



COMMONWEALTH OF KENTUCKY
54TH JUDICIAL DISTRICT, DIVISION 2
BOONE COUNTY JUSTICE CENTER
6025 ROGERS LANE, ROOM 276
BURLINGTON, KENTUCKY 41005
PHONE 859-817-5830 FAX 859-817-5896

MARCIA L. THOMAS
DISTRICT JUDGE

BOONE & GALLATIN
DISTRICT COURTS

MEMORANDUM

TO: Petitioner to Determine Disability

FROM: Judge Jeffrey S. Smith and Judge Marcia L. Thomas

SUBJECT: Petitioner Responsibility

DATE : February 6, 2019

Please read this memorandum carefully before completing Petition to Determine Disabled.

You are about to initiate the first step in a very important judicial process. When you file a Petition to determine an individual disabled, this Court relies on you for your assistance. Without your cooperation, it is difficult, if not impossible, to proceed. First, you must complete the aforementioned petition as accurately as possible. Next, the Court will appoint an "Interdisciplinary Team" to do the necessary evaluations of disabled individual. You will be asked to provide us with the Respondent's treating medical physician in order that the physician may prepare a disability evaluation. In addition to a medical evaluation, the Respondent will also be evaluated by a licensed psychologist and a social worker. However, it will not be necessary for you to provide us with a psychologist or social worker. The Court will also appoint an attorney to represent the disabled individual. If you are the Petitioner seeking appointment of Guardian and/or Conservator, **you will be required to complete a Criminal Background check prior to your appointment as Guardian and/or Conservator. The Clerk will make sure you receive this form.**

As Petitioner, you will be contacted by members of the Interdisciplinary Team and possibly from the Attorney for the disabled individual to assist in making appointments for evaluations or court appearances. Please understand that you will be asked to be present at the above mentioned evaluations so that you may verify the accuracy of the information the Respondent gives. Since the Courts do not have readily available means of transportation, you must be willing to provide necessary transportation.

Step-By-Step Guide for Adult Guardianship and Conservatorship 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: Obtain and complete the following forms:

- (1) Petition to Determine if Disabled; AOC-740
- (2) Verified Application for Appointment; AOC-745
- (3) Personal Identifier Data Sheet; AOC-034
- (4) Civil Case Cover Sheet; AOC-104

*Forms are available at <https://www.kycourts.gov/Legal-Forms/Pages/default.aspx>

STEP 3: 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 4: 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).



**PETITION TO DETERMINE
IF DISABLED**

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

COMMONWEALTH OF KENTUCKY
VS.

PETITIONER

RESPONDENT

_____ has reasonable grounds or knowledge to lead him/her to believe Respondent appears to be unable to provide for his/her physical health and safety and/or manage his/her financial resources effectively and submits to the Court the following facts upon which he/she supports this belief:

1. Name of Petitioner: _____
Address: _____
Phone No.: _____
Petitioner's relationship to Respondent: _____

2. Name of Respondent: _____
Respondent's Date of Birth (if known): _____

3. Respondent's Permanent, Full-time Residence: _____
Address

- a. Respondent has resided at this address for the previous _____ years _____ months.
- b. Is this address a hospital, treatment facility, correctional facility, or long-term care facility? Yes No

4. Is Respondent currently physically located at his or her permanent address above? Yes No If No, (check one):
 a. Respondent is currently located at: _____
Address
 b. Respondent's current location is unknown at this time.

