
STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name

**Letters of Temporary Guardianship of the Person
(Adult Guardianship)**

Date of Birth

Case No. _____

To:

Address:

These Letters of Temporary Guardianship are effective on [Date] _____.

You are appointed temporary guardian of the person of the above-named ward.

- Co-guardians must agree with each other when making decisions on behalf of the ward.
- Co-guardians may act independently when making decisions on behalf of the ward.
- Co-guardians may act independently when making decisions on behalf of the ward only in these limited circumstances: _____.

You are issued Letters of Temporary Guardianship of the Person with the following powers or limitations:

See attached

- A. This Temporary Guardianship of the Person **expires** at the end of **60 days** on _____.
- B. This Temporary Guardianship of the Person has been **extended** for an additional 60 days to _____.
- C. These Letters of Temporary Guardianship of the Person are issued after conversion of this proceeding from Chapter 51 to Chapter 54/55 and are in effect pending the hearing for a permanent guardianship and protective placement or services but not more than **30 days** ending on _____.