

**Request to be Guardian
of a Mentally Retarded Adult Child, Brother or Sister**

Case Number *(the clerk fills this in):* _____

In the Probate Court of *(county):* _____ County, Alabama

Your First and Last Name
(parent or sibling asking to be guardian)

Respondent's First and Last Name
(the mentally retarded adult)

Parents and brothers or sisters who care for a mentally retarded relative in their home may use this form to ask the Court to be appointed guardian so they may continue to care for their relative. *(Ala. Code §26-2A-102(e))*

① **Your information** *(person who wants to be guardian):*

Name: _____ Age: _____

Address: _____
street address city state zip phone #

Your relationship to the mentally retarded adult *(check one)*: Mother Father Sister Brother

If more than one person wants to be guardian, list the other person's information below:

Name: _____ Age: _____

Address: _____
street address city state zip phone #

Your relationship to the mentally retarded adult *(check one)*: Mother Father Sister Brother

② **Information about your mentally retarded relative:**

Name: _____ Age: _____

Address: _____
street address city state zip phone #

③ **Information about the mental disability:**

You must provide a medical report that describes your relative's mental retardation and ability to care for himself or herself. *(Check one)*: The medical report is attached to this form.

I/We will give the Court a medical report before or at the hearing.

④ **Read and sign below:**

- I/We now care for the mentally retarded relative listed above in my/our home, and ask the Court to appoint me/us the legal guardian(s) in this case.
- I/We have the time, energy, and desire to continue to care for that adult, including providing food, clothing, shelter, and health care.
- I/We are able to make decisions about care, treatment, and well-being that are in that adult's best interest.
- I/We ask the Court for a hearing and to find that the Respondent needs a guardian because s/he lacks sufficient understanding or capacity to make or communicate responsible decisions.
- I/We declare that the information provided on this form is true.

Person asking to be guardian signs here: ▶ _____ Date: _____

Other person (if any) asking to be guardian signs here: ▶ _____ Date: _____

Notary fills out below—

Sworn to and subscribed before me, the undersigned authority,

By *(Print name of notary)*: _____

(Notary's seal here)

On this date: _____

▶ _____
Notary/clerk signs here