

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

Amended

\_\_\_\_\_  
Name

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

**Notice of Statement  
Requesting Removal of Rights  
and Transfer of  
Additional Powers to Guardian**

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

\_\_\_\_\_  
Date