

IN THE MATTER OF

Amended

THE GUARDIANSHIP OF JOHN A. SAMPLE  
Name

**Petition for**  
 Temporary  
 Permanent  
**Guardianship**  
**Due to Incompetency**

January 1, 1996  
Date of Birth

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

**FOR ALL GUARDIANSHIPS** (Complete #1 through #10)

**UNDER OATH, I STATE:**

1. I am interested as  
 a relative. I am related to the individual as Mother  
 a public official. My authority to act as petitioner is \_\_\_\_\_  
 Other: \_\_\_\_\_

2. This petition is filed in the county in which the individual  
 resides.  
 is physically present.  
 Other: \_\_\_\_\_

3. The individual lives in Milwaukee County, State of Wisconsin  
 and the individual's mailing address is [Street, City, State, Zip] 123 E. Wells Street, Milwaukee, WI 53202

4. The name and mailing address of the person or institution, if any, that has care and custody of the individual or the facility, if any, that is providing care to the individual is:  
 Name Betty A. and Bob. A. Smapple Phone Number 414.123.4567  
 Mailing Address [Street, City, State, Zip] 123 E. Wells Street, Milwaukee, WI 53202

This petition for guardianship is filed with a petition for protective placement prior to transfer of the individual directly from a hospital to a nursing facility or community-based residential facility under §50.06, Wisconsin Statutes.

5. 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]

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

7. The individual

does  does not have a current, valid financial durable power of attorney  activated.

Name, mailing address [Street, City, State, Zip] and phone: \_\_\_\_\_

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

8. I am  not aware  aware of a guardianship or conservatorship or related proceeding or ordered proceeding involving the individual in another state or county. The details of the guardianship, 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:  See attached

Type of Guardian		Name & Mailing Address [Street, City, State, Zip]	Phone
Guardian of the	Person	Betty A. Sample 123 E. Wells Street Milwaukee, WI 53202	414.123.4567
Guardian of the	Estate		
Temporary Guardian of the	Person		
Temporary Guardian of the	Estate		
Standby Guardian of the	Person	Billy A. Sample 123 E. Wells Street Milwaukee, WI 53202	414.123.4567
Standby Guardian of the	Estate		

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

General Description	Amounts	General Description	Amounts
Cash/Bank Accounts:	\$ 0.00	Other Liquid Assets:	\$0.00
Real Estate:	\$ 0.00	Other Assets:	\$0.00

B. Assets of individual previously derived from or benefits of individual now due and payable from U.S. Department of Veterans Affairs are  none  \_\_\_\_\_

See attached

C. The individual receives public benefits, including medical assistance, SSI, SSDI or long term community options program benefits.  No  Yes, type and amount \$600/ month SSI; medical assistance \_\_\_\_\_

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.  A. A report of examination by a physician or psychologist  
 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  
John suffers from cerebral palsy and epilepsy. His intelligence and understanding is at the level of a 2-3 year old.  
[For privacy reasons, do not mark "See Attached" and DO NOT attach a copy of the Examining Physician's or  
Psychologist's Report]

 15. **GUARDIAN OF THE PERSON**

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

I request the individual be prohibited from possessing a firearm and order seizure of any firearm owned by the individual pursuant to §54.10(3)(f), Wis. Stats., OR

I request the appointment of a guardian of the person which I understand may result in a prohibition of the individual's ability to possess firearms pursuant to §54.10(3)(f), Wis. Stats.

- 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.  
 (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), Wis. Stats.: \_\_\_\_\_

**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.

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):**

(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 §54.25(2)(d)2.ab., Wis. Stats., 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):**

(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 §54.25(2)(d)2.ac., Wis. Stats., 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):**

(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 might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.

**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.

- e. The power to give informed consent to receipt by individual of social and supported living 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):**
  - (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.

- h. [Intentionally omitted to correspond with statute.]

- i. The power to choose providers of medical, social, and supported living 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.

- j. 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.

- l. 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.

- n. The power to apply for protective placement or for commitment.

