

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name

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

Date of Birth

Case No. _____

To:

1. The above-named ward.
2. The guardian.
3. County Department of Social Services or Human Services if ward is protectively placed or receives long-term support services as a public benefit.
4. Agent under ward's Power of Attorney for Health Care, if any.
5. Agent under ward's Durable Power of Attorney for Finances, if any.
6. Any other persons determined by the Court: _____

You are notified that a Statement Requesting Removal of Rights and Transfer of Additional Powers to Guardian (copy attached) has been submitted to the court on [Date] _____.

If, after 10 days after notice is provided, or earlier if the court determines that the circumstances are extraordinary, no person submits to the court an objection to the request, the court may amend the order appointing guardian and enter a determination and the amended order that specifies any change in the powers of guardian.

If, within 10 days after notice is provided, a person submits to the court an objection to the request, the court shall hold a hearing, unless the objector declines a hearing, under procedure for review and modification of guardianship.

Person Making Statement

Name Printed or Typed

Address

Email Address

Telephone Number

Date