



**PETITION TO DETERMINE
IF DISABLED**

Case No. _____

Court _____

County _____

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: _____

Telephone Number: _____

Petitioner's relationship to Respondent: _____

2. **Name of Respondent:** _____

Address: _____

Respondent's Date of Birth (if known): _____

3. The **nature of Respondent's disability** and the facts or reasons supporting the need for determination of disability are:

4. 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 _____

5. **Name of Person having custody of Respondent:** _____

Address: _____

6. Respondent's [] **Durable Power of Attorney** OR [] **Health Care Surrogate** is:

Name: _____

Address: _____

7. 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. 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