

In re the Guardianship of:

\_\_\_\_\_

IN THE CIRCUIT COURT OF THE

\_\_\_\_\_ JUDICIAL CIRCUIT IN AND

FOR \_\_\_\_\_ COUNTY, \_\_\_\_\_

OR

Petitioner,

and

Respondent,

\_\_\_\_\_ /

DIVISION:

CASE NUMBER:

SECTION:

### **ELDERCARE COORDINATOR REPORT OF AN EMERGENCY**

The undersigned Eldercare Coordinator reports an emergency to the court:

1. \_\_\_\_\_ With notice to the parties. A party is the respondent in a final order or injunction of protection against domestic violence, dating violence, repeat violence, or protection of a child or of a vulnerable adult or elder, or found guilty of elder abuse, neglect or exploitation.
2. \_\_\_\_\_ Without notice to the parties (check all that apply):
  - a. \_\_\_\_\_ There is a reasonable cause to suspect the elder has or is being abused, neglected, or exploited, or the elder's health, safety and well-being are in immediate jeopardy.
  - b. \_\_\_\_\_ There is a reasonable cause to suspect that a child will suffer or is suffering abuse, neglect, or abandonment.
  - c. \_\_\_\_\_ A participant of the eldercare coordination, or someone acting on the elder's behalf, is expected to wrongfully remove or is wrongfully removing the elder from the jurisdiction of the court without prior approval of the court.
  - d. \_\_\_\_\_ It is necessary to protect any person from future acts that would constitute domestic violence or abuse, neglect, or exploitation of an elderly or disabled adult.
3. \_\_\_\_\_ There is a pending investigation by the Adult or Child Protective Services
4. Describe the emergency:



**Verification by Eldercaring Coordinator** Emergency is true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_  
Signature of Eldercaring Coordinator  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Professional License or Certification # \_\_\_\_\_  
Name and location of regulatory body issuing professional license or certification

STATE OF (STATE) COUNTY OF \_\_\_\_\_  
Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or deputy clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
Type of identification produced: \_\_\_\_\_

I certify that a copy of this document was [check all used] to the persons listed below on {date} \_\_\_\_\_.

Copies to:

\_\_\_\_ Presiding Judge      \_\_\_\_\_ e-mailed      \_\_\_\_\_ mailed      \_\_\_\_\_ faxed      \_\_\_\_\_ hand-delivered  
\_\_\_\_ Petitioner              \_\_\_\_\_ e-mailed      \_\_\_\_\_ mailed      \_\_\_\_\_ faxed      \_\_\_\_\_ hand-delivered  
\_\_\_\_ Attorney for Petitioner      \_\_\_\_\_ e-mailed      \_\_\_\_\_ mailed      \_\_\_\_\_ faxed      \_\_\_\_\_ hand-delivered  
\_\_\_\_ Alleged Incapacitated (AIP)/Ward  
\_\_\_\_ Attorney for AIP/Ward      \_\_\_\_\_ e-mailed      \_\_\_\_\_ mailed      \_\_\_\_\_ faxed      \_\_\_\_\_ hand-delivered  
\_\_\_\_ Other: \_\_\_\_\_      \_\_\_\_\_ e-mailed      \_\_\_\_\_ mailed      \_\_\_\_\_ faxed      \_\_\_\_\_ hand-delivered



\_\_\_\_ Attorney for Other: \_\_\_\_\_ e-mailed \_\_\_\_\_ mailed \_\_\_\_\_ faxed \_\_\_\_\_ hand-delivered  
\_\_\_\_ Other: \_\_\_\_\_ e-mailed \_\_\_\_\_ mailed \_\_\_\_\_ faxed \_\_\_\_\_ hand-delivered  
\_\_\_\_ Attorney for Other: \_\_\_\_\_ e-mailed \_\_\_\_\_ mailed \_\_\_\_\_ faxed \_\_\_\_\_ hand-delivered

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Eldercaring Coordinator

DRAFT

