

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

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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.



The signature is written in blue ink over a watermark. The watermark includes the seal of the 15th Judicial Circuit of Florida and the text "15th JUDICIAL CIRCUIT OF FLORIDA ADMINISTRATIVE OFFICE OF THE COURT".

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Circuit Judge

**INFORMATION DESCRIPTION SHEET – Mental Health/Incapacities**

**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):**

\_\_\_\_\_

\_\_\_\_\_

**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:**

\_\_\_\_\_

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