

IN THE MATTER OF

Amended

**Confirmation of Completion of
Guardian Training Program
(Adult Guardianship)**

Name

Date of Birth

Case No. _____

I DECLARE THAT:

I understand that I am required to complete a guardian training program meeting the requirements of §54.26, Wis. Stats. I have completed the required training:

- Yes. I have attached the training completion certificate.
- No. I am exempt from completing the training because I am:
 - A guardian under §54.15(7), Wis. Stats., who is regulated by the department of health services.
 - A volunteer (non-corporate) guardian who has already completed the training requirements for a previous ward. Date training was completed: _____.

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)