IN THE MATTER OF Petition 1 Temporar Permaner Guardians Due to Incom Case No. Date of Birth	f or 'Y nt	
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Date of Dirth		
FOR ALL GUARDIANSHIPS (Complete #1 thro	ugh #10)	
NDER OATH, I STATE:		
 I am interested as a relative. I am related to the individual as 		
a public official. My authority to act as petitioner is		
 2. This petition is filed in the county in which the individual resides. is physically present. 		
Other:		
3. The individual lives in Count and the individual's mailing address is [Street, City, State, Zip]	y, State of	
 The name and mailing address of the person or institution, if any, that has can the facility, if any, that is providing care to the individual is: Name Phone Number 	-	
Mailing Address [Street, City, State, Zip]		
This petition for guardianship is filed with a petition for protective placem directly from a hospital to a nursing facility or community-based resident Statutes.		
5. The names and mailing addresses of all interested parties (including the petition are as follows:		See attached
Name Relationship	Mailing A [Street, City, S	
		סומופ, בוףן

§§50.06, 54.10(3), 54.34, 54.44(1), 54.50, 54.852(7) and Ch. 54, Wisconsin Statutes GN-3100, 11/12 Petition for Temporary Guardianship and/or Permanent Guardianship Due to Incompetency

Case No.

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

does [does not	have a current	, valid financial	durable power	of attorney	activated.
Name, ma	iling addres	S [Street, City, Stat	te, Zip] and phor	ne:		

☐ does ☐ does not have a current, valid power of attorney for health care ☐ activated. Name, mailing address [Street, City, State, Zip] and phone: _____

☐ does ☐ does not have other advance planning to avoid guardianship. If the above-named powers of attorney or advanced planning exist, guardianship is still necessary because

See attached

See attached

See attached

8.	3. I am 🔲 not aware 🗌 aware 🛛 of a guardianship or conservatorship or related proceed	ing or ordered
	proceeding involving the individual in another state or county. The details of the guardianshi	p, conservatorship,
	or related proceedings of which I am aware are as follows:	See attached
	guardian or conservator appointed in Wisconsin (Name and county where appointed)	
	guardian or conservator appointed out-of-state (Name and state where appointed)	

9. The following person is nominated as guardian:

The felle mig percent le fiernin	aloa ao gaar		
Type of Guardian		Name & Mailing Address [Street, City, State, Zip]	Phone
Guardian of the	Person		
Guardian of the	Estate		
Temporary Guardian of the Person			
Temporary Guardian of the	Estate		
Standby Guardian of the	Person		
Standby Guardian of the	Estate		

10. A. The approximate value of individual's property is:

General Description	Amounts	General Description	Amounts
Cash/Bank Accounts:	\$	Other Liquid Assets:	\$
Real Estate:	\$	Other Assets:	\$

- B. Assets of individual previously derived from or benefits of individual now due and payable from U.S. Department of Veterans Affairs are in none in the second se
- C. The individual receives public benefits, including medical assistance, SSI, SSDI or long term community options program benefits.
 No Yes, type and amount ______
- D. Any other claim, income, compensation, pension, insurance or allowance to which the individual may be entitled is _____ none. ____ as follows: ______ See attached

General Description	Amounts (monthly)	General Description	Amounts (monthly)
Social Security	\$	Investment Income	\$
Pension	\$	Other:	\$
Disability	\$	Other:	\$

FOR PERMANENT GUARDIANSHIP (*Complete #11 through #17*) 11. \Box A. A report of examination by a physician or psychologist

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is filed with this petition.	

- will be filed with the court and provided by the petitioner to the guardian ad litem and the attorney for the proposed ward or ward at least **96 hours** before the time of the hearing.
- B. Certificate of Administrator (or representative) of U.S. Department of Veterans Affairs is filed with this petition.
- 12. A sworn and notarized Statement of Acts by Proposed Guardian and Consent to Serve

filed with this petition.

will be filed at least 96 hours before the hearing.

- 13. The individual is alleged to be incompetent as a result of the following impairment
 - a developmental disability.

serious and persistent mental illness.

degenerative brain disorder.

other like incapacities.

A guardian is requested to be appointed for the individual **based upon the following standards**:

- A. The individual will be at least 17 years and 9 months of age as of the date of the hearing.
- B. The individual's need for assistance in decision-making or communication is unable to be met effectively and less restrictively through appropriate and reasonably available training, education, support services, health care, assistive devices, or other means that the individual will accept.
- C. (For appointment of **guardian of the person**) The individual, because of impairment, is unable effectively to receive and evaluate information or to make or communicate decisions to such extent that the individual is unable to meet the essential requirements for the individual's physical health and safety.

