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Rev. 8-25

Commonwealth of Kentucky
Court of Justice *www.kycourts.gov*

KRS 210.290; 387.530; 387.570

PETITION TO DETERMINE IF DISABLED

Case No. _____
Court District
County _____
Division _____

COMMONWEALTH OF KENTUCKY PETITIONER

VS.

_____ 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

Print Form **Reset Form**