

Notice of Possible Incompetency

Case Number:

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

\_\_\_\_\_  
Plaintiff's Name

v. \_\_\_\_\_  
Defendant's 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 (date): _____, at the address <b>below</b> .	
Sign here: ▶ _____	Date: _____
street address	city
state	zip