

IN THE MATTER OF

Amended

Name _____

Date of Birth _____

Petition for
 Temporary
 Permanent
Guardianship Due to Incompetency

Case No. _____

UNDER OATH, I STATE:

- I am interested as
 - a relative. I am related to the individual as _____.
 - a public official. My authority to act as petitioner is _____.
 - Other: _____.
- This Petition is filed in the county in which the individual
 - resides.
 - is physically present.
 - Other: _____.
- The individual lives in _____ County, State of _____, [Phone Number] _____ and the individual's mailing address is [Street, City, State, Zip] _____.
- The name and mailing address of the person or institution, if any, that has care and custody of the individual or the facility, if any, that is providing care to the individual is:

Name _____ Phone Number _____

Mailing Address [Street] _____

[City, State, Zip] _____

This Petition for Guardianship is filed with a Petition for Protective Placement prior to transfer of the individual directly from a hospital to a nursing facility or community-based residential facility under §50.06, Wis. Stats.
- The names and mailing addresses of all interested parties (including the petitioner) and all others entitled to notice are as follows: **See attached**

Name	Relationship	Mailing Address [Street, City, State, Zip]

6. The individual is married and has children who are not children of the current spouse.
7. The individual
 - does does not have a current, valid Financial Durable Power of Attorney activated.
 - Financial Agent Name _____ Phone Number _____
 - Mailing Address [Street] _____
 - [City, State, Zip] _____ **See attached**
 - does does not have a current, valid Power of Attorney for Health Care activated.
 - Health Care Agent Name _____ Phone Number _____
 - Mailing Address [Street] _____
 - [City, State, Zip] _____ **See attached**

does does not have other advance planning to avoid guardianship.
 If the above-named power of attorney or advanced planning exist, guardianship is still necessary because _____ See attached

8. I am not aware of a guardianship or other related proceeding or ordered proceeding involving the individual in another state or county.
 aware of a guardianship or other related proceeding or ordered proceeding involving the individual in another state or county. The details of the guardianship, or other related proceedings of which I am aware are as follows: See attached
 guardian(s) appointed in Wisconsin: [Name and county where appointed] _____
 guardian(s) appointed out-of-state: [Name and state where appointed] _____

9. I nominate the following: See attached

Type of Guardian	Name	Mailing Address [Street, City, State, Zip]	Telephone Number
Guardian of the Person			
Guardian of the Estate			
Temporary Guardian of the Person			
Temporary Guardian of the Estate			
Standby Guardian of the Person			
Standby Guardian of the Estate			

10. A sworn and notarized Statement of Acts by Proposed Guardian and Consent to Serve
 accompanies this Petition.
 will be filed **at least 96 hours** before the hearing.
 will be provided, if required by the court for temporary guardianship.

11. A. The approximate value of the individual's property is: See attached

General Description	Amounts	General Description	Amounts
Cash/Bank Accounts:	\$	Other Liquid Assets:	\$
Real Estate:	\$	Other Assets:	\$

- B. The assets of individual previously derived from or benefits of individual now due and payable from U.S. Department of Veterans Affairs are
 none _____ See attached
- C. The individual receives public benefits, including medical assistance, SSI, SSDI or long term community options program benefits. No Yes, type and amount: _____
- D. Any other claim, income, compensation, pension, insurance or allowance to which the individual may be entitled is none. as follows: See attached

General Description	Amounts [Monthly]	General Description	Amounts [Monthly]
Social Security	\$	Investment Income	\$
Pension	\$	Other:	\$
Disability	\$	Other:	\$

FOR PERMANENT GUARDIANSHIP

12. A. A Report of Examination by a Physician or Psychologist
 is filed with this Petition.
 will be filed with the court and provided by the petitioner to the guardian ad litem and the attorney for the individual at least 96 hours before the time of the hearing.
- B. A Certificate of Administrator (or representative) of U.S. Department of Veterans Affairs is filed with this Petition.

13. I allege that the individual is incompetent and a guardian should be appointed because:
 A. the individual will be at least 17 years and 9 months of age as of the date of the hearing.
 B. the individual has the following impairment:
 a developmental disability.
 degenerative brain disorder.

- serious and persistent mental illness.
- other like incapacities.

- C. The individual's need for assistance in decision-making or communication is unable to be met effectively and less restrictively through appropriate and reasonably available training, education, support services, health care, assistive devices, or other means that the individual will accept.
- D. (For appointment of **guardian of the person.**) The individual, because of impairment, is unable effectively to receive and evaluate information or to make or communicate decisions to such extent that the individual is unable to meet the essential requirements for the individual's physical health and safety.
- E. (For appointment of **guardian of the estate.**) The individual, because of an impairment, is unable effectively to receive and evaluate information or to make or communicate decisions related to management of the individual's property or financial affairs, to the extent that at least one of the following applies:
- (1) The individual has property that will be dissipated in whole or in part; or
 - (2) The individual is unable to provide for the individual's support, or
 - (3) The individual is unable to prevent financial exploitation.

14. The specific nature of the individual's alleged incapacity is as follows: See attached

15. **GUARDIAN OF THE PERSON**

I request the appointment of a guardian of the person. If granted, I understand that this may result in a prohibition of the individual's ability to possess firearms pursuant to §54.10(3)(f), Wis. Stats.