5. Is Respondent a citizen or a permanent resident of the United States? Yes No

6. Has Respondent been convicted of, pled guilty to, or entered an Alford plea for a felony sex crime as defined in KRS 17.500? Yes No Unknown

7. Has Respondent been convicted of, pled guilty to, or entered an Alford plea for a felony offense that would classify the person as a violent offender under KRS 439.3401? Yes No Unknown

8. The **nature of Respondent's disability** and the facts or reasons supporting the need for determination of disability are:

9. Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state none or unknown):

<u>ESTATE</u>	<u>VALUE</u>
Real Property	\$ _____
Personal Property	\$ _____
Yearly Income	\$ _____
Source of Yearly Income	_____

10. Name of Person or Facility having custody of Respondent: _____
Address: _____

11. Respondent's Durable Power of Attorney OR Health Care Surrogate is:
Name: _____
Address: _____

12. Respondent's next of kin:
Name: _____
Address: _____

Relationship to Respondent: _____

Name: _____

Address: _____

Relationship to Respondent: _____

WHEREFORE, Petitioner requests the Court inquire into Respondent's ability to care for himself/herself and to manage his/her financial resources. Petitioner attaches an **Application for Appointment of Fiduciary** and further requests:

1. A (choose one) bench trial jury trial be held;
2. Court appointment of counsel to represent Respondent; and
3. Court appointment of an interdisciplinary evaluation team to evaluate Respondent as provided by law, unless the evaluation report is filed with this Petition.

Date

Signature of Petitioner

Subscribed and sworn to before me by _____ on _____ in the county
(name) (month/day/year)
of _____,
(county) (state)

For Notaries: My commission expires: _____. My notary ID number is : _____.

Name/Title

To be completed if Petitioner is represented by counsel:

Attorney's Name: _____

Address: _____

Phone No.: _____

Attorney Signature



APPLICATION FOR APPOINTMENT
OF FIDUCIARY FOR DISABLED PERSONS

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

COMMONWEALTH OF KENTUCKY
VS.

PETITIONER

RESPONDENT

* * * * *

1. Comes now _____, Applicant herein, and requests to be appointed as _____ for Respondent.

2. Applicant states his/her relationship to Respondent is _____.

3. Applicant states his/her qualifications for appointment are as follows:

4. Applicant offers as surety on his/her bond the following:

5. Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state if none or unknown):

<u>ESTATE</u>	<u>VALUE</u>
Real Property	\$ _____
Personal Property	\$ _____
Yearly Income	\$ _____
Source of Yearly Income	_____

6. If Applicant is the Cabinet for Health and Family Services, please attach, or provide the Court prior to the final hearing in this matter, a report indicating the average caseload of each field social worker.

7. Applicant states that all statements in the foregoing are true.

Applicant's Name: _____

Address: _____

Telephone Number: _____

_____, _____
Date

Applicant'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



Case No. _____
Court _____
County _____
Division _____

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

PERSONAL IDENTIFIER DATA SHEET
(Mental Health/Disability/Incompetency)

****For use in actions brought or proceedings conducted pursuant to KRS Chapters 202A (Involuntary hospitalization of the mentally ill); 202B (Involuntary intellectual disability admission); 222.430 et seq. (Involuntary treatment for a substance use disorder); 387.500 et seq. (Guardianship and conservatorship for disabled persons); 504 (Responsibility, incompetency/insanity/mental illness); and, 645 (Involuntary hospitalization of the mentally ill child).

TO THE PETITIONER IN A MENTAL HEALTH OR DISABILITY PROCEEDING
TO THE DEFENDANT OR HIS/HER ATTORNEY IN A CHAPTER 504 PROCEEDING

The Court requires that you provide the following information about the Respondent/Defendant in this case:

RESPONDENT/DEFENDANT: *Please Print*
First Middle Last

Also known as: _____

Street address: _____

Mailing address: _____

Respondent's/Defendant's Identifiers:

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

I understand that the information requested herein is intended to be entered into the official court record of this matter, and that its accuracy is of the utmost importance. The information I have provided above is true and accurate to the best of my knowledge and belief.

