



**ORDER OF APPOINTMENT  
OF CONSERVATOR**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

COMMONWEALTH OF KENTUCKY )  
PETITIONER )  
VS. )  
\_\_\_\_\_)  
RESPONDENT )

\* \* \* \* \*

TO: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_

1. Complete **paragraph A** if an individual, agency, or corporation other than the Cabinet for Health and Family Services is to be appointed as Conservator or Limited Conservator **OR** complete **paragraph B** if the Cabinet for Health and Family Services is to be appointed.

A. YOU ARE HEREBY APPOINTED  Conservator  Limited Conservator of the Respondent and your bond is fixed at the sum of \$\_\_\_\_\_.

OR

B. The Court being sufficiently advised finds as follows (**each** of the findings below, (1)-(5), must be checked):

(1)  Respondent has had a permanent, full-time residence in Kentucky prior to the filing of the petition in the above-styled case for at least the previous six (6) months that is not a hospital, treatment facility, correctional facility, or long-term care facility;

(2)  Respondent is a citizen or a permanent resident of the United States;

(3)  Respondent (**check one**):  **has not** been convicted of, pled guilty to, or entered an Alford plea for a felony sex crime as defined in KRS 17.500 or an offense that would classify the person as a felony violent offender under KRS 439.3401; OR

**has** been convicted of, pled guilty to, or entered an Alford plea for a felony sex crime as defined in KRS 17.500 or an offense that would classify the person as a felony violent offender under KRS 439.3401 but the following exceptional circumstances exist: \_\_\_\_\_;

(4)  Respondent (**check one**):  **is** alive and **has** been physically located; OR

**is not** alive or **cannot** be physically located but the following exceptional circumstances exist: \_\_\_\_\_;

(5)  The Court has been provided the average caseload of each field social worker and has given due consideration to same.

Based upon the above findings IT IS HEREBY ORDERED THAT THE CABINET FOR HEALTH AND FAMILY SERVICES IS APPOINTED  Conservator  Limited Conservator of the Respondent and shall procure resources and services for which the person is eligible when necessary and available.

- 2. YOU SHALL perform all orders and decrees of this Court required of you; and further, you shall file with this Court:
  - A. An inventory of your ward's property within 60 days of this appointment; and
  - B. A biennial report of the personal status and financial condition of your ward.

3. If this order is for LIMITED CONSERVATORSHIP the specific legal rights to which the ward is legally deprived are the rights to:  dispose of property,  execute instruments,  enter into contractual relationship,  other \_\_\_\_\_

4. Your powers and duties, for the purpose of managing Respondent's financial resources, are **LIMITED** to:  disposing of property,  executing instruments,  entering into contractual relationships,  other \_\_\_\_\_

5. If one is designated, the standby conservator is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

THIS ORDER EXPIRES ON: \_\_\_\_\_.

There being no just cause for delay, this is a final and appealable order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Please print or type the Judge's name in the space provided below:

\_\_\_\_\_

\* \* \* \* \*

To Be Completed on Copies Only:

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_

District Court, do hereby CERTIFY that this is a true and correct copy of the Order of Appointment of Conservator as recorded in my office.

This Order and qualification is in full force and effect.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Copy Distribution: Petitioner/Attorney/County Attorney, Respondent/Attorney, All persons named in Petition, Facility where or person with whom respondent resides

Certified Copies: Guardian/Conservator  
County Clerk. Petitioner is responsible for recording fee.