

DRAFT

PS-17

Rev. 3/10

Notice of Possible Incompetency

Case Number: _____

In the (*check one*): Circuit District Small Claims Court of _____ County, Alabama

Plaintiff's First and Last Name v. _____
Defendant's First and Last Name

① My name is (*print*): _____

② My contact information is:

street address city state zip code phone #

③ I have known or taken care of the Defendant for _____ years.

④ My relationship to the Defendant is (*describe*): _____

⑤ Since (*date*): _____, the Defendant has been ill or unable to care for him/herself because (*explain*): _____

⑥ Has any court or government agency, such as VA, Social Security, etc., made a decision about the Defendant's mental status? Yes No
If Yes, list the name of that agency and describe the decision they made: _____

⑦ The Defendant does not have a guardian, court-appointed guardian, or lawyer.

⑧ I swear that the information I have provided above is true.

Sign here, then go to ⑨ below: ▶ _____ Date: _____

- ⑨ After signing above, you **must**:
1. Fill out the box to the right, then
 2. Mail or deliver a copy of this form to the Plaintiff or his/her lawyer, then
 3. File the original of this *Notice* with the court clerk.

Certificate of Service — I certify that a true copy of this <i>Notice</i> was delivered or mailed to the Plaintiff or his/her lawyer on (<i>date</i>): _____, at the address below .	
Sign here: ▶ _____	Date: _____
street address	city
state	zip