

COVER SHEET – PETITION FOR APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR

COMMONWEALTH OF VIRGINIA
Va. Code § 64.2-2002

Case No.
(CLERK’S OFFICE USE ONLY)

..... Circuit Court

..... v./In re:
PETITIONER(S) RESPONDENT

This form is filed with Petitions for the Appointment of a Guardian and/or Conservator pursuant to Va. Code § 64.2-2002. Please provide the following information, to the extent known.

PETITIONER INFORMATION

- 1. Petition Type: [] Guardianship and Conservatorship [] Conservatorship only [] Guardianship only
- 2. Relationship to Respondent: [] Family [] Friend [] Community Services Board [] Government Agency
[] Medical/Care Facility [] Professional [] Public Guardian [] Other
- 3. Name:
- 4. Residential Address:
- 5. Mailing Address, if different:
- 6. Telephone Number: Email Address:
[] Cell [] Home [] Work

SECOND PETITIONER INFORMATION (If applicable)

- 1. Petition Type: [] Guardianship and Conservatorship [] Conservatorship only [] Guardianship only
- 2. Relationship to Respondent: [] Family [] Friend [] Community Services Board [] Government Agency
[] Medical/Care Facility [] Professional [] Public Guardian [] Other
- 3. Name:
- 4. Residential Address:
- 5. Mailing Address, if different:
- 6. Telephone Number: Email Address:
[] Cell [] Home [] Work

PETITIONER ATTORNEY INFORMATION (If applicable)

- 1. Name:
- 2. Firm:
- 3. Mailing Address:
- 4. Telephone Number: Email Address:
[] Cell [] Home [] Work
- 5. VSB No.:

PROPOSED GUARDIAN AND/OR CONSERVATOR INFORMATION (If different from Petitioner)

[] Proposed Guardian and/or Conservator is the same as Petitioner

- 1. Type: [] Individual [] Business/Entity
- 2. Name:
- 3. Residential Address:
- 4. Mailing Address, if different:
- 5. Telephone Number: Email Address:
[] Cell [] Home [] Work

Please provide the following information, to the extent known.

RESPONDENT INFORMATION

- 1. Name:
- 2. Maiden or Other Name Used:
- 3. Date of Birth: County/City of Birth:
 The Respondent is an Indian child as defined in 25 U.S.C. § 1903(4), and the Indian Child Welfare Act applies.
- 4. Marital Status: Married Widowed Single Divorced Unknown
- 5. Residential Status: Assisted Living Group Home Hospital Independent Living Long Term Care Facility
 Private Residence Skilled Nursing Other
- 6. Residential Address:
- 7. Mailing Address, if different:
- 8. Telephone: Email Address:
 Cell Home Work
- 10. Gender: Male Female Other
- 11. Race: White Black/African American American Indian Alaska Native Asian Native Hawaiian
 Pacific Islander Other
- 12. Ethnicity: Hispanic Latinx Latino Latina Non-Hispanic
- 13. Height: Ft. In. Weight: Lbs.
- 14. Eye Color: Black Blue Brown Green Hazel Other.....
- 15. Hair Color: Black Blond/Blonde Brown Grey Red Other.....
- 16. Native Language: English Amharic Arabic Chinese Farsi French French Creole German
 Greek Italian Japanese Korean Mandarin Chinese Polish Portuguese Russian
 Spanish Tagalog Turkish Vietnamese Other
- 17. Respondent currently has a(n) Advance Directive Committee Conservator Guardian Power of Attorney
 Supported Decision-making Agreement Unknown Not Applicable
If applicable, attach any relevant documents or court orders for Respondent to the petition.
- 18. Respondent currently has a Representative Payee for the Social Security Administration United States Veterans Affairs
 Unknown Not Applicable Other
- 19. Respondent will require the following accommodations to attend any hearing in this matter: Foreign Language Interpreter
 Sign Language Interpreter Assistive Listening Device Other.....

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DATE

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 PETITIONER ATTORNEY FOR PETITIONER