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Commonwealth of Kentucky
Court of Justice www.kycourts.net

KRS 387.530



PETITION TO DETERMINE IF DISABLED

Case No.	
Court	
County	

OMMONWEALTH OF KEN	ITUCKY	PETITIONER
S.		
		RESPONDENT
		has reasonable grounds or knowledge nis/her physical health and safety and/or manage ng facts upon which he/she supports this belief:
Name of Datitions	·	
Address:		
		-
	o Respondent:	
Address:		
Respondent's Date of Bi	rth (if known):	
•	ent's disability and the facts or reasons supp	porting the need for determination of disability
re:		
. Respondent owns the fo income (state none or ur		, insurance entitlements, and anticipated yearly
<u>ESTATE</u>	<u>VALUE</u>	
Real Property	\$	
Personal Property	\$	
i Cibuliai i lupcity	\$	
• •		
Yearly Income Source of Yearly Income		
Yearly Income Source of Yearly Income	·	
Yearly Income Source of Yearly Income Name of Person having	·	

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	ne:			
	lress:			
 Res	spondent's next of kin:			
	ne:			
	Iress:			
Add	lress:			
Rela	ationship to Respondent:			
	 Trial by jury; Counsel to represent the Responde 		Application for Appointment of Fiducia	
	 Trial by jury; Counsel to represent the Responde Court appointment of a physician, palaw unless the evaluation report is fine. 	sychologist a	and social worker to evaluate Respondent	
	 Trial by jury; Counsel to represent the Responde Court appointment of a physician, page 1 	sychologist a	and social worker to evaluate Respondent	t as provided by
te:	 Trial by jury; Counsel to represent the Responde Court appointment of a physician, palaw unless the evaluation report is fi 	sychologist a led with this	and social worker to evaluate Respondent Petition.	t as provided by
te:	 Trial by jury; Counsel to represent the Responde Court appointment of a physician, palaw unless the evaluation report is fi 	sychologist a led with this	and social worker to evaluate Respondent Petition. Signature of Petitioner	t as provided by
te: Subs	Trial by jury; Counsel to represent the Responde Court appointment of a physician, policy law unless the evaluation report is figure in the property of the prope	sychologist a led with this	nd social worker to evaluate Respondent Petition. Signature of Petitioner My commission expires:	t as provided by
Subs	Trial by jury; Counsel to represent the Responde Court appointment of a physician, policy law unless the evaluation report is figure.	sychologist a led with this , 2, 2	Signature of Petitioner My commission expires: Name/Title	t as provided by
Subs	1. Trial by jury; 2. Counsel to represent the Responde 3. Court appointment of a physician, policy law unless the evaluation report is figure in the property of the property	sychologist a led with this , 2, 2	Signature of Petitioner My commission expires: Name/Title	t as provided by
Subs	1. Trial by jury; 2. Counsel to represent the Responde 3. Court appointment of a physician, policy law unless the evaluation report is figure in the property of the property	sychologist a led with this , 2, 2	Signature of Petitioner My commission expires: Name/Title	t as provided by
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