



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

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

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):

<u>ESTATE</u>	<u>VALUE</u>
Real Property	\$ _____
Personal Property	\$ _____
Yearly Income	\$ _____

Source of Yearly Income \_\_\_\_\_  
\_\_\_\_\_

6. If Applicant is the Cabinet for Health and Family Services, please attach, or provide the Court prior to the final hearing in this matter, a report indicating the average caseload of each field social worker.

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

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant'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**