



**PETITION FOR RELIEF,
MODIFICATION OR TERMINATION**

Case No. _____
Court DISTRICT
County _____

COMMONWEALTH OF KENTUCKY

PETITIONER

VS.

RESPONDENT

* * * * *

Comes the Petitioner and requests the Court to terminate modify as follows:

The order of partial disability disability entered on _____ be
 terminated modified as follows: _____

To remove the present fiduciary and replace with _____.

To renew the appointment of the present fiduciary for a period of _____.

In support of this request, Petitioner states:

1. The Respondent's address: _____

In custody of: _____

2. Respondent's present fiduciary: _____

Address: _____

Appointed on: _____

As: Limited Guardian

Limited Conservator

Guardian

Conservator

3. The Respondent's Durable Power of Attorney Health Care Surrogate is:

Name

Address

4. Respondent'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 thirty (30) days of the filing of this petition.

If the foregoing petition is for a renewal of the appointment of a limited guardian or conservator, it shall be accompanied by verified affidavits of a physician, a psychologist, or a social worker in support of same pursuant to KRS 387.610.

Petitioner

Address

Relationship to Respondent

SUBSCRIBED and SWORN to before me this _____ day of _____, _____.

Name/Title

County, Kentucky

To be completed if Petitioner is represented by counsel:

Signature of Attorney

Address of Attorney

Telephone Number

An attested copy of this Petition was mailed this date to the Respondent, the attorney of record, the county attorney and all persons named in the Petition.

Date

Signature