

Commonwealth of Kentucky
Court of Justice

KRS 387.710

BIENNIAL REPORT FOR [REDACTED]
XXX-X [REDACTED]
Covering Period from 1/1/2021 - 12/31/2023

Case [REDACTED]
Court [REDACTED]
County [REDACTED]

The Cabinet for Health and Family Services, who was appointed as Emergency Limited Guardian/Emergency Limited Conservator of the above estate on 03/04/2024, submits to the Court pursuant to KRS 387.710 and in accordance with KRS 210.290 the following periodic settlement indicating by itemized statement of the income received, disbursements made, and accumulated assets since the inventory or last settlement was filed.

Beginning Checking Balance as of 01/01/2021 :

INCOME

TOTAL INCOME:	\$0.00
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DISBURSEMENTS

TOTAL DISBURSEMENTS:	\$0.00
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Ending Checking Balance as of 12/31/2023:	\$0.00
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ASSETS

TOTAL ASSETS:	No Assets	\$0.00
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LIABILITIES

TOTAL LIABILITIES:	No Liabilities	\$0.00
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Current and future assets belonging to the ward will be used to promote the health, safety and well-being of the ward.

Any assets remaining at the time of death will be released to the preferred creditor or administrator of the estate. Upon termination of this appointment, assets will be transferred to the ward or other responsible party.

ACKNOWLEDGEMENT: The Cabinet for Health and Family Services files herewith evidence to support all transactions. Because checks are issued to cover more than one ward, this Guardian cannot file the original check for each expenditure. WHEREFORE, having accounted for all receipts, disbursements, assets, and liabilities the Cabinet for Health and Family Services asks this Court to accept its report for the period stated above.

_____ on behalf of the Cabinet for Health and Family Services as court appointed

Emergency Limited Guardian/Emergency Limited Conservator for [REDACTED]

Address: Cabinet for Health and Family Services
Fiduciary Services, Guardianship Branch
275 East Main Street, 3E-F
Frankfort, KY 40621
(502) 564-2927

COMMONWEALTH OF KENTUCKY

Subscribed and sworn to before me this _____ day of _____ 20____ by _____.

My commission expires: _____

Notary Public, State-at-Large Kentucky

Commonwealth of Kentucky
Court of Justice
KRS 387.710

Case [REDACTED]
Court [REDACTED]
County [REDACTED]

[REDACTED] A DISABLED PERSON

BIENNIAL APPROVAL ORDER

On motion of Cabinet for Health and Family Services, Guardian for [REDACTED] a disabled person, requesting approval and recording of its Biennial settlement herein, and the Court being otherwise sufficiently advised, the same is hereby approved and ordered to be recorded. **Covering**

Period from 1/1/2021 - 12/31/2023

This the _____ day of _____, 20_____.

Judge's signature

Print name

Distribution List:
Heather Fields c/o CHFS DAIL
Division of Operations and Support
Fiduciary Services Branch
275 East Main Street 3E-F
Frankfort, KY 40621
Phone (502) 564-6930

Next Report Due: Biennial/Settlement 1/1/2025.