

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

IN THE MATTER OF

Amended

\_\_\_\_\_  
Name

**Waiver and Consent to  
Petition for Guardianship  
Due to Incompetency**

\_\_\_\_\_  
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 has been 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

\_\_\_\_\_  
Date