



**PETITION / APPLICATION FOR
EMERGENCY APPOINTMENT
OF FIDUCIARY FOR DISABLED PERSONS**

Case No. _____

Court _____ District _____

County _____

COMMONWEALTH OF KENTUCKY ex rel

_____ PETITIONER

VS.

_____ RESPONDENT

1. Comes Petitioner and requests appointment as **emergency limited** [] **guardian** OR [] **conservator** for Respondent for the purpose of: _____

2. Petitioner states his/her relationship to Respondent is: _____ and his/her qualifications for appointment are: _____

3. Petitioner offers as surety on his/her bond the following: _____

4. Respondent is _____ years of age and resides at:

5. The person or facility having custody of the Respondent is (*name and address*):

6. A petition for a Determination of Disability was filed on _____, 2_____.

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

Name: _____

Address: _____

8. **Affidavit(s) are attached setting forth facts, including any danger alleged as imminent, and reasons necessitating such appointment.**

9. Respondent's next of kin is/are:

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

WHEREFORE, Petitioner respectfully **requests** that a **hearing be held** within one (1) week of the filing of this Application.

Petitioner's Name: _____

Address: _____

Telephone Number: _____ **Social Security No.** _____

Date: _____

Petitioner's Signature

Subscribed and sworn to before me this ____ day of _____, 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 requested.

To be completed if Petitioner is represented by counsel:

Petitioner's Attorney: _____

Address: _____

Telephone No. _____

Attorney's Signature

Distribution: Petitioner/Attorney

County Attorney

Respondent/Attorney