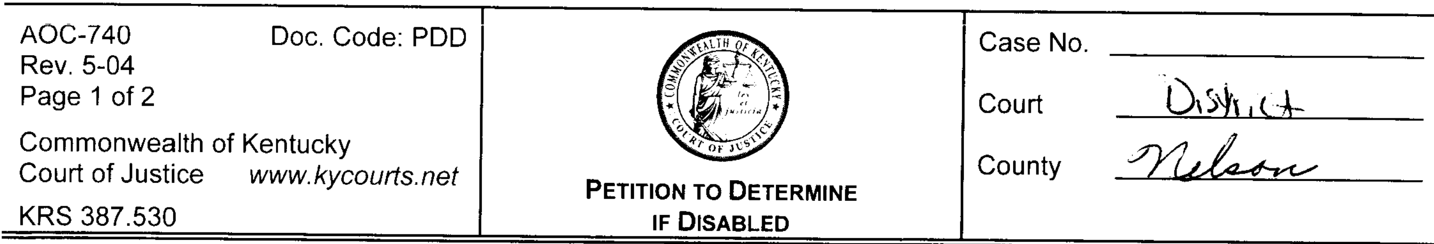
Instructions for Petition to Determine if Disabled

1. Write the name of Respondent (Person you are filing petition for);
2. Write your name;
3. Write your address;
4. Write your telephone number;
5. Write your relationship to Respondent;
6. Write the name of Respondent (Person you are filing petition for);
7. Write the Respondent's (Person you are filing petition for) address;
8. Write the Respondent's (Person you are filing petition for) date of birth;
9. List the reasons why you believe the Respondent needs the guardianship. (ie. their disabilities, medical diagnosis;
10. List the value of the Respondent's Real Property (house(s) and/or land);
11. List the value of the Respondent's Personal Property;
12. List the amount of the Respondent's yearly income;
13. List the source of the Respondent's income;
14. & 15. Write the name and address of the person having custody of the Respondent; (This could be a nursing home, hospital, etc.);
16. & 17. Check if the Respondent has a Durable Power of Attorney and/or Health Care Surrogate. If Respondent has these, write the name and address of the person who is listed as the Respondent's Durable Power of Attorney and/or Health Care Surrogate; and
18. & 19. Write the name and address of the Respondent's next of kin (spouse, siblings or children) – If needed, write additional names and addresses on a separate sheet of numbers.

DO NOT SIGN THESE DOCUMENTS. YOU WILL SIGN THEM IN FRONT OF THE COUNTY ATTORNEY'S OFFICE.



AOC-740 Doc. Code: PDD
Rev. 5-04

Commonwealth of Kentucky
Court of Justice *www.kycourts.net*
KRS 387.530

PETITION TO DETERMINE IF DISABLED

Case No. ______
Court District
County Nelson

COMMONWEALTH OF KENTUCKY PETITIONER

VS.

RESPONDENT

(1) ______ 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:** (2)
   Address: (3)

   Telephone Number: (4)
   Petitioner's relationship to Respondent: (5)
2. **Name of Respondent:** (6)
   Address: (7)

   Respondent's Date of Birth (if known): (8)
3. The **nature of Respondent's disability** and the facts or reasons supporting the need for determination of disability are: (9)

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

ESTATE	**VALUE**
Real Property	$ (10)
Personal Property	$ (11)
Yearly Income	$ (12)
Source of Yearly Income	(13)

5. **Name of Person having custody of Respondent:** (14)
   Address: (15)

6. Respondent's [ ] **Durable Power of Attorney** OR [ ] **Health Care Surrogate** is:
   Name: (16) ______________________________
   Address: (17) ______________________________
   ____
   ____

7. Respondent's next of kin:
   Name: (18) ______________________________
   Address: ______________________________
   ____
   ____
   Relationship to Respondent: ______________________________
   Name: (19) ______________________________
   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, psychologist and social worker to evaluate Respondent as provided by law unless the evaluation report is filed with this Petition.

Date: ____________________, **2**______ ______________________________
Signature of Petitioner

Subscribed and before me on________________, 2_____. My commission expires: __________________, 2____.

____
Name/Title

To be completed if Applicant is represented by counsel:

Attorney's Name ______________________________

Address ______________________________
____
____
____

Telephone Number ______________________________

____
Attorney Signature

Instructions for Application for Appointment of Fiduciary For Disabled Persons

1. Write the name of Respondent (/Person you are filing petition for);
2. Write your name;
3. Write Guardian / Co-Guardian / Conservator or Co-Conservator;
4. Write your relationship to Respondent;
5. List your qualifications for being appointed Guardian/Conservator for the Respondent;
6. State the reason why you should be appointed as Guardian (ie, Respondent is a sibling, child, or parent)
7. List the value of the Respondent's Real Property (house(s) and/or land);
8. List the value of the Respondent's Personal Property;
9. List the amount of the Respondent's yearly income;
10. List the source of the Respondent's income; and
11. Write your name;
12. Write your address; and
13. Write your telephone number.