**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.
- o. The power to have custody of the individual, if an adult, and the power to have care, custody, and control of the individual, if a minor.

**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.
- p. other specific powers: \_\_\_\_\_

See attached

16. **GUARDIAN OF THE ESTATE**

I request the court to

- A. appoint and authorize a permanent guardian of the estate to perform duties and exercise powers as follows:

**Choose one:**

- (1) Most authority retained by ward, limited authority transferred to guardian:  
Individual retains evaluative capacity except for the ability to perform a duty or exercise 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 guardian:  
Individual retains limited evaluative capacity and should retain the ability to perform a duty or exercise a power as follows:  
\_\_\_\_\_

Guardian of the estate is to perform the duties of a guardian of the estate 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 individual.

- (3) Full authority transferred to guardian:  
Individual lacks evaluative capacity in full. Guardian of the estate is requested to perform the duties of a guardian of the estate under §54.19, Wis. Stats., and exercise the powers that do not require court approval under §54.20(3), Wis. Stats.

- B. authorize the guardian of the estate 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 deposit the individual'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 ward, payable only upon further order of the court, and waive bond for the guardian of the estate.

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

I request the court to dispense with an appointment of a guardian of the estate and transfer the individual's funds of \$50,000 or less under one of the alternatives for small estates under §54.12(1), Wis. Stats., because the individual lacks evaluative capacity in full or in part: \_\_\_\_\_

See attached

**FOR TEMPORARY GUARDIANSHIPS** (Complete #18 through #25)

- 18. A report or testimony from a physician or psychologist that indicates that there is a reasonable likelihood that the proposed ward is incompetent will be provided at the hearing.
- 19. A signed Consent to Serve is filed with this petition or will be filed at the hearing.
- 20. There was no temporary guardianship of the individual in effect **within the last 90 days**.
- 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:  See attached

- 22. 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: \_\_\_\_\_  See attached
- 23. I petition the court to hold a hearing within 48 hours. Good cause exists to support this request for the following reasons: \_\_\_\_\_  See attached
- 24. A petition for appointment of a permanent guardian of the person or estate is NOT filed with this request because: \_\_\_\_\_  See attached
- 25. Additional requests: \_\_\_\_\_  See attached

**I REQUEST 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: \_\_\_\_\_

▶ \_\_\_\_\_  
 Petitioner  
 Betty A. Sample  
 Name Printed or Typed  
 123 E. Wells Street  
 Address  
 Milwaukee, WI 53202

Name of Attorney/Petitioner	
Name of Attorney, Quarles & Brady LLP	
Address	
411 E. Wisconsin Avenue, Suite 2400 Milwaukee, WI 5202	
Telephone Number	Bar Number
414.277.1234	1234567

**RIDER TO PETITION FOR PERMANENT GUARDIANSHIP  
DUE TO INCOMPETENCY**

**IN RE THE GUARDIANSHIP OF John A. Sample  
DOB: 1/1/1996**

5. **I have exercised due diligence to locate all interested parties.** The names and mailing addresses of all interested parties (including the petitioner) and all others entitled to notice are as follows:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>MAILING ADDRESS</u>
John A. Sample	Proposed Ward	123 E. Wells Street Milwaukee, WI 53202
Betty A. Sample	Petitioner; Proposed Guardian; Mother of Proposed Ward	123 E. Wells Street Milwaukee, WI 53202
Bob A. Sample	Father of Proposed Ward	123 E. Wells Street Milwaukee, WI 53202
Billy A. Sample	Proposed Standby Guardian; Brother of Proposed Ward	123 E. Wells Street Milwaukee, WI 53202
Dewey Martin	Milwaukee County Corporation Counsel	Office of Corporation Counsel Milwaukee County 901 North 9 <sup>th</sup> Street, Room 303 Milwaukee, WI 53233
Priscilla Beadle MA, MSW	Unit Supervisor DHHS Disability Services Division	Milwaukee County- DHHS Disability Services Division 1220 West Vliet Street 3 <sup>rd</sup> Floor Milwaukee, WI 53205