IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA

IN RE: STANDING ORDER REQUIRING INFORMATION SHEET WHEN FILING INCAPACITY PETITIONS FOR CASES FILED ON OR AFTER MARCH 1, 2024

_____/

It is hereby ORDERED as follows:

To facilitate meaningful and timely examination of an alleged incapacitated person by an examining committee, any person who petitions the Court to determine incapacity under Florida Probate Rule 5.550 must file a fully completed Information Sheet. The Information Sheet must be filed with the clerk of court with the corresponding petition.

DONE AND ORDERED in West Palm Beach, Palm Beach County, Florida.

Circuit Court Judge

INFORMATION DESCRIPTION SHEET – Mental Health/Incapacities

Updated 2/5/2026

Case Number:_____ **Division:** Circle one: IA or IZ

ALLEGED INCAPACITATED PERSON

Name:_____ **DOB:**_____
AKA (also known as):_____

Residential Address: _____
City: _____ **State:**
_____ **Zip:**_____

Current Location:
_____
City:_____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address:
_____

Primary Spoken Language:
_____
DL/State ID #:_____ **SSN:**_____
Race: _____ **Sex:**_____ **Height:**_____ **Weight:** _____
Hair Color:_____ **Eye Color:** _____
Tattoos:_____
_____

Distinguishing Marks/ Features: _____

Family Doctor/Attending Physician: (Name, Phone, Address):
_____
_____

Are there any safety concerns for someone entering the home or meeting with the alleged incapacited person?
_____
_____
_____
_____

Is there a history of violence? If yes, describe, provide date and location of incidents:
_____
_____
_____

INFORMATION DESCRIPTION SHEET – Mental Health/Incapacities

Updated 2/5/2026

Is the AIP in possession of any firearms and ammunition? If yes, are they kept in a locked, secure location or safe? Explain:

_____
_____
_____
_____

PETITIONER

Name:

_____
_____

DOB: _____ **Relationship To Respondent:** _____

Residential Address:

_____

City:_____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address:

_____

Attorney for the Petitioner: (Name, Phone, Address, Email):_____
_____
_____

CONTACT PERSON AND PHONE NUMBER IF OTHER THAN THE PETITIONER:

_____
_____
_____
_____