

Step-By-Step Guide for Emergency Guardianship Petitions:

Terminology:

Petitioner: The person or entity seeking guardianship and/or conservatorship over someone else; The person who is filing the petition.

Respondent: The individual whom you are seeking guardianship and/or conservatorship of.

STEP 1: Determine whether the respondent is a resident of Boone County. If the individual is not, check with the Clerk or County Attorney in the county of residence for their local procedures on filing for guardianship and/or conservatorship.

Step 2: Contact the County Attorney's office at (859) 334-3200. You will be asked to discuss the circumstances of the case prior to filing for Emergency Guardianship. Emergency guardianship removes an individual's rights to make decisions; they should only be sought in extreme circumstances. If the circumstance does not warrant emergency guardianship, the party may still go forward with a regular guardianship petition.

STEP 3: File for regular guardianship. (See step-by-step guide for guardianship) Emergency guardianship cannot be filed until a petition for regular (non-emergency) guardianship has been initiated. These may be filed at the same time.

Step 4: Fill out Petition/Application for Emergency Appointment of Fiduciary for Disabled Persons (AOC-747). The petition must be accompanied by a note from a doctor on letterhead stating that emergency guardianship is necessary.

STEP 5: Once Forms are completed, they must be signed before a notary and notarized. (A notary is available at the Boone County Justice Center when submitting the petition if needed.)

STEP 6: Completed, notarized, forms must then be filed with the Boone County Circuit Court Clerk, located at 6025 Rogers Ln, Burlington, KY 41005. Petitions are accepted on the first floor, at windows 5 or 6. The petition must be accompanied by a filing fee, currently \$157.50 for petitions for adults and \$83.50 for petitions for minors. (These fees are subject to change, contact the Boone County Circuit Court Clerk at (859) 448-2900, option 5, for the most up to date filing fee and accepted method of payment information).

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 387.740; 387.720; 395.130



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

Case No. _____
Court _____ District _____
County Boone
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

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

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

COMMONWEALTH OF KENTUCKY ex rel

YOUR NAME _____

PETITIONER

VS.

THE NAME OF THE PERSON NEEDING EMERGENCY GUARDIANSHIP _____

RESPONDENT

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

CHECK THE GUARDIAN BOX IF YOU ARE WANTING TO BE IN CHARGE OF PERSONAL AFFAIRS; CHECK THE CONSERVATORSHIP BOX IF YOU ALSO WANT TO BE IN CHARGE OF MANAGING FINANCIAL AFFAIRS. EXPLAIN WHY YOU NEED GUARDIANSHIP AND/OR CONSERVATORSHIP.

2. Petitioner states his/her relationship to Respondent is: SPOUSE/CHILD/FRIEND/ETC. and his/her qualifications for appointment are:

EXPLAIN WHY YOU ARE QUALIFIED TO BE IN CHARGE OF THE RESPONDENT'S CARE.

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

YOU CAN LEAVE THIS BLANK

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

ADDRESS OF WHERE PERSON NEEDING GUARDIANSHIP LIVES

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

WHERE PERSON NEEDING GUARDIANSHIP IS PRESENTLY LOCATED.
EXAMPLES: HOSPITAL, NURSING CARE FACILITY, HOME RESIDENCE

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: IF APPLICABLE LIST DESIGNATED POA OR HEALTH CARE DECISION MAKER HERE

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: LIST ANY SPOUSE, SIBLINGS, PARENTS, OR ADULT CHILDREN. IF YOU RUN OUT OF ROOM

Address: ATTACH ANOTHER PIECE OF PAPER TO THIS FORM LISTING RELATIVES. IF YOU DO NOT ADDRESSES, LIST "ADDRESS UNKNOWN"

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: YOUR NAME

Address: YOUR 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: IF YOU ARE REPRESENTED BY AN ATTORNEY, LIST THEIR NAME HERE

Address: _____

Telephone Number: _____

_____, _____
Date

Attorney Signature

Distribution: Petitioner/Attorney County Attorney Respondent/Attorney