**IN RE: Incapacity of Case No:** **PRDL**

**\_\_****Division:**

# CHECKLIST FOR DETERMINATION OF INCAPACITY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Petitioner’**s | YES | NO |  | **Alleged Incap Person’s Info** | YES | NO |
| Name, Age, Present Address |  |  |  | Name, Age, Present Address |  |  |
| Relationship to Ward |  |  |  | County of Domicile |  |  |
| State petitioner believes person to be incapacitated |  |  |  | Specify Primary Language Spoken |  |  |
| Provide facts on which belief is based |  |  |  | Name & Address of attending or family physician |  |  |
| Name all persons known with personal knowledge of such facts through observation |  |  |  | State which rights the alleged incapacitated person is incapable of exercising and if petitioner has sufficient experience to make that judgment |  |  |
| State whether guardianship will be limited or plenary |  |  |  |  |  |  |
| Names, relationships and address of alleged incapacitated person’s next of kin w/year of birth of any minors |  |  |  | Does the incapacity file or the guardianship petition clarify whether the ward can afford legal counsel? [Refer to Guardianship petition for assistance.] |  |  |
| **Counsel for petitioner** required to secure examining committee from list maintained by Court Administration. Order to be submitted to courts divisional email address. [Division10@circuit7.org](mailto:Division10@circuit7.org) for signature.  **Counsel for petitioner** required to submit proposed order to appoint counsel for AIP. Order to be submitted to courts divisional email address. [Division10@circuit7.org](mailto:Division10@circuit7.org) for signature.  **Clerk:** provide JA next name in line from attorney list or advise if Regional Counsel to be appointed based on ward assets. (Indigent status). |  |  |  |  |  |  |
| **NOTES:** | | | | | | |