**Fifth Judicial Circuit**

**Alleged Incapacitated Person (AIP) Coversheet**

*Please file the Alleged Incapacitated Person (AIP) Coversheet with the Petition to Determine Incapacity. A redacted copy of this document will be provided to the exam committee.*

**AIP Name:**

**Case Number:**

**Race**:      **Gender**:

**DOB**:       **Age**:       **SS#:**

**Home Address**:

**Address AIP currently resides (Include Apt. #, Room #, Lot #, etc.)**:
[ ]  If current address is the same as the home address, please select the check box. Otherwise, please provide address below.

**Contact person**:       **Phone**:
(to schedule the evaluation)

**Alternate contact person**:       **Phone**:
(to schedule the evaluation)

**Does the AIP have a history of physical violence?**



If yes, what should the exam committee know about the physical violence?

**Does the AIP need an Interpreter**?



If yes, what language is needed?

 **If known, please provide the name and phone number for the AIPs primary physician.**

**Notes**:
(Is there anything else the exam committee should be aware of when visiting the AIP?)