

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

Amended

IN THE MATTER OF

**Waiver and Consent
to Petition for
Guardianship
Due to Incompetency**

_____ Date of Birth

Case No. _____

I STATE THAT:

1. I am an interested person in this proceeding as follows: _____.
2. I acknowledge that a Petition for Guardianship Due to Incompetency requesting the appointment of (name) _____ as guardian of the person estate on the above-named individual has been or will be filed.
3. I understand that if the court appoints a **temporary guardian, the guardianship will continue for 60 days** and can be **extended for an additional 60 days**.
4. I understand that if the court appoints a permanent guardian, the guardianship will continue until terminated by the court.

By signing this document, I consent to this guardianship and waive my right to notice of hearings as required by the statutes.

Signature of Interested Person

Name Printed or Typed

Address

Date

Name of Attorney	
Address	
Telephone Number	Bar Number