THE DEFENDANT OR HIS/HER ATTORNEY IN A CHAPTER 504 PROCEEDING

The Court requires that you provide the following information about the Respondent/Defendant in this case:

RESPONDENT/DEFENDANT: *Please Print*
First Middle Last

Also known as: _____

Street address: _____

Mailing address: _____

Respondent's/Defendant's Identifiers:

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

I understand that the information requested herein is intended to be entered into the official court record of this matter, and that its accuracy is of the utmost importance. The information I have provided above is true and accurate to the best of my knowledge and belief.

_____, 2_____
Date

Signature

Printed Name

BOYLE COUNTY DISTRICT DISABILITY PROCEEDINGS

PETITIONER: _____

RESPONDENT: _____

RESPONDENT'S PHYSICIAN: _____

NAME: _____

ADDRESS: _____

PHONE: _____