A. **Rights to be removed in full. If removed, these rights may not be exercised by any person.**

I request that the court declare the individual has incapacity to exercise the right to

- (1) execute a will.
- (2) serve on a jury.
- (3) register to vote or to vote in an election.

B. **Rights to be removed in full or exercised only with consent of guardian of person.**

The individual has incapacity or limited capacity to exercise the following rights:

(If any box is <u>not</u> checked for a right, the individual <u>retains</u> that right in full.)	Individual may not exercise this right. Remove right in full.	Individual may exercise only with the consent of the guardian of the person.
(1) consent to marriage.	<input type="checkbox"/>	<input type="checkbox"/>
(2) apply for an operator's/driver's license.	<input type="checkbox"/>	<input type="checkbox"/>
(3) apply for a fishing license.	<input type="checkbox"/>	<input type="checkbox"/>
(4) apply for a license under Ch. 29, Wis. Stats., other than fishing.	<input type="checkbox"/>	<input type="checkbox"/>
(5) apply for any other license or credential under §54.25(2)(c)1.d., Wis. Stats. Specifically: _____	<input type="checkbox"/>	<input type="checkbox"/>
(6) consent to sterilization.	<input type="checkbox"/>	<input type="checkbox"/>
(7) consent to organ, tissue, or bone marrow donation.	<input type="checkbox"/>	<input type="checkbox"/>

C. **Powers to be transferred to guardian of the person in full or in part.**

I request the court transfer to the guardian of the person to exercise the power in full or in part to:

- 1.A. give informed consent to the voluntary receipt by the individual of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the individual's best interest, if the guardian has first made a good-faith attempt to discuss with the individual the voluntary receipt of the examination, medication, or treatment and if the individual does not protest.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 1.B. give informed consent, if in the individual's best interests, to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the individual's best interests.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 2. authorize individual's participation in an accredited or certified research project if the research project might help the individual, or others if minimal risk of harm.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____

- 3. authorize individual's participation in research that might not help the individual but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 4. consent to experimental treatment in the individual's best interests.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 5. give informed consent to receipt by individual of social and supported living services.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 6. give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 7. make decisions related to mobility and travel.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 8. choose providers of medical, social, and supported living services.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 9. make decisions regarding educational and vocational placement and support services or employment.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 10. make decisions regarding initiating a petition for termination of marriage.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 11. receive all notices on behalf of individual.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 12. act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceedings pertaining to the property, unless the guardian of the person is also the guardian of the estate.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 13. apply for protective placement or for commitment on behalf of the individual which does not require court approval.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 14. have custody of the individual.
 Full Transfer. Partial Transfer. The individual retains the power to: _____
- 15. Other: _____

See attached

16. **GUARDIAN OF THE ESTATE**

I request the court

- A. appoint a guardian of the estate to perform duties under §54.19, Wis. Stats., and exercise the powers that do not require court approval under §54.20(3), Wis. Stats., except as follows: (Choose one)
 - (1) The individual retains all powers, except for the following powers to be transferred to the guardian: _____.
 - (2) All powers to be transferred to the guardian, except for the following powers: _____.
 - (3) All powers to be transferred to guardian.
- B. authorize the guardian of the estate to perform the following additional powers (other than to make gifts) that require court approval under §54.20(2), Wis. Stats.: _____ See attached
- C. direct the guardian of the estate to deposit the individual's funds of \$100,000 or less in an insured account of a bank, credit union, savings bank or savings and loan association in the name of the guardian and the individual, payable only upon further order of the court, and waive bond for the guardian of the estate.
- D. make a finding the individual may not make contracts, except for necessities at reasonable prices, and all gifts, sales, and transfers of property made by the individual after the filing of a certified copy of the order are void, unless notified by the guardian of the estate in writing.

17. **ALTERNATIVE TO GUARDIANSHIP OF ESTATE FOR SMALL ESTATES**

I request the court dispense with the appointment of a guardian of the estate and transfer the individual's funds of \$50,000 or less according to one of the alternatives for small estates under §54.12(1), Wis. Stats., as follows: _____ **See attached**

FOR TEMPORARY GUARDIANSHIPS

18. A report or testimony from a physician or psychologist indicates there is a reasonable likelihood the individual is incompetent will be provided at the hearing.

19. There was no temporary guardianship of the individual in effect **within the last 90 days**.

20. The individual's particular situation, including the needs of the individual's dependents, if any, requires immediate appointment of a temporary guardian for the following specific reasons: _____ **See attached**

21. I petition the court for the appointment of a temporary guardian with authority limited to those acts that are reasonably related to the reasons for appointment.

A. The authority requested for the temporary guardian of the person (if requested) is as follows: _____ **See attached**

B. The authority requested for the temporary guardian of the estate (if requested) is as follows: _____ **See attached**

22. A Petition for Appointment of a Permanent Guardian of the Person or Estate is

being filed with this Petition.

not being filed with this Petition for the following reasons: _____ **See attached**

23. Additional requests: (Including expedited hearings) _____ **See attached**

I REQUEST THE COURT:

- 1. Order a hearing on this Petition.
- 2. Make appropriate findings and appointments as requested above.
- 3. Award appropriate fees and costs.

4. Other: _____

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____



Petitioner

Name Printed or Typed

Address

Date