

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

**Notification To Court of
Assumption of Duties by
Standby Guardian
(Adult Guardianship)**

Name _____

Date of Birth _____

Case No. _____

On [Date] _____, Letters of Guardianship were issued to [Name of Guardian] _____ as guardian of the person estate of the above-named ward.

I have been appointed standby guardian of the person estate by order of the court dated _____.

I hereby notify the court that the above guardian is no longer serving as guardian due to the following:

- Death. [State date of death] _____
- Unwillingness. [State specific facts] _____
- Inability to act. [State specific facts] _____
- Resignation. [Attach copy if not previously filed]
- Removal by Court. [State date of removal] _____
- Temporarily unable to fulfill duties as guardian: [State reason and dates guardian will be unavailable] _____
- Other: [State specific facts] _____

I have assumed my duties pursuant to the prior court order and request that the court issue new Letters of Guardianship to me as follows:

- On a temporary basis as standby guardian and your authority to act is limited to the following time period: [Starting Date] _____ through [Ending Date] _____.
- On a permanent basis as guardian.

Standby Guardian

Name Printed or Typed

Address

Email Address

Telephone Number

Date