



**PETITION FOR RELIEF,
MODIFICATION OR TERMINATION**

Case No. _____
Court DISTRICT
County _____
Division _____

In the matter of the guardianship/conservatorship of _____

Ward

* * * * *

Comes the Petitioner _____ and requests the Court:

1. Terminate Modify the order of partial disability disability entered on _____, 2____
Date
as follows: _____

Remove the present fiduciary and replace with _____.

Renew the appointment of the present fiduciary for a period of _____.

In support of this request, Petitioner states:

2. Ward's address: _____ County: _____

Name and address of the individual or facility, if any, having custody of the ward:

Name: _____

Address: _____ County: _____

3. Ward's present fiduciary: _____

Address: _____

Appointed on: _____

As: Limited Guardian

Limited Conservator

Guardian

Conservator

4. Ward's next of kin are:

Name

Address

Relationship

5. The facts and reasons supporting this request:

WHEREFORE, the Petitioner requests that this court conduct a hearing within 30 days of the filing of this petition in the county of the ward's current residence or domicile, or, if the ward is a minor, where the parent of the ward is domiciled. KRS 387.520(2).

If the foregoing petition is for a renewal of appointment, it shall be accompanied by verified affidavits of a physician, an advanced practice registered nurse, or a physician assistant; or a licensed or certified psychologist under KRS Chapter 319; or a licensed or certified social worker or an employee of the Cabinet for Health and Family Services who is qualified under KRS 335.080(1)(a), (b), and (c) or KRS 335.090(1)(a), (b), and (c), in support of same pursuant to KRS 387.610.

Petitioner

Address

Relationship to Ward

To be completed if Petitioner is represented by counsel:

Signature of Attorney

Address of Attorney

Telephone Number

A copy of this Petition was mailed this date to the Ward, the attorney of record, the county attorney and all persons named in the Petition.

Date

Clerk

By: _____ D.C.