

**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

- Petition Type: ☐ Guardianship and Conservatorship ☐ Conservatorship only ☐ Guardianship only
- Relationship to Respondent: ☐ Family ☐ Friend ☐ Community Services Board ☐ Government Agency
☐ Medical/Care Facility ☐ Professional ☐ Public Guardian ☐ Other
- Name:
Last, First, Middle, Suffix
- Residential Address:
- Mailing Address, if different:
- Telephone Number: Email Address:
☐ Cell ☐ Home ☐ Work

SECOND PETITIONER INFORMATION (If applicable)

- Petition Type: ☐ Guardianship and Conservatorship ☐ Conservatorship only ☐ Guardianship only
- Relationship to Respondent: ☐ Family ☐ Friend ☐ Community Services Board ☐ Government Agency
☐ Medical/Care Facility ☐ Professional ☐ Public Guardian ☐ Other
- Name:
Last, First, Middle, Suffix
- Residential Address:
- Mailing Address, if different:
- Telephone Number: Email Address:
☐ Cell ☐ Home ☐ Work

PETITIONER ATTORNEY INFORMATION (If applicable)

- Name:
Last, First, Middle, Suffix
- Firm:
- Mailing Address:
- Telephone Number: Email Address:
☐ Cell ☐ Home ☐ Work
- VSF No.:

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

☐ **Proposed Guardian and/or Conservator is the same as Petitioner**

- Type: ☐ Individual ☐ Business/Entity
- Name:
Last, First, Middle, Suffix
- Residential Address:
- Mailing Address, if different:
- Telephone Number: Email Address:
☐ Cell ☐ Home ☐ Work

Please provide the following information, to the extent known.

RESPONDENT INFORMATION

1. Name:
Last, First, Middle, Suffix
2. Maiden Name:
Last, First, Middle, Suffix
3. Other Name Used:
Last, First, Middle, Suffix
4. 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.
5. Marital Status: [] Married [] Widowed [] Single [] Divorced [] Unknown
6. Residential Status: [] Assisted Living [] Group Home [] Hospital [] Independent Living [] Long Term Care Facility
[] Private Residence [] Skilled Nursing [] Other
7. Residential Address:
8. Mailing Address, if different:
9. Telephone: Email Address:
[] Cell [] Home [] Work
10. Gender: [] Male [] Female [] Non-binary/Transgender
11. Race: [] White [] Black/African American [] American Indian or Alaska Native [] Asian or Pacific Islander
[] Native Hawaiian [] Middle Easterner or North African [] Unknown
12. Height: Ft. In. Weight: Lbs.
13. Eye Color: [] Black [] Blue [] Brown [] Green [] Hazel [] Other.....
14. Hair Color: [] Black [] Blond/Blonde [] Brown [] Grey [] Red [] Other.....
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
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.
17. Respondent currently has a Representative Payee for the [] Social Security Administration [] United States Veterans Affairs
[] Unknown [] Not Applicable [] Other
18. Respondent will require the following accommodations to attend any hearing in this matter: [] Foreign Language Interpreter
[] Sign Language Interpreter [] Assistive Listening Device [] Other.....

.....
DATE

.....
[] PETITIONER

.....
[] ATTORNEY FOR PETITIONER