

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

Amended

IN THE MATTER OF

SAMPLE

**Statement of Acts by  
Proposed Guardian and  
Consent to Serve as  
Guardian**

CHILD'S NAME

CHILD'S DATE OF BIRTH

Date of Birth

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

Submit this statement to the court **at least 96 hours** before the court hearing.

**UNDER OATH, I STATE THAT THE FOLLOWING IS TRUE:**

- I am currently charged with or have been convicted of a crime (misdemeanor or felony):  
 No  Yes If Yes, describe circumstances: IF YES, PLEASE EXPLAIN
- I have filed for or received protection under the federal bankruptcy laws:  
 No  Yes If Yes, describe circumstances: IF YES, PLEASE EXPLAIN
- Any license, certificate, permit, or registration that I am required to have under chs. 440 to 480, Wisconsin Statutes or by the laws of another state for the practice of a profession or occupation has been suspended or revoked:  
 No  Yes If Yes, describe circumstances: IF YES, PLEASE EXPLAIN
- I am listed in the Caregiver Misconduct Registry of the Department of Health Services under §146.40 (4g)(a)(2), Wisconsin Statutes.  
 No  Yes If Yes, describe circumstances: IF YES, PLEASE EXPLAIN
- I am currently a guardian of the person of 5 or more adult wards who are unrelated to me:  
 No  Yes If Yes, describe circumstances: IF YES, PLEASE EXPLAIN
- I am nominated to serve as:  guardian  standby guardian  successor guardian of the  person  estate of the above named individual and consent to serve as guardian and will act in the best interest of this individual. **CHECK ONE**
- If appointed as **guardian of the person**, I will file the Annual Report on the Condition of the Ward.
- If appointed as **guardian of estate**, I will file the Guardianship Inventory **within 60 days of appointment**, and the Account of Guardian or Conservator annually and/or as otherwise required.
- I will exercise all powers and perform all duties as guardian as required by law.

Subscribed and sworn to before me on \_\_\_\_\_

**PETITIONER'S SIGNATURE**

Signature of Proposed Guardian

**PETITIONER'S PRINTED NAME**

Name Printed or Typed

**PETITIONER'S ADDRESS INC. CITY, STATE, ZIP**

Address

**PHONE NUMBER INCLUDING AREA CODE**

Phone Number

\_\_\_\_\_  
Notary Public, State of Wisconsin

My commission expires: \_\_\_\_\_

Name of Attorney	
Address	
Telephone Number	Bar Number

**MUST BE SIGNED  
IN FRONT OF A  
NOTARY PUBLIC!**