

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.



The signature is written in blue ink over a grey watermark. The watermark includes the seal of the State of Florida on the left and the text 'FIFTEENTH JUDICIAL CIRCUIT' and 'ADMINISTRATIVE OFFICE OF THE COURT' on the right.

Circuit 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 incapacitated person?

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

INFORMATION DESCRIPTION SHEET – Mental Health/Incapacities

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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:
