



**APPLICATION FOR APPOINTMENT
OF FIDUCIARY FOR
DISABLED PERSONS**

Case No. _____
Court _____ District _____
County _____

COMMONWEALTH OF KENTUCKY

PETITIONER

VS.

RESPONDENT

* * * * *

1. Comes now _____, Applicant herein, and requests to be appointed as _____ for Respondent.
2. Applicant states his/her relationship to Respondent is _____.
3. Applicant states his/her qualifications for appointment are as follows: _____

4. Applicant offers as surety on his/her bond the following: _____

5. Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state if none or unknown):

ESTATE	VALUE
Real Property	\$ _____
Personal Property	\$ _____
Yearly Income	\$ _____
Source of yearly Income	\$ _____

6. Applicant states that all statements in the foregoing are true.

Applicant's Name: _____

Address: _____

Telephone Number: (____) _____

Date: _____, 2____.

Applicant's Signature

Subscribed and sworn to before me on _____, 2____. My commission expires

_____, 2____.

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: (____) _____

Attorney Signature