DO NOT SIGN THESE DOCUMENTS. YOU WILL SIGN THEM IN FRONT OF THE COUNTY ATTORNEY'S OFFICE.

AOC-745 Doc. Code: AAF
Rev. 3-03

Commonwealth of Kentucky
Court of Justice www.kycourts.net

KRS 387.530(2); 387.720; 395.130

APPLICATION FOR APPOINTMENT OF FIDUCIARY FOR DISABLED PERSONS

Case No. ____________

Court District

County Nelson

COMMONWEALTH OF KENTUCKY PETITIONER

VS.

(1) RESPONDENT

* * * * * * * * *

1. Comes now (2) ____________, Applicant herein, and requests to be appointed as (3) ____________ for Respondent.
2. Applicant states his/her relationship to Respondent is (4) ____________.
3. Applicant states his/her qualifications for appointment are as follows: (5) ____________
4. Applicant offers as surety on his/her bond the following: (6) ____________
5. Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state if none or unknown):

ESTATE	VALUE
Real Property	$ (7)
Personal Property	(8)
Yearly Income	(9)
Source of yearly Income	(10)

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

Applicant's Name: (11) ____________

Address: (12) ____________

Telephone Number: (13) ____________

Date: ____________, 2____.

____
Applicant's Signature

Subscribed and sworn to before me on ____________, 2____. My commission expires ____________, 2____.

____
Name/Title

Case No. ______________________

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 ______________________

____
Attorney Signature

Instructions for Order for Examination

1. Write the name of Respondent (Person you are filing petition for);
2. Write the address of Respondent (where the Respondent currently is located); and
3. & 4. Write the name and address for Respondent's Physician (this the physician that will be evaluating the Respondent).

   The Respondent will be evaluated by Communicare and a Social Worker, unless there are circumstances that permit them to complete these evaluations.

AOC-750 Doc. Code: OE
Rev. 4-04

Commonwealth of Kentucky
Court of Justice www.kycourts.net
KRS 387.540

ORDER FOR EXAMINATION

Case No.________
Court District
County Nelson

COMMONWEALTH OF KENTUCKY

PETITIONER

V.

(1) ________ RESPONDENT
Address: (2)

On ________, 2 ______, a Petition was filed alleging that the Respondent is unable [ ] to provide for his/her physical health and safety and/or [ ] to manage his/her property effectively.

It is hereby **ORDERED** that the Respondent be examined by an interdisciplinary evaluation team and the report(s) of the interdisciplinary evaluation be filed with the Court. The interdisciplinary evaluation team shall be comprised of following individuals:

1. A ~~licensed physician~~ [ ] QMHP [ ] QMRP;
Name: (3)
Address: (4)

2. A licensed or certified psychologist under KRS Chapter 319 [ ] QMHP [ ] QMRP; and
Name: Kathleen Powers, Communicare
Address: 331 S. Third St
Bardstown KY 40004

3. A licensed or certified social worker or an employee of the Cabinet for Families and Children who is qualified under KRS 335.080 and KRS 335.090.
Name: Cabinet for Health & Family Services
Address: 916 N. Mulberry
Elizabethtown KY 42701

The interdisciplinary evaluation team is appointed to examine the Respondent to determine his/her ability to care for his/her physical health and safety and/or manage his/her property effectively, and report the findings of the team or individual team members, including:

a. A description of the nature and extent of the Respondent's disability, if any;

b. Evaluations of the Respondent's social, intellectual, physical, and educational condition, adaptive behavior and social skills;

c. A list of social, educational, medical and rehabilitative services currently being utilized by the Respondent;

d. A list of all medications the Respondent receives and the impact of same on his/her mental and physical behavior;

e. A recommendation as to the most appropriate treatment or rehabilitation plan and living arrangement for the Respondent;

f. An opinion as to whether guardianship or conservatorship is needed;

g. If guardianship or conservatorship is needed, a recommendation as to the necessary scope of such appointment, specifying the areas in which the Respondent is unable to provide for his/her physical health and safety and/or manage his/her property effectively, what assistance is needed, and the anticipated duration of the need for such appointment. In making such recommendation, state whether alternatives to guardianship are available; and

h. A determination whether attending a hearing on this matter would subject the Respondent to serious risk of harm.

