

IN THE MATTER OF

Amended

Name \_\_\_\_\_

**Petition for**  
 **Temporary**  
 **Permanent**

**Guardianship of Minor**

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

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

**UNDER OATH, I STATE:**

- I am interested as
  - a relative. I am related to the minor as \_\_\_\_\_.
  - a public official. My authority to act as petitioner is \_\_\_\_\_.
  - Other: \_\_\_\_\_.
- This Petition is filed in the county in which the minor
  - resides.
  - is physically present.
  - Other: \_\_\_\_\_.
- The minor lives in \_\_\_\_\_ County, State of \_\_\_\_\_, and the minor'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 minor or the facility, if any, that is providing care to the minor 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 minor directly from a hospital to a nursing facility or community-based residential facility under §50.06, Wis. Stats.
- Minor has previously been adopted?  Yes  No
- Minor  is not  may be  is subject to the federal Indian Child Welfare Act (ICWA).  
Tribe/address: \_\_\_\_\_ (If the minor is/may be subject to ICWA, the minor's parents and tribe must be provided notice via certified/registered US mail.)
- 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]

- 8. The minor, if married,  does  does not have children who are not of the current marriage.
- 9. This Petition is made in the best interests of the minor. The minor needs a guardian because: \_\_\_\_\_

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

11. 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			

One or both of the parents of the minor have not been nominated as guardian because:  
 \_\_\_\_\_

12. 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.

13. A. The approximate value of minor's property is:  See attached

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

B. Assets of minor previously derived from or benefits of minor now due and payable from U.S. Department of Veterans Affairs are:

none  \_\_\_\_\_  See attached

C. The minor 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 minor may be entitled is  none.  as follows:  See attached

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

14. I request the court order payment of child support.

See attached

**FOR PERMANENT GUARDIANSHIP**

15. **GUARDIAN OF THE PERSON**

**Powers to be transferred to Guardian of the Person in full or in part.**

I recommend the court find that it is in the best interest of the minor to appoint a permanent guardian of the person to exercise the powers in full or part to

- 1.A. give informed consent to the voluntary receipt by the minor of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the minor's best interest, if the guardian has first made a good-faith attempt to discuss with the minor the voluntary receipt of the examination, medication, or treatment and if the minor does not protest.  
 Full Transfer.  Partial Transfer. The minor retains the power to: \_\_\_\_\_

- 1.B. give informed consent, if in the minor's best interests, to the involuntary administration of a medical

examination, medication other than psychotropic medication, and medical treatment that is in the minor's best interest.

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

See attached

16. **GUARDIAN OF THE ESTATE**

I request that 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 minor 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 of the minor 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 that the guardian of the estate to deposit the minor'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 minor, payable only upon further order of the court, and waive bond for the guardian of the estate.

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 minor'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. There has been no temporary guardianship of the minor in effect **within the last 90 days**.

19. The minor's particular situation, including the needs of the minor's dependents, if any, requires immediate appointment of a **temporary** guardian for the following specific reasons:

See attached

20. 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

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

is being filed with this Petition.

is **NOT** being filed with this Petition for the following reasons: \_\_\_\_\_

See attached

22. 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