

AOC-745 Doc. Code: AAF Rev. 3-03 Page 1 of 2 Commonwealth of Kentucky Court of Justice <i>www.kycourts.net</i> KRS 387.530(2); 387.720; 395.130	 APPLICATION FOR APPOINTMENT OF FIDUCIARY FOR DISABLED PERSONS	Case No. _____ Court <u>District</u> County _____
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COMMONWEALTH OF KENTUCKY PETITIONER

VS. RESPONDENT

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- Comes now _____, Applicant herein,
and requests to be appointed as _____ for Respondent.
- Applicant states his/her relationship to Respondent is _____.
- Applicant states his/her qualifications for appointment are as follows: _____

- Applicant offers as surety on his/her bond the following: _____

- 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. Applicant states that all statements in the foregoing are true.

Applicant's Name: _____

Address: _____

Telephone Number: _____

Date: _____, 2____.

Applicant's Signature

Subscribed and sworn to before me on _____, 2____. My commission expires _____, 2____. <div style="text-align: right;">_____ Name/Title</div>
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Case No. _____

**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 _____

Attorney Signature