AOC-765 Doc. Code: RIET
Rev. 8-17

Commonwealth of Kentucky
Court of Justice *www.courts.ky.gov*

KRS 387.540

REPORT OF INTERDISCIPLINARY EVALUATION TEAM

Case No. _____
Court District
County _____
Division _____

COMMONWEALTH OF KENTUCKY)
PETITIONER)
)
VS.)
)
_____)
RESPONDENT

* * * * * * * * * * * * *

We, the undersigned, hereby report to the court as follows:

1. That the nature and extent of the Respondent's disabilities may be described as follows:

_____

_____

_____

_____

2. That the evaluations ordered regarding the Respondent are current and were performed and signed by the following individuals:

Evaluation: **Name** **Title** **Date Performed**

Intellectual: _____

Physical: _____

Educational: _____

Adaptive Behavior: _____

Social Skills: _____

3. That guardianship:

☐ Is needed for the following reason:

_____

_____

_____

☐ Is not needed for the following reason:

_____

_____

_____

4. That the recommendation(s) of the type, scope, and duration of guardianship for the Respondent is/are as follows:

_____

_____

_____

_____

5. The conservatorship:

☐ Is needed for the following reason:

_____

_____

_____

☐ Is not needed for the following reason:

_____

_____

_____

6. That the recommendation(s) of the type, scope, and duration of conservatorship for the Respondent is/are as follows:

_____

_____

_____

_____

7. That the social, educational, medical, and rehabilitative services currently being provided to the Respondent are as follows:

_____

_____

_____

_____

8. That appropriate alternatives to guardianship/conservatorship:

☐ Are available *(explain)*:

_____

_____

_____

☐ Are not available *(explain)*:

_____

_____

_____

9. That the recommendations and reasons as to the most appropriate treatment or rehabilitation plan and living arrangement for the Respondent are as follows:

_____

_____

_____

_____

10. That for the Respondent to attend the hearing on the Petition filed herein:

☐ Would subject him/her to serious risk of harm.

☐ Would not subject him/her to serious risk of harm.

11. That appended hereto is a list of all medications currently being given to the Respondent on a continuous basis, the dosage of the medication, and a description of its impact upon the Respondent's mental and physical condition and behavior.

12. That any dissenting opinions or other comments are as follows:

_____

_____

_____

_____

_____
Date

_____
Signature of Licensed Physician *OR*
Advanced Practice Registered Nurse

_____
Signature of Licensed/Certified Psychologist

_____
Signature of Licensed/Certified Social Worker

_____
Signature of Other

_____
Name of Facility or Agency

_____

_____
Address

_____
Telephone Number

Print Reset Form