**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 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 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:**  |