D. (For appointment of **guardian of the estate**) The individual, because of an impairment, is unable effectively to receive and evaluate information or to make or communicate decisions related to management of the individual's property or financial affairs, to the extent that at least one of the following applies:

- (1) The individual has property that will be dissipated in whole or in part; or
- (2) The individual is unable to provide for the individual's support; or
- (3) The individual is unable to prevent financial exploitation.

14. The specific nature of the individual's alleged incapacity is as follows:

See attached

15. GUARDIAN OF THE PERSON

I request the court appoint a permanent guardian of the person.

A. Rights to be removed in full.

If removed, these rights may not be exercised by any person.

I request the court declare the individual has incapacity to exercise one or more of the following rights and remove such right to

- 1. execute a will.
- 2. serve on a jury.
- \Box 3. register to vote or to vote in an election.
- B. Rights to be removed or exercised by individual with consent of Guardian of Person.

If removed, these rights may not be exercised by any person. If a right is to be affected, the box to the far left must be marked. Marking only box (1) or (2) has no effect and the individual retains the right.

I request the court declare the individual has incapacity to exercise one or more of the following rights and remove such right or order that the individual is able to exercise the right only with consent of the guardian of the person right to

a. consent to marriage:

Choose (1) or (2):

(1) declare the individual has incapacity to exercise this right.

- (2) order that the individual is able to exercise this right only with consent of the guardian of the person.
- b. apply for an operator's license, a hunting, fishing or other license issued under ch. 29, or a credential as defined in §440.01(2), Wisconsin Statutes:

Choose (1) or (2):

- $\hfill \square$ (1) declare the individual has incapacity to exercise this right.
- (2) order that the individual is able to exercise this right only with consent of the guardian of the person.
- c. consent to sterilization:

Choose (1) or (2):

- (1) declare the individual has incapacity to exercise this right.
- (2) order that the individual is able to exercise this right only with consent of the guardian of the person.

d. consent to organ, tissue, or bone marrow donation:

Choose (1) or (2):

- \Box (1) declare the individual has incapacity to exercise this right.
- (2) order that the individual is able to exercise this right only with consent of the guardian of the person.

C. Powers to be transferred to Guardian of the Person in part or in full.

If a power is to be affected, the box to the far left must be marked. Marking only box (1) or (2) has no effect and the individual retains the power.

- 1) I request the court declare that the individual lacks evaluative capacity in part or in full to exercise one or more specific powers and transfer the specific powers to the guardian.
- 2) The powers to be affected are:
 - □ ab. Except as otherwise limited by Wisconsin Statute 54.25(2)(d)2.ab., the power to give an informed consent to the voluntary receipt by the guardian's 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.

Choose (1) or (2):

 \square (1) The individual retains limited capacity and the power to:

The Guardian of the person should exercise this power not retained by the individual.

(2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.
 ac. Except as otherwise limited by Wisconsin Statute 54.25(2)(d)2.ac., the power to 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.

- Choose (1) or (2):
- \Box (1) The individual retains limited capacity and the power to:

The Guardian of the person should exercise this power not retained by the individual.

(2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.

- b. The power to authorize individual's participation in an accredited or certified research project if the research project might help the individual, or others if minimal risk of harm.
 Choose (1) or (2):
 - (1) The individual retains limited capacity and the power to:
 - The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.
 c. The power to authorize individual's participation in research that might not help the individual but evidence.

but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate. GN-3100, 11/12 Petition for Temporary Guardianship and/or Permanent Guardianship Due to Incompetency §\$50.06, 54.10(3), 54.34, 54.44(1), 54.50,

Choose (1) or (2):

- (1) The individual retains limited capacity and the power to:
 - The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.
- □ d. The power to consent to experimental treatment in the individual's best interests. Choose (1) or (2):

(1) The individual retains limited capacity and the power to:

- The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power. The power to give informed consent to receipt by individual of social and supported living

Пе. services.

Choose (1) or (2):

- (1) The individual retains limited capacity and the power to:
- The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.

∏ f. The power to give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.

Choose (1) or (2):

- \Box (1) The individual retains limited capacity and the power to: _
 - The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.
- 🗌 g. The power to make decisions related to mobility and travel.

Choose (1) or (2):

- (1) The individual retains limited capacity and the power to:
 - The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.
- [Intentionally omitted to correspond with statute.] h.
- The power to choose providers of medical, social, and supported living services. | | i.

Choose (1) or (2):

- (1) The individual retains limited capacity and the power to: _____
 - The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.
- i. The power to make decisions regarding educational and vocational placement and support

services or employment.

Choose (1) or (2):

- (1) The individual retains limited capacity and the power to:
- The Guardian of the person should exercise this power not retained by the individual. (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.

k. The power to make decisions regarding initiating a petition for termination of marriage. Choose (1) or (2):

- (1) The individual retains limited capacity and the power to:
 - The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.
- I. The power to receive all notices on behalf of individual.

