



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

Case No. _____
Court _____ District _____
County _____
Division _____

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: _____.

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

Distribution: Petitioner/Attorney

County Attorney

Respondent/Attorney

EMERGENCY GUARDSHANSHIP DOCTOR'S AFFIDAVIT IN SUPPORT OF PETITION

The purpose of this affidavit is to provide the court with the information necessary for an EMERGENCY GUARDIANSHIP HEARING:

1. Patient Name and Date of Birth: _____

2. Patient has been under my care since: _____ Patient was last seen by me: _____

3. Current Location: _____

4. Patient's Cognitive Deficits/Mental Health Diagnosis: _____

5. Prognosis: _____

6. The patient needs an emergency guardian appointed for the following reason(s):

7. In my opinion, the above referenced patient: (check one)

_____ can attend the emergency guardianship hearing OR

_____ cannot attend the emergency guardianship hearing because it would pose a serious risk of harm to him/her.

8. If the court needs further information for the emergency hearing, please contact:

Physician's Name _____

Physician's Address _____

Physician's Phone No. _____

PHYSICIAN'S SIGNATURE

Subscribed and sworn to before me by _____ on this _____ day of _____, 20_____.

My Commission Expires: _____

**NOTARY PUBLIC
KENTUCKY, STATE AT LARGE**

Hardin County Attorney's Office
100 Public Square, Suite 300
Elizabethtown, KY 42701
Ph: (270) 765-6726

Hardin Circuit Court Clerk
Fax: (270)766-5184