_____, 2_____
Date

Signature

Printed Name



CIVIL CASE COVER SHEET

Case No.: _____
 Court: _____
 County: _____
 Division: _____

PLAINTIFF/PETITIONER OR IN RE/IN THE INTEREST OF:

DEFENDANT/RESPONDENT, *if applicable*:

Check here if **YOU DO NOT HAVE AN ATTORNEY** and are **REPRESENTING YOURSELF**
 (a Self-Represented [*Pro Se*] Litigant)

Nature of the Case: Place a "X" to the left of the **ONE** case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

DOMESTIC RELATIONS *eFile Only

- Dissolution/Divorce with Children (DISSOC)
- Dissolution/Divorce without Children (DISSO)
- Paternity (PA)
- Custody (CUSTO)
- Child Support IV-D (SUPIV)
- Child Support Private Non IV-D (SUPPRI)
- URESA/UIFSA (UR)
- Visitation/Parenting Time (VISIT)
- Voluntary Termination of Parental Rights (VTPR)
- Involuntary Termination of Parental Rights (ITPR)
- Adoption (ADPT)
- Other: (DFOTH) *eFile not required

TORT (Injury) *eFile Only

- Automobile (AUTO)
- Intentional (INTENT)
- Malpractice-Medical (MDML)
- Malpractice-Other (MLOTH)
- Premises Liability (PREM)
- Product Liability (PROD)
- Property Damage (PD)
- Slander/Libel/Defamation (SLAND)
- Other: (PIOTH)

CONSUMER *eFile Only

- Seller Consumer Goods (DEBTG)
- Seller Consumer Services (DEBTS)
- Buyer Consumer Goods (BUYERG)
- Buyer Consumer Services (BUYERS)
- Credit Card Debt (CREDIT)
- Fraud (FRAUD)
- Other: (COOTH)

APPEALS

- Appeal from Administrative Agency (AB)
- Appeal from District Court (XI)
- Other: (OTH)

REAL PROPERTY

- Abandoned and Blighted Property Conservatorship (PC) *eFile Only
- Property Rights (PR) *eFile Only
- Condemnation (DOMAIN)
- Forcible Detainer - Eviction (FD) *eFile Only
- Forcible Entry (FENTRY)
- Foreclosure (FCL) *eFile Only
- Other: (COOTH) *eFile Only

MISC CIVIL

- Constitutional Challenge (CCHAL)
- Habeas Corpus (HABEAS)
- Non-Domestic Relations Restraining Order (IP)
- Tax (TAX)
- Writs (WRITS)
- Other: (OTH)

PROBATE / ESTATE *eFile Only

- Guardianship-Adult (GCADLT) *eFile not required
- Guardianship-Juvenile (GCJUV)
- Adult Conservatorship - Trusteeship (CONVA)
- Juvenile Conservatorship - Trusteeship (CONVJ)
- Probate-Testate (with a will) (PBTEST)
- Probate-Intestate (without a will) (PBINT)
- Petition to Dispense with Administration (PBDIS)
- Name Change (NC)
- Will Contest (WC)
- Other: (PBOOTH) *eFile not required

EMPLOYMENT *eFile Only

- Employment-Discrimination (DSCR)
- Employment-Other (DISPU)

BUSINESS/COMMERCIAL *eFile Only

- Business Tort (BCPI)
- Statutory Action (BCSA)
- Business Contract Dispute (BCCO)
- Other: (BCOTH)

SAMPLE FORMS



**PETITION TO DETERMINE
IF DISABLED**

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

COMMONWEALTH OF KENTUCKY
VS.