Choose (1) or (2):

- (1) The individual retains limited capacity and the power to:
 - The Guardian of the person should exercise this power not retained by the individual.
- (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.

m. The power to act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceedings pertaining to the property, unless the guardian of the person is also the guardian of the estate.

Choose (1) or (2):

- (1) The individual retains limited capacity and the power to:
- The Guardian of the person should exercise this power not retained by the individual. (2) Individual lacks evaluative capacity in full. The guardian of the person to exercise full power.

GN-3100, 11/12 Petition for Temporary Guardianship and/or Permanent Guardianship Due to Incompetency §§50.06, 54.10(3), 54.34, 54.44(1), 54.50, 54.852(7) and Ch. 54, Wisconsin Statutes

ition for Te		ianship and/or Permanent Guardianship Due to Incompetency Page 6 of 7	Case No.
		e power to apply for protective placement or for commitment.	
		Choose (1) or (2):	
	L	(1) The individual retains limited capacity and the power to:	
	_	The Guardian of the person should exercise this power not retain	
		(2) Individual lacks evaluative capacity in full. The guardian of the pe	
		e power to have custody of the individual, if an adult, and the power to ha	ave care, custody,
		d control of the individual, if a minor.	
		Choose (1) or (2): (1) The individual retains limited capacity and the power to:	
	L	The Guardian of the person should exercise this power not retain	ed by the individual
	Г	(2) Individual lacks evaluative capacity in full. The guardian of the pe	
		er specific powers:	
			See attached
40 0			
	equest the co	nd authorize a permanent guardian of the estate to perform duties and e	vorcico powore oc
	follows:	no autionze a permanent guardian of the estate to perform duties and e	stercise powers as
	Choose	e one.	
		Most authority retained by ward, limited authority transferred to gr	uardian:
		Individual retains evaluative capacity except for the ability to perform a	
		power which is to be transferred to the guardian of the estate as follows	
	(2)	Limited authority retained by ward, most authority transferred to g	
		Individual retains limited evaluative capacity and should retain the abilit	y to perform a duty or
		exercise a power as follows:	
	(3)	Guardian of the estate is to perform the duties of a guardian of the estate exercise the powers that do not require court approval under §54.20(3) by individual. Full authority transferred to guardian: Individual lacks evaluative capacity in full. Guardian of the estate is req	, except as retained
_		duties of a guardian of the estate under §54.19, and exercise the powe court approval under §54.20(3).	rs that do not require
		the guardian of the estate to perform the following additional powers (re court approval under §54.20(2):	other than to make gifts)
			See attached
	account c	t the guardian of the estate deposit the individual's funds of \$100,000 or of a bank, credit union, savings bank or savings and loan association in t and the ward, payable only upon further order of the court, and waive bo	he name of the
17 AI	TERNATIVE	TO GUARDIANSHIP OF ESTATE FOR SMALL ESTATES	
l re fur	equest the co nds of \$50,00	ourt to dispense with an appointment of a guardian of the estate and tran 0 or less under one of the alternatives for small estates under §54.12(1) evaluative capacity in full or in part:	
			See attached
· ·			
18. A	report or testi	UARDIANSHIPS (Complete #18 through #25) mony from a physician or psychologist that indicates that there is a reas ard is incompetent will be provided at the hearing.	onable likelihood that
19. A :	signed Conse	ent to Serve is filed with this petition or will be filed at the hearing.	
20. Th	ere was no te	emporary guardianship of the individual in effect within the last 90 days	5.

21. The individual's particular situation, including the needs of the individual's dependents, if any, requires immediate appointment of a **temporary** guardian for the following specific reasons:

GN-3100, 11/12 Petition for Temporary Guardianship and/or Permanent Guardianship Due to Incompetency (\$\$50.06, 54.10(3), 54.34, 54.44(1), 54.50, 54.852(7) and Ch. 54, Wisconsin Statutes

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reasonably related to the re	asons for appointment. Th	v guardian with authority limited to t he authority requested for the temp	orary guardian is as
		. Good cause exists to support thi	
		f the person or estate is NOT filed	
25. Additional requests:			🗌 See attached
REQUEST THE COURT:			
1. Order a hearing on this petition.			
2. Make appropriate findings and a	appointments as requested	d above.	
3. Award appropriate fees and cos	sts.		
State of			
State of County of	<u>Þ</u>		
Subscribed and sworn to before me		Petitioner	
Notary Public/Court Off	icial	Name Printed or T	yped
	_	Address	
Name Printed or Type	_		
My commission/term expires:			
Name of Attorney/Petitioner			
Address			
Telephone Number	Bar Number		