Date: ______________________, 2____ ______________________________

Judge's Signature

Please print or type the name of the Judge: ______________________

AOC- 031 Doc. Code: NFP Rev. 6-11 Page 1 of 1 Commonwealth of Kentucky Court of Justice www.courts.ky.gov KRS 237.108; 18 U.S.C. § 922(g)(4), (d)(4)	 **NOTICE OF FIREARM PROHIBITIONS**	Case No. ________ Court District County Nelson

IN RE: RESPONDENT/DEFENDANT ____________________

First Middle Last

Also known as: ____________________

Street address: ____________________

Mailing address: ____________________

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

IMPORTANT NOTICE TO THE ☐ RESPONDENT ☐ DEFENDANT IN THIS CASE:

Federal law, 18 U.S.C. § 922(g)(4), makes it unlawful, provides penalties for, and **PROHIBITS** a person who has been adjudicated as mentally disabled, defective, or incompetent, or who has been committed to a mental institution, from **possessing, transporting, shipping, receiving, or purchasing** any **FIREARM**, including, but not limited to, a rifle, shotgun, handgun, pistol, revolver, or **AMMUNITION**.

18 U.S.C. § 922(d)(4) makes it unlawful, provides penalties for, and prohibits any person from selling, transferring, or otherwise disposing of any firearm or ammunition to any person knowing or having reasonable cause to believe that such person has been adjudicated as mentally disabled, defective, or incompetent, or has been committed to any mental institution.

On (*date*) ________________, _____, this Court ordered a commitment or made a finding and/or adjudication in Case Number ________________ pursuant to KRS Chapter (*check one*):

☐ 202A (Involuntary hospitalization of the mentally ill). ☐ 202B (Involuntary mental retardation admission).

☐ 222.430 et seq. (Involuntary treatment for alcohol and other drug abuse).

☐ 387.500 et seq. (Guardianship and conservatorship for disabled persons).

☐ 504 (*check one*) ☐ Incompetent to stand trial. ☐ Not guilty by reason of insanity. ☐ Guilty but mentally ill.

☐ 645 (Involuntary hospitalization of the mentally ill child).

KRS 237.108 requires that this Court notify you of the firearm prohibitions of 18 U.S.C. § 922(g)(4) and (d)(4) and forward your name and identifying information to the Kentucky State Police.

Pursuant to and in accordance with KRS 237.108(2), you may petition this Court for removal of the firearm prohibitions; use form AOC- 032, "Petition/Motion for Removal of Firearm Prohibitions."

TO THE CIRCUIT COURT CLERK: Enter the above data into the case management system for distribution to the Kentucky State Police.

________________, 2_____ ____________________
Date Judge (Signature)

____
Judge (Printed)

Original: Court file
Copy To: Respondent/Defendant
Guardian/Conservator or Parent/Legal guardian/Other person having custody (if applicable)

AOC- 034 Doc. Code: PIDMD
Rev. 6-11
Page 1 of 1

Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

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

Case No. ______________

Court District

County Nelson

****For use in actions brought or proceedings conducted pursuant to KRS Chapters 202A (Involuntary hospitalization of the mentally ill); 202B (Involuntary mental retardation admission); 222.430 et seq. (Involuntary treatment for alcohol and other drug abuse); 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)

Original: Court file

Communicare Clinic

331 South Third Street • Bardstown, Kentucky 40004 • (502) 348-9206

Date: ______________

Dear Petitioner ______________________________:

With the filing of a petition for disability evaluation of ______________________, the Nelson County Court has appointed a Communicare psychologist to provide one part of this evaluation to assist in determining the need for guardianship. This evaluation will be scheduled after payment is received. Please make the payment as soon as possible, as the appointment times fill up weeks in advance, and this report needs to be in the hands of the court within 10 days of the court hearing.

It is our policy at the Bardstown Clinic to request payment of an initial $210, which is the minimum amount billed for these types of evaluations. Billing time includes the evaluation and completion of a written report for the court. You may be billed an additional cost if additional time is required. That may include court testimony. Insurance, Passport, and Medicare does not pay for this evaluation. This payment needs to be made at Communicare Clinic 331 South Third Street Bardstown, KY 40004.

If you are unable to keep the appointment, please notify us 24 hours prior to the appointment. If such notification is not received, a $30 charge will be assessed.

If you have any questions, please call 348-9206.

Sincerely,

Bill Osbourne, LCSW
Clinic Manager

Kentucky Association of Regional Mental Health

Communicare Instruction Letter

I _____________________________, hereby sign this notification stating that I have received a copy of the letter, in which states the guidelines for Communicare. In reference to the above-guardianship on ________________________________. Dated this _______day of________, __________.

____
Petitioner