

INCAPACITATED ADULT INFORMATION FORM

Court File No.

Commonwealth of Virginia
VA. CODE §§ 64.2-2011, 64.2-2013, 64.2-2016

[For appointment of guardian, conservator, committee, or trustee for ex-service person]

Circuit Court of

- 1. Incapacitated person’s full name
- 2. Residence address (street, city, state)
- 3. Date of birth Place of birth Married Widowed Single Divorced
- 4. Qualification requested: guardian conservator limited conservator trustee for ex-service person
 committee standby guardian standby conservator
- 5. Court’s order entered on, and recorded in
- 6. Name of person qualifying
- 7. Day telephone Email Address
- 8. Street address
- 9. Mailing address, if different
- 10. Name of other person qualifying
- 11. Day telephone Email Address
- 12. Street address
- 13. Mailing address, if different
- 14. Name of assisting attorney, if any Telephone
- 15. Attorney’s mailing address

I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

DATE	PRINTED NAME OF REQUESTING PERSON	SIGNATURE OF REQUESTING PERSON
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INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING QUALIFICATION

- 16. Have you ever been convicted of a felony? yes no. (If yes, explain the details on a separate sheet of paper.)
- 17. Have you ever filed for bankruptcy? yes no. (If yes, explain the details on a separate sheet of paper.)
- 18. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? yes no. (If yes, and you do not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.)
- 19. The value of the incapacitated person’s personal property (see instructions) is \$
- The value of the incapacitated person’s real estate (see instructions) is \$
- The total value of the incapacitated person’s entire estate (see instructions) is \$

I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate statement of facts, and I (we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

DATE	PRINTED NAME OF PERSON SEEKING QUALIFICATION	SIGNATURE OF PERSON SEEKING QUALIFICATION
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