



**PETITION FOR RELIEF,  
MODIFICATION OR TERMINATION**

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

In the matter of the guardianship/conservatorship of \_\_\_\_\_

**Ward**

\* \* \* \* \*

Comes the Petitioner \_\_\_\_\_ and requests the Court:

1.  Terminate  Modify the order of  partial disability  disability entered on \_\_\_\_\_, 2\_\_\_\_  
Date  
as follows: \_\_\_\_\_

\_\_\_\_\_

Remove the present fiduciary and replace with \_\_\_\_\_.

Renew the appointment of the present fiduciary for a period of \_\_\_\_\_.

In support of this request, Petitioner states:

2. Ward's address: \_\_\_\_\_ County: \_\_\_\_\_

Name and address of the individual or facility, if any, having custody of the ward:

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

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

3. Ward's present fiduciary: \_\_\_\_\_

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

Appointed on: \_\_\_\_\_

As:  Limited Guardian

Limited Conservator

Guardian

Conservator

4. Ward's next of kin are:

Name

Address

Relationship

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. The facts and reasons supporting this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, the Petitioner requests that this court conduct a hearing within thirty (30) days of the filing of this petition in the county of the ward's current residence or domicile, or, if the ward is a minor, where the parent of the ward is domiciled. KRS 387.520(2).

If the foregoing petition is for a renewal of the appointment of a limited guardian or conservator, it shall be accompanied by verified affidavits of a physician, an advanced practice registered nurse, or a physician assistant; a licensed or certified psychologist under KRS Chapter 319; and a licensed or certified social worker or an employee of the Cabinet for Health and Family Services who is qualified under KRS 335.080(1)(a), (b), and (c) or KRS 335.090(1) (a), (b), and (c) in support of same pursuant to KRS 387.610.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to Ward

To be completed if Petitioner is represented by counsel:

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Address of Attorney

\_\_\_\_\_  
Telephone Number

A copy of this Petition was mailed this date to the Ward, the attorney of record, the county attorney and all persons named in the Petition.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk

By: \_\_\_\_\_ D.C.