PETITIONER

NAME OF PERSON WHO NEEDS A GUARDIANSHIP

RESPONDENT

YOUR NAME has reasonable grounds or knowledge to lead him/her to believe Respondent appears to be unable to provide for his/her physical health and safety and/or manage his/her financial resources effectively and submits to the Court the following facts upon which he/she supports this belief:

- Name of Petitioner: YOUR NAME
Address: YOUR ADDRESS
Phone No.: YOUR TELEPHONE NUMBER
Petitioner's relationship to Respondent: HOW YOU KNOW THE PERSON
- Name of Respondent:** NAME OF PERSON WHO NEEDS A GUARDIANSHIP
Respondent's Date of Birth (if known): THEIR DATE OF BIRTH
- Respondent's Permanent, Full-time Residence: WHERE THEY LIVE
Address

- Respondent has resided at this address for the previous _____ years _____ months.
- Is this address a hospital, treatment facility, correctional facility, or long-term care facility? Yes No

- Is Respondent currently physically located at his or her permanent address above? Yes No If No, (check one):
 a. Respondent is currently located at: NAME OF HOSPITAL OR NURSING HOME IF APPLICABLE
Address
 b. Respondent's current location is unknown at this time.
- Is Respondent a citizen or a permanent resident of the United States? Yes No

- Has Respondent been convicted of, pled guilty to, or entered an Alford plea for a felony sex crime as defined in KRS 17.500? Yes No Unknown
- Has Respondent been convicted of, pled guilty to, or entered an Alford plea for a felony offense that would classify the person as a violent offender under KRS 439.3401? Yes No Unknown
- The **nature of Respondent's disability** and the facts or reasons supporting the need for determination of disability are:
LIST THE REASON(S) GUARDIANSHIP IS NEEDED. EXAMPLES MIGHT INCLUDED: DIAGNOSIS, TRAUMATIC INJURIES/ACCIDENTS, SEVERE MENTAL ILLNESS, ETC.

- Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state none or unknown):

<u>ESTATE</u>	<u>VALUE</u>
Real Property	\$ _____
Personal Property	\$ _____
Yearly Income	\$ _____

Source of Yearly Income ASSETS AND INCOME LISTED SHOULD BE THAT OF THE PERSON WHO YOU ARE SEEKING GUARDIANSHIP OF; NOT YOUR INCOME/ASSETS. IF UNKNOWN, WRITE UNKNOWN IN BLANK.

10. Name of Person or Facility having custody of Respondent: IF THE RESPONDENT IS AT A NURSING
Address: HOME, HOSPITAL, ETC. PLACE

11. Respondent's Durable Power of Attorney OR Health Care Surrogate is:
Name: _____
Address: _____

12. Respondent's next of kin:
Name: MAKE SURE TO LIST ANY SPOUSE/ADULT CHILDREN AND/OR NEAREST RELATIVES
Address: _____

Relationship to Respondent: _____

Name: _____

Address: _____

Relationship to Respondent: _____

WHEREFORE, Petitioner requests the Court inquire into Respondent's ability to care for himself/herself and to manage his/her financial resources. Petitioner attaches an **Application for Appointment of Fiduciary** and further requests:

1. A (choose one) bench trial jury trial be held;
2. Court appointment of counsel to represent Respondent; and
3. Court appointment of an interdisciplinary evaluation team to evaluate Respondent as provided by law, unless the evaluation report is filed with this Petition.

Date

Signature of Petitioner

Subscribed and sworn to before me by _____ on _____ in the county
(name) (month/day/year)
of _____,
(county) (state)

For Notaries: My commission expires: _____. My notary ID number is : _____.

Name/Title

To be completed if Petitioner is represented by counsel:

Attorney's Name: IF YOU HAVE HIRED YOUR OWN ATTORNEY LIST THEM HERE

Address: _____

Phone No.: _____

Attorney Signature



APPLICATION FOR APPOINTMENT
OF FIDUCIARY FOR DISABLED PERSONS

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

COMMONWEALTH OF KENTUCKY

PETITIONER

VS.

NAME OF PERSON WHO NEEDS A GUARDIAN

RESPONDENT

* * * * *

1. Comes now YOUR NAME, Applicant herein, and requests to be appointed as GUARDIAN/CONSERVATOR for Respondent.

2. Applicant states his/her relationship to Respondent is SPOUSE/CHILD/FRIEND/POA/ETC.

3. Applicant states his/her qualifications for appointment are as follows:
LIST THE REASON(S) YOU THINK YOU ARE APPROPRIATE TO SERVE AS GUARDIAN/CONSERVATOR.
EXAMPLES: "ONLY LIVING RELATIVE"; "I HELP PROVIDE THE INDIVIDUAL WITH CARE"; ETC.

