AOC-747 Rev. 7-03 Page 1 of 2	Doc. Code: PEF 05/30/2006 03:40 pm Ver. 1.01		Case No. _____
Commonwealth of Kentucky Court of Justice *www.kycourts.net* KRS 387.740; 387.720; 395.130		**PETITION / APPLICATION FOR EMERGENCY APPOINTMENT OF FIDUCIARY FOR DISABLED PERSONS**	Court _____ District _____ County _____

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.

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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: _____, 2_____.

_____
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 requested.

_____ _____

_____ _____

_____ _____

_____ _____

To be completed if Petitioner is represented by counsel:

Petitioner's Attorney: _____

Address: _____

_____

_____

Telephone No. _____

_____
Attorney's Signature

Distribution: ☐ Petitioner/Attorney ☐ County Attorney ☐ Respondent/Attorney

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