**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#:**
 (Please ONLY provide SS# for Hernando County and Sumter County cases)**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 the home address.

**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.**

**Should the court be made aware of any related cases?**

If yes, please provide the county and case number.

**Is it anticipated that the case will be indigent?**(Please note: An approved Affidavit of Indigency needs to be on file for the case to be indigent)
****

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