

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

IN THE MATTER OF

Name

**Waiver and Consent to
Petition for Guardianship
Due to Incompetency
(Adult Guardianship)**

Date of Birth

Case No. _____

I STATE THAT:

1. I am an interested person in this proceeding as follows: _____.
2. I acknowledge that a Petition for Guardianship Due to Incompetency requesting the appointment of [Name] _____ as guardian of the person estate on the above-named individual was or will be filed.
3. I understand that if the court appoints a **temporary guardian, the guardianship will continue for 60 days** and can be **extended for an additional 60 days**.
4. I understand that if the court appoints a permanent guardian, the guardianship will continue until terminated by the court.

By signing this document, I consent to this guardianship and waive my right to notice of hearings as required by the statutes.

Interested Person

Name Printed or Typed

Address

Email Address

Telephone Number

Date