

Using This Revisable PDF Form

1. Attachments

- a. Petition for the Appointment of a Guardian or Conservator for an incapacitated adult.
- b. Completed circuit court form CC-1416, COVER SHEET FOR FILING CIVIL ACTIONS, if required by the clerk.
- c. Completed circuit court form CC-1641, ADDENDUM FOR FINANCIAL INFORMATION – CONFIDENTIAL (GUARDIAN AND/OR CONSERVATOR).
- d. Completed circuit court form CC-1462, ADDENDUM TO PETITION FOR APPOINTMENT OF GUARDIAN OR CONSERVATOR – UNDER SEAL.

2. Preparation details

- a. This form is prepared by the petitioner or the attorney for the petitioner.
- b. Please provide all requested information, to the extent known.
- c. If choosing “other” for any response, use the designated blank to provide the relevant description.
- d. Data Element Nos. 12-18 on page one should only be completed if there is more than one petitioner.
- e. Data Element Nos. 19-24 on page one should only be completed if the petitioner has an attorney.
- f. Data Element Nos. 26-31 on page one should only be completed if the proposed guardian and/or conservator is a person other than the petitioner.

Form CC-1640 COVER SHEET – PETITION FOR APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR Form CC-1640

Data Elements, page one.

1. Court case number. Completed by clerk.
2. Court name.
3. Name of the petitioner.
4. Name of the respondent (alleged incapacitated adult).
5. Check the appropriate box to indicate the type of petition being filed. Only choose one option.
6. Check the appropriate box to indicate the relationship between the petitioner and the respondent. Only choose one option.
7. Name of the petitioner.
8. Residential address of the petitioner.
9. Mailing address of the petitioner, if different from the residential address.
10. Telephone number of the petitioner. Check the appropriate box to indicate the type of phone number listed.
11. Email address of the petitioner.
12. Choose one of the options to indicate the type of petition being filed.
13. Choose one of the options to indicate the relationship between the second petitioner and the respondent.
14. Name of the second petitioner, if applicable.
15. Residential address of the second petitioner, if applicable.
16. Mailing address of the second petitioner, if different from the residential address, if applicable
17. Telephone number of the second petitioner. Check the appropriate box to indicate the type of phone number listed, if applicable.
18. Email address of the second petitioner, if applicable.
19. Name of petitioner’s attorney.
20. Firm where petitioner’s attorney is employed.
21. Mailing address of petitioner’s attorney.
22. Telephone number of petitioner’s attorney. Check the appropriate box to indicate the type of phone number listed.
23. Email address of petitioner’s attorney.
24. Virginia State Bar number for petitioner’s attorney.
25. Check this box if the petitioner is the proposed guardian and/or conservator for the respondent.
26. Check the appropriate box to indicate whether the proposed guardian and/or conservator is an individual or entity.
27. Name of the proposed guardian and/or conservator.
28. Residential address of the proposed guardian and/or conservator.
29. Mailing address of the proposed guardian and/or conservator, if different from the residential address.
30. Telephone number of the proposed guardian and/or conservator. Check the appropriate box to indicate the type of phone number listed.
31. Email address of the proposed guardian and/or conservator.

Form CC-1640 COVER SHEET – PETITION FOR APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR Form CC-1640

Data Elements, page two

1. Name of the respondent.
2. Maiden name used by the respondent, if any.
3. Other name used by the respondent, if any.
4. Date of birth of the respondent.
5. County/city of birth of the respondent.
6. Check this box if the respondent is a child, and the Indian Child Welfare Act applies to this matter.
7. Choose one of the options to indicate the respondent's marital status.
8. Choose one of the options to indicate where the respondent lives.
9. Residential address of the respondent.
10. Mailing address of the respondent, if different from the residential address.
11. Telephone number of the respondent. Check the appropriate box to indicate the type of phone number listed.
12. Email address of the respondent.
13. Choose one of the options to indicate the gender of the respondent.
14. Choose one of the options to indicate the race/ethnicity of the respondent.
15. Height of the respondent in feet and inches.
16. Weight of the respondent in pounds.
17. Choose one of the options to indicate the eye color of the respondent.
18. Choose one of the options to indicate the hair color of the respondent.
19. Choose one of the options to indicate the native language of the respondent.
20. Check the appropriate box(es) to indicate whether any of the options apply to the respondent. If any of these boxes are checked, attach any relevant documents to the petition. You may choose more than one option, if applicable.
21. Check the appropriate box(es) to indicate whether any of the options apply to the respondent. You may choose more than one option, if applicable.
22. Check the appropriate box(es) to indicate whether any of the options apply to the respondent. You may choose more than one option, if applicable.
23. Date form signed by petitioner or petitioner's attorney.
24. Signature of petitioner or petitioner's attorney. Check the appropriate box to indicate who is signing the form.

