

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

☐ Amended

IN THE MATTER OF

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

THE GUARDIANSHIP OF JOHN A. SAMPLE

January 1, 1996

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:**

1. I am currently charged with or have been convicted of a crime (misdemeanor or felony):  
☒ No ☐ Yes If Yes, describe circumstances: \_\_\_\_\_
2. I have filed for or received protection under the federal bankruptcy laws:  
☒ No ☐ Yes If Yes, describe circumstances: \_\_\_\_\_
3. 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: \_\_\_\_\_
4. 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: \_\_\_\_\_
5. 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: \_\_\_\_\_
6. 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.
7. If appointed as **guardian of the person**, I will file the Annual Report on the Condition of the Ward.
8. 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.
9. I will exercise all powers and perform all duties as guardian as required by law.

Subscribed and sworn to before me

on Date Signed \_\_\_\_\_

Notary Public, State of Wisconsin

My commission expires: Date of expiration \_\_\_\_\_

Name of Attorney

Name of Attorney, Quarles & Brady LLP

Address

411 E. Wisconsin Avenue, Suite 2400  
Milwaukee, WI 53202

Telephone Number

414.277.1234

Bar Number

1234567

Signature of Proposed Guardian

Betty A. Sample

Name Printed or Typed

123 E. Wells Street, Milwaukee, WI 53202

Address

414.123.4567

Phone Number

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☒ No ☐ Yes If Yes, describe circumstances: \_\_\_\_\_
- I have filed for or received protection under the federal bankruptcy laws:  
☐ No ☒ Yes If Yes, describe circumstances: Chapter 7 bankruptcy, case No. 11-123445, discharged on 1/1/2012
- 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: \_\_\_\_\_
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- I will exercise all powers and perform all duties as guardian as required by law.

Subscribed and sworn to before me

on Date Signed \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Guardian

Billy A. Sample

\_\_\_\_\_  
Name Printed or Typed

123 E. Wells Street, Milwaukee, WI 53202

\_\_\_\_\_  
Address

414.123.4567

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
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