



**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