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

COMMONWEALTH OF VIRGINIA
Va. Code § 64.2-2002

Case No. **1**
(CLERK’S OFFICE USE ONLY)

2 Circuit Court

3
.....
PETITIONER(S)

v./In re:

4
.....
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

- 5** 1. Petition Type: Guardianship and Conservatorship Conservatorship only Guardianship only
- 6** 2. Relationship to Respondent: Family/Friend Community Services Board Government Agency
 Medical/Care Facility Professional Public Guardian Other
- 3. Name: **7**
Last, First, Middle, Suffix
- 4. Residential Address: **8**
- 5. Mailing Address, if different: **9**
- 6. Telephone Number: **10** Email Address: **11**
 Cell Home Work

SECOND PETITIONER INFORMATION (If applicable)

- 12** 1. Petition Type: Guardianship and Conservatorship Conservatorship only Guardianship only
- 13** 2. Relationship to Respondent: Family/Friend Community Services Board Government Agency
 Medical/Care Facility Professional Public Guardian Other
- 3. Name: **14**
Last, First, Middle, Suffix
- 4. Residential Address: **15**
- 5. Mailing Address, if different: **16**
- 6. Telephone Number: **17** Email Address: **18**
 Cell Home Work

PETITIONER ATTORNEY INFORMATION (If applicable)

- 1. Name: **19**
Last, First, Middle, Suffix
- 2. Firm: **20**
- 3. Mailing Address: **21**
- 4. Telephone Number: **22** Email Address: **23**
 Cell Home Work
- 5. VSB No.: **24**

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

- 25** Proposed Guardian and/or Conservator is the same as Petitioner
- 26** 1. Type: Individual Business/Entity
- 2. Name: **27**
Last, First, Middle, Suffix
- 3. Residential Address: **28**
- 4. Mailing Address, if different: **29**
- 5. Telephone Number: **30** Email Address: **31**
 Cell Home Work

Please provide the following information, to the extent known.

RESPONDENT INFORMATION

1. Name: **1**
Last, First, Middle, Suffix

2. Maiden Name: **2**
Last, First, Middle, Suffix

3. Other Name Used: **3**
Last, First, Middle, Suffix

4. Date of Birth: **4** County/City of Birth: **5**

6 The Respondent is an Indian child as defined in 25 U.S.C. § 1903(4), and the Indian Child Welfare Act applies.

7 5. Marital Status: Married Widowed Single Divorced Unknown

8 6. Residential Status: Assisted Living Group Home Hospital Independent Living Long Term Care Facility
 Private Residence Skilled Nursing Other

7. Residential Address: **9**

8. Mailing Address, if different: **10**

9. Telephone: **11** Email Address: **12**
 Cell Home Work

13 10. Gender: Male Female Non-binary/Transgender

14 11. Race/Ethnicity: White Black/African American American Indian or Alaska Native Asian or Pacific
Islander Native Hawaiian Middle Easterner or North African Hispanic or Latino Unknown

12. Height: **15** Ft. **15** In. Weight: **16** Lbs.

17 13. Eye Color: Black Blue Brown Green Hazel Other.....

18 14. Hair Color: Black Blond/Blonde Brown Grey Red Other.....

19 15. 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

20 16. 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.

21 17. Respondent currently has a Representative Payee for the Social Security Administration United States Veterans Affairs
 Unknown Not Applicable Other

22 18. Respondent will require the following accommodations to attend any hearing in this matter: Foreign Language Interpreter
 Sign Language Interpreter Assistive Listening Device Other.....

..... **23**
DATE

..... **24**
 PETITIONER ATTORNEY FOR PETITIONER