

Responsibilities of Petitioner for Guardianship and/or Conservatorship Cases:

Check List for After Filing the Petition:

Case Number: _____-H-_____ -001

- Petitioner must immediately schedule the doctor's appointment for Respondent to be evaluated. **(AOC-765 form must be completed by doctor for evaluation submission)**

- Petitioner should stay in contact with doctor's office and follow up after the appointment to ensure that the completed AOC-765 form is sent to the **Boone County Justice Center, located at 6025 Rogers Lane, Burlington, KY 41005.**
 - Petitioner is responsible for ensuring that all reports by evaluators are submitted to the Court **two (2) weeks** prior to the scheduled court date; failure to do so will result in a delay or dismissal of the court proceedings.

 - Reports are only valid for **90 days** – any report older than 90 days will be deemed invalid and require a new evaluation to be conducted resulting in a delay or dismissal of the court proceedings.

- Petitioner must appear on the scheduled court date for the guardianship and/or conservatorship determination hearing.



REPORT OF INTERDISCIPLINARY
EVALUATION TEAM

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

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

* * * * *

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

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

2. That the evaluations ordered regarding 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 (management of "personal affairs" as defined in KRS 387.510):

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 Respondent is/are as follows:

5. That conservatorship (management of financial resources):

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 Respondent is/are as follows:

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

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

Would subject him/her to serious risk of harm for the following reason(s): _____

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

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

12. That appended hereto is a list of names and addresses of all individuals who examined or interviewed Respondent or otherwise participated in the evaluation reflected on this report.

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

Date

Signature of (check one):

- Licensed Physician
- Advanced Practice Registered Nurse
- Physician Assistant

Signature of Licensed/Certified Psychologist under
KRS Chapter 319

Signature of (check one):

- Licensed/Certified Social Worker
- Employee of the Cabinet for Health and Family
Services who has at least one year of investigative
experience and has completed training in conducting
decisional capacity assessments

Signature of Other