4. Applicant offers as surety on his/her bond the following:
A SURETY BOND MAY BE REQUIRED IN CASES OF HIGH NETWROTH. THE COURT MAY ASK YOU TO OBTAIN A SURETY BOND FROM AN INSURANCE COMPANY. MOST GENERALLY DO NOT REQUIRE A BOND. YOU MAY LEAVE THIS SECTION BLANK.

5. Respondent owns the following estate, including government benefits, insurance entitlements, and anticipated yearly income (state if none or unknown):

<u>ESTATE</u>	<u>VALUE</u>
Real Property	<u>\$\$\$\$</u>
Personal Property	<u>\$\$\$\$</u>
Yearly Income	<u>\$\$\$\$</u>

Source of Yearly Income
WHAT SOURCES OF YEARLY INCOME DOES THE INDIVIDUAL NEEDING A GUARDIANSHIP HAVE

6. If Applicant is the Cabinet for Health and Family Services, please attach, or provide the Court prior to the final hearing in this matter, a report indicating the average caseload of each field social worker.

7. Applicant states that all statements in the foregoing are true.

Applicant's Name: YOUR NAME (IF SEEKING TO SERVE AS GUARDIAN AND/OR CONSERVATOR)

Address: YOUR ADDRESS

Telephone Number: YOUR TELEPHONE NUMBER

_____, _____
Date

Applicant'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 HAVE AN ATTORNEY THEIR NAME GOES HERE, OTHERWISE LEAVE BLANK _____

Address: _____

Telephone Number: _____

_____, _____
Date

Attorney Signature



Case No. _____
 Court _____
 County Boone
 Division _____

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

PERSONAL IDENTIFIER DATA SHEET
 (Mental Health/Disability/Incompetency)

****For use in actions brought or proceedings conducted pursuant to KRS Chapters 202A (Involuntary hospitalization of the mentally ill); 202B (Involuntary intellectual disability admission); 222.430 et seq. (Involuntary treatment for a substance use disorder); 387.500 et seq. (Guardianship and conservatorship for disabled persons); 504 (Responsibility, incompetency/insanity/mental illness); and, 645 (Involuntary hospitalization of the mentally ill child).

TO THE PETITIONER IN A MENTAL HEALTH OR DISABILITY PROCEEDING
 TO THE DEFENDANT OR HIS/HER ATTORNEY IN A CHAPTER 504 PROCEEDING

The Court requires that you provide the following information about the Respondent/Defendant in this case:

RESPONDENT/DEFENDANT: *Please Print* NAME OF PERSON NEEDING GUARDIANSHIP
First Middle Last

Also known as: ANY OTHER NAMES THEY ARE KNOWN BY

Street address: ADDRESS WHERE THEY RESIDE

Mailing address: ADDRESS WHERE THEY RECEIEVE MAIL (IF DIFFERENT)

Respondent's/Defendant's Identifiers:

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State
M	W	MO/DAY/YEAR	FT'IN	LBS	CLR	CLR	XXX-XX-XX	#####	KY

I understand that the information requested herein is intended to be entered into the official court record of this matter, and that its accuracy is of the utmost importance. The information I have provided above is true and accurate to the best of my knowledge and belief.

