

INCAPACITATED ADULT INFORMATION FORM
COMMONWEALTH OF VIRGINIA

Court File No.

[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 Single Divorced
4. Qualification requested: guardian 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 Night telephone
8. Street address
9. Mailing address, if different
10. Name of other person qualifying
11. Day telephone Night telephone
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 separation 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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