

IN THE MATTER OF

Amended

John Sample  
Name

01/01/1950  
Date of Birth

**Petition for**  
 **Temporary**  
 **Permanent**  
**Guardianship Due to Incompetency**  
**(Adult Guardianship)**

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

**I STATE:**

1. I am interested as  
 a relative. I am related to the individual as daughter.  
 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.  
 Wisconsin is not the individual's home state but the court has jurisdiction because: \_\_\_\_\_.  
 Other: \_\_\_\_\_

3. The individual lives in Milwaukee County, State of WI, [Phone Number] 414-111-2222  
 and the individual's mailing address is [Street, City, State, Zip] 100 E. Wisconsin Ave., Milwaukee, WI 53201.

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 Ann Sample Phone Number 414-111-2222  
 Mailing Address [Street] 100 E. Wisconsin Ave.  
 [City, State, Zip] Milwaukee, WI 53201

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, Wis. Stats.

5. The names and mailing addresses of all interested parties (including the petitioner and Corporation Counsel) and all others entitled to notice are as follows:  **See attached**

Name	Relationship	Mailing Address [Street, City, State, Zip]
John Sample	Proposed ward	100 E. Wisconsin Ave., Milwaukee, WI 53201
Ann Sample	Petitioner, Proposed guardian, Daughter	100 E. Wisconsin Ave., Milwaukee, WI 53201

6. The individual is married and has children who are not children of the current spouse.

7. The individual  
 does  does not have a current, valid Financial Durable Power of Attorney  activated.  
 Financial Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Mailing Address [Street] \_\_\_\_\_  
 [City, State, Zip] \_\_\_\_\_  **See attached**

does  does not have a current, valid Power of Attorney for Health Care  activated.  
 Health Care Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Mailing Address [Street] \_\_\_\_\_  
 [City, State, Zip] \_\_\_\_\_  **See attached**

does  does not have other advance planning to avoid guardianship.  
 If the above-named power of attorney or advanced planning exist, guardianship is still necessary because \_\_\_\_\_  See attached

8. I am  not aware of a guardianship or other related proceeding or ordered proceeding involving the individual in another state or county.  
 aware of a guardianship or other related proceeding or ordered proceeding involving the individual in another state or county. The details of the guardianship, or other related proceedings of which I am aware are as follows:  See attached
- guardian(s) appointed in Wisconsin: [Name and county where appointed] \_\_\_\_\_
  - guardian(s) appointed out-of-state: [Name and state where appointed] \_\_\_\_\_

9. I nominate the following:  See attached

Type of Guardian	Name	Mailing Address [Street, City, State, Zip]	Telephone Number
Guardian of the Person	