

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

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IN THE MATTER OF

CHOOSE ONE OR BOTH

Amended

CHILD'S FIRST & LAST NAME

Temporary Guardianship
 Permanent Guardianship
of Minor

CHILD'S DATE OF BIRTH

Date of Birth

Case No. LEAVE BLANK!

FOR TEMPORARY AND/OR PERMANENT GUARDIANSHIPS (Complete #1 through #14)

CHOOSE ONE

1. I am interested as a relative. I am related to the minor as RELATIONSHIP TO CHILD (e.g. GRANDPARENT, AUNT/UNCLE...)
 a public official. My authority to act as petitioner is _____
 Other: NON-RELATIVE (STATE HOW YOU KNOW THE CHILD)

2. This petition is filed in the county in which the minor resides. is physically present **CHOOSE ONE**
 Other: _____

3. The minor lives in COUNTY THE CHILD LIVES IN County, State of STATE CHILD LIVES IN,
and the minor's mailing address is [Street, City, State, Zip] STREET ADDRESS + CITY, STATE, ZIP CODE

4. 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 WHO IS CARING FOR THE CHILD Phone Number <- PERSON'S PHONE NO.
Mailing Address [Street, City, State, Zip] STREET ADDRESS + CITY, STATE, ZIP CODE

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, Wisconsin Statutes.

5. Minor has previously been adopted? Yes No **CHOOSE ONE**

6. 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]
MOTHER'S NAME FATHER'S NAME CURRENT CAREGIVER'S NAME OTHER INTERESTED PARTY CHILD'S NAME IF OVER 14 YEARS	MOTHER FATHER OTHER RELATIONSHIP TO CHILD	STREET ADDRESS + CITY, STATE, ZIP CODE FOR EACH PARTY

7. The minor, if married, does does not have children who are not of the current marriage.

8. This petition is made in the best interests of the minor. The minor needs a guardian because: STATE WHY THIS PETITION NEEDS TO BE FILED

9. I am not aware 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: See attached

guardian(s) appointed in Wisconsin: (Name and county where appointed) CURRENT GUARDIAN'S STREET ADDRESS + CITY, STATE, ZIP CODE + COUNTY

guardian(s) appointed out-of-state: (Name and state where appointed) CURRENT OUT-OF-STATE GUARDIAN + STATE WHERE GUARDIAN WAS APPOINTED

10. The following person is nominated as guardian: See attached

Type of Guardian		Name & Mailing Address <small>[Street, City, State, Zip]</small>	Phone
Guardian of the	Person	<u>PETITIONER'S NAME & ADDRESS</u>	<u>PETITIONER'S PHONE NO.</u>
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: EXPLAIN WHY ONE OR BOTH PARENTS ARE NOT NOMINATED AS GUARDIANS

VERY IMPORTANT

11. 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.

12. 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 is receiving public benefits, including medical assistance, SSI, SSDI or long term community options program benefits: No Yes, type and amount: DESCRIBE BENEFITS CHILD RECEIVES SUCH AS MEDICAL ASSISTANCE/BADERCARE, SSI, FOODSHARE, ETC.

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	General Description	Amounts (monthly)
Social security	\$ <u>AMOUNT</u>	Investment Income	\$
Child Support	\$ <u>AMOUNT</u>	Other	\$
Disability	\$ <u>AMOUNT</u>	Other	\$

13. I request the court order payment of child support. See attached

IF YOU ARE REQUESTING CHILD SUPPORT BE PAID BY ONE OR BOTH PARENTS, CHECK THIS BOX

FOR PERMANENT GUARDIANSHIP (Complete #14 - #16)

14. 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 of the minor to exercise the following specific powers:

IF YOU WANT GUARDIANSHIP WITH **ALL** POWERS, CHECK ALL BOXES AS SHOWN HERE.

- 1. A. The power to give an 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. The power to 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.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 2. The power to 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. The power to 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. The power to consent to experimental treatment in the minor's best interests.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 5. The power to give informed consent to receipt by minor of social and supported living services.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 6. The power to 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. The power to make decisions related to mobility and travel.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 8. The power to choose providers of medical, social, and supported living services.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 9. The power to make decisions regarding educational and vocational placement and support services or employment.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 10. The power to make decisions regarding initiating a petition for termination of marriage.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 11. The power to receive all notices on behalf of the minor.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 12. The power to 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. The power to apply for protective placement or for commitment.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 14. The power to have care, custody and control of the minor.
 Full Transfer. Partial Transfer. The minor retains the power to: _____
- 15. Other: _____

See attached

15. **GUARDIAN OF THE ESTATE**

I request that the court:

A. Appoint a guardian of the estate of the minor to perform duties and exercise powers under §54.19, Wis. Stats., and exercise the powers that do not require court approval under §54.20(3), Wis. Stats., except as retained by the minor as follows: **(Choose one)**

- (1) The minor retains all rights, except for the following right(s) which will be transferred to the guardian: _____
- (2) All rights will be transferred to the guardian, except for the following right(s): _____
- (3) All rights are transferred to guardian.

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 of the minor 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 of the minor.

16. **ALTERNATIVE TO GUARDIANSHIP OF ESTATE FOR SMALL ESTATES**

I request the court dispense with the appointment of a guardian of the estate of the minor 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

IF CHILD IS IN YOUR CARE, CHECK THIS BOX

FOR TEMPORARY GUARDIANSHIPS (Complete #17 through #21):

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

18. 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:

STATE WHY PARENTS ARE NOT ABLE TO PROVIDE CARE, AND THAT THEY CONSENT

See attached

19. 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. The authority requested for the temporary guardian is as follows: **STATE WHAT GUARDIANSHIP POWERS ARE NEEDED IMMEDIATELY, SUCH AS MEDICAL, EDUCATIONAL, DAY CARE, THERAPEUTIC, ETC.**

See attached

20. A petition for appointment of a permanent guardian of the person or estate of the minor

is being filed with this Petition.

is NOT being filed with this Petition for the following reasons: _____

See attached

21. Additional requests (including expedited hearings): _____

See attached

I REQUEST THAT THE COURT:

1. Order a hearing on this petition.
2. Make appropriate findings and appointments as requested above.
3. Award appropriate fees and costs.

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Name of Attorney

Address

Telephone Number

Bar Number

Signature of Petitioner

Name Printed or Typed

Address

Date

(SEAL)

THIS SECTION DOES **NOT GET ADDRESSED IN CHILDRENS COURT!**

