



**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: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
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):

<u>ESTATE</u>	<u>VALUE</u>
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. Trial by jury;
2. Counsel to represent the Respondent; and
3. Court appointment of a physician, advanced practice registered nurse, or physician assistant; a psychologist; and a social worker to evaluate Respondent as provided by law unless the evaluation report is filed with this Petition.

\_\_\_\_\_, 2\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Petitioner**

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.  
My Commission expires: \_\_\_\_\_.

\_\_\_\_\_  
County, Kentucky

\_\_\_\_\_  
Name/Title

To be completed if Petitioner is represented by counsel:

**Attorney's Name:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Attorney Signature**