DATE_____

APPOINTMENT OF GUARDIAN/DETERMINATION OF DISABILITY

Person who needs Guardian appointed for them:
Name _____
Address _____
How long at current address_____
S.S. #_____Date of Birth _____
Age _____ Race_____ Height_____ Weight_____
Eyes_____ Hair_____ DL#_____St_____

Has Respondent ever been convicted of a crime? Yes or No
If yes, explain_____
_____
_____

Person or Facility having custody & Address _____
_____

Durable Power of Atty is _____
Address _____
Health Care Surrogate is _____
Address _____

Petitioner to be Appointed Guardian:
Name _____ S.S.#_____
Address _____
Phone Number _____
Relationship to Respondent_____

Amount of Real Property Owned _____
Amount of Personal Property Owned _____
Yearly Income _____
Source of Yearly Income _____

Next of Kin:

Name	Address	Relationship

Licensed Physician Requested _____
Address & Phone # _____

Licensed Psychologist Requested_____
Address & Phone # _____

FILING FEE: $108.50

Description of Respondent’s disability and reasons for determination of disability/Appointment of Guardian:

CASE NO:_____

EMERGENCY GUARDIANSHIP DOCTOR'S STATEMENT IN SUPPORT OF PETITION

The purpose of this statement is to provide the LARUE DISTRICT 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 need further information for the emergency hearing, please contact:

_____
Physician's Name

_____
Physician's Address

_____
Physician's Phone No.

_____
PHYSICIAN'S SIGNATURE

Please return form to:
LaRue County Attorney's Office
P.O. Box 322
Hodgenville, KY 42748

REPORTS NEEDED IN ORDER TO HAVE PERMANENT GUARDIANSHIP

In order for you to become the permanent guardian of your Ward, your Ward must be evaluated by **three (3) licensed mental health professionals: a physician, a psychologist, and a social worker.**

Paperwork will be mailed to the appropriate individuals (that you designated) **but it is your responsibility to schedule appointments** to ensure that the evaluations are done and the reports are submitted to the Court.

A Trial will be scheduled when all of the evaluations report have been submitted to the Court. The Court will then decide if your Ward should be declared wholly disabled, partially disabled or if your Ward is competent.

Schedule an appointment with:

The ward's primary Doctor: Dr. _____
Date of appointment _____

A licensed psychologist (Usually Communicare)_____
Date of appointment _____

A worker with Cabinet for Health & Family Services_____
Date of appointment_____