

**STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY**

IN THE MATTER OF

Amended

\_\_\_\_\_  
Name

**Statement of Acts by  
Proposed Guardian and  
Consent to Serve as Guardian  
(Adult Guardianship)**

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

Submit this statement to the court **at least 96 hours** before the court hearing.

**I DECLARE THAT:**

1. I am currently charged with or have been convicted of a crime: (misdemeanor or felony)  
 No  Yes If Yes, describe circumstances: \_\_\_\_\_
2. I have filed for or received protection under the federal bankruptcy laws:  
 No  Yes If Yes, describe circumstances: \_\_\_\_\_
3. Any license, certificate, permit, or registration that I am required to have under chs. 440 to 480, Wisconsin Statutes or by the laws of another state for the practice of a profession or occupation has been suspended or revoked:  
 No  Yes If Yes, describe circumstances: \_\_\_\_\_
4. I am listed in the Caregiver Misconduct Registry of the Department of Health Services under §146.40 (4g)(a)(2), Wis. Stats.  
 No  Yes If Yes, describe circumstances: \_\_\_\_\_
5. I am currently a guardian of the person of 5 or more adult wards who are unrelated to me:  
 No  Yes If Yes, describe circumstances: \_\_\_\_\_
6. I am nominated to serve as
 

<input type="checkbox"/> guardian of the	<input type="checkbox"/> person	<input type="checkbox"/> estate
<input type="checkbox"/> standby guardian of the	<input type="checkbox"/> person	<input type="checkbox"/> estate
<input type="checkbox"/> successor guardian of the	<input type="checkbox"/> person	<input type="checkbox"/> estate

 of the above-named individual and consent to serve as guardian and will act in the best interest of this individual.
7. I understand that I am required to satisfy the guardian training program requirements under §54.26, Wis. Stats., and provide confirmation to the Court at least 96 hours prior to the final hearing. (Complete Confirmation of Completion of Guardian Training Program (Adult Guardianship) form GN-3135).
8. If appointed as **guardian of estate**, I will file the Guardianship Inventory **within 60 days of appointment**, and the Account of Guardian or Conservator annually and/or as otherwise required.
9. If appointed as **guardian of the person**, I will file the Annual Report on the Condition of the Ward.
10. If appointed as **guardian of the person**, I will
  - place the least possible restriction on the individual's personal liberty and exercise of constitutional and statutory rights, and promote the greatest possible integration of the individual into his or her community.
  - make diligent efforts to identify and honor the individual's preferences with respect to choice of place of living, personal liberty and mobility, choice of associates, communication with others, personal privacy, and choices related to sexual expression and procreation.
  - take into account the individual's understanding of the nature and consequences of the decision, the

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level of risk involved, the value of the opportunity of the individual to develop decision-making skills, and the need of the individual for wider experiences.

- consider whether the individual's estate is sufficient to pay for the needed services.
- adhere to the additional duties and powers as listed in §54.25, Wis. Stats.

11. If appointed, I will exercise all powers and perform all duties as guardian as required by law and the court.

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Bar No. (if any)