

IN THE MATTER OF

**Statement Requesting
Removal of Rights and Transfer of
Additional Powers to Guardian
(Adult Guardianship)**

Name _____

Date of Birth _____

Case No. _____

I am: guardian.
 another interested person

I request the removal of rights from the ward and transfer to the guardian of powers in addition to those specified in the order of appointment of the guardian, based on an expansion of the ward's incapacity. The specific rights requested to be removed from the ward and powers requested to be transferred to the guardian and relevant support for this request are as follows: See attached

1. **GUARDIAN OF THE PERSON**

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

- (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 by ward only with consent of guardian of person.**

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

(If any box is <u>not</u> checked for a right, the ward <u>retains</u> that right in full.)	Ward may not exercise this right. Remove right in full.	Ward 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 to

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

- 5. make decisions related to mobility and travel.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 6. receive medical or treatment records of the individual.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 7. 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 ward retains the power to: _____
- 8. give informed consent to receipt by ward of social and supported living services.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 9. choose providers of medical, social, and supported living services.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 10. make decisions regarding educational and vocational placement and support services or employment.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 11. make decisions regarding initiating a petition for termination of marriage.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 12. receive all notices on behalf of the ward.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 13. act in all proceedings as an advocate of the ward, except the power to enter into a contract that binds the ward or the ward's property or to represent the ward in any legal proceeding pertaining to the property, unless the guardian of the person is also the guardian of the estate.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 14. apply for protective placement or for commitment of the ward.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 15. have custody of the ward.
 Full Transfer. Partial Transfer. The ward retains the power to: _____
- 16. Other: _____

See attached

2. **GUARDIAN OF THE ESTATE**

It is appropriate to authorize

- A. and appoint a permanent guardian 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 ward 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. the guardian to perform the following additional powers (other than to make gifts) that require court approval under §54.20(2), Wis. Stats.: _____ See attached
- C. the guardian to deposit the ward'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 ward, payable only upon further order of the court, and waive bond for the guardian of the estate.

Person Making Statement

Name Printed or Typed

Address

Email Address

Telephone Number

Date