_____, 2_____
 Date

 Signature

PRINT YOUR NAME HERE

 Printed Name

Sample

AOC-104 Doc. Code: CCCS
Rev. 1-24
Page 1 of 1
Commonwealth of Kentucky
Court of Justice www.kycourts.gov



CIVIL CASE COVER SHEET

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

PLAINTIFF/PETITIONER OR IN RE/IN THE INTEREST OF:
COMMONWEALTH OF KY IN RE: YOUR NAME HERE

DEFENDANT/RESPONDENT, if applicable:
NAME OF PERSON WHO NEEDS A GUARDIAN

Check here if YOU DO NOT HAVE AN ATTORNEY and are REPRESENTING YOURSELF (a Self-Represented [Pro Se] Litigant)

Nature of the Case: Place a "X" to the left of the ONE case category that most accurately describes your PRIMARY CASE. If you are making more than one type of claim, check the one that you consider most important.

DOMESTIC RELATIONS *eFile Only

- Dissolution/Divorce with Children (DISSOC)
- Dissolution/Divorce without Children (DISSO)
- Paternity (PA)
- Custody (CUSTO)
- Child Support IV-D (SUPIV)
- Child Support Private Non IV-D (SUPPRI)
- URESA/UIFSA (UR)
- Visitation/Parenting Time (VISIT)
- Voluntary Termination of Parental Rights (VTPR)
- Involuntary Termination of Parental Rights (ITPR)
- Adoption (ADPT)
- Other: (DFOTH) *eFile not required

TORT (Injury) *eFile Only

- Automobile (AUTO)
- Intentional (INTENT)
- Malpractice-Medical (MDML)
- Malpractice-Other (MLOTH)

- Premises Liability (PREM)
- Product Liability (PROD)
- Property Damage (PD)
- Slander/Libel/Defamation (SLAND)
- Other: (PIOTH)

CONSUMER *eFile Only

- Seller Consumer Goods (DEBTG)
- Seller Consumer Services (DEBTS)
- Buyer Consumer Goods (BUYERG)
- Buyer Consumer Services (BUYERS)
- Credit Card Debt (CREDIT)
- Fraud (FRAUD)
- Other: (COOTH)

APPEALS

- Appeal from Administrative Agency (AB)
- Appeal from District Court (XI)
- Other: (OTH)

REAL PROPERTY

- Abandoned and Blighted Property Conservatorship (PC) *eFile Only
- Property Rights (PR) *eFile Only
- Condemnation (DOMAIN)
- Forcible Detainer - Eviction (FD) *eFile Only
- Forcible Entry (FENTRY)
- Foreclosure (FCL) *eFile Only
- Other: (COOTH) *eFile Only

MISC CIVIL

- Constitutional Challenge (CCHAL)
- Habeas Corpus (HABEAS)
- Non-Domestic Relations Restraining Order (IP)
- Tax (TAX)
- Writs (WRITS)
- Other: (OTH)

PROBATE / ESTATE *eFile Only

- Guardianship-Adult (GCADLT) *eFile not required
- Guardianship-Juvenile (GCJUV)
- Adult Conservatorship - Trusteeship (CONVA)
- Juvenile Conservatorship - Trusteeship (CONVJ)
- Probate-Testate (with a will) (PBTEST)
- Probate-Intestate (without a will) (PBINT)
- Petition to Dispense with Administration (PBDIS)
- Name Change (NC)
- Will Contest (WC)
- Other: (PBOTH) *eFile not required

EMPLOYMENT *eFile Only

- Employment-Discrimination (DSCR)
- Employment-Other (DISPU)

BUSINESS/COMMERCIAL *eFile Only

- Business Tort (BCPI)
- Statutory Action (BCSA)
- Business Contract Dispute (BCCO)
- Other: (BCOTH)

Information for Background Check:

Please print legibly. Provide below the information necessary for a background check for the individual(s) petitioning to serve as potential guardian(s) and/or conservator(s).

Name (First, Middle, Last): _____

Maiden Name(s) and/or Aliases: _____

Date of Birth: _____

Street Address/ P.O. Box: _____

City, State, Zip Code: _____

Social Security Number: _____ - _____ - _____

Drivers License Number: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100.

Print Name: _____

Signature: _____

Date: _____