



**APPLICATION FOR APPOINTMENT
OF FIDUCIARY FOR DISABLED PERSONS**

Case No. _____

Court _____ District _____

County _____

Division _____

COMMONWEALTH OF KENTUCKY

PETITIONER

VS.

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):

ESTATE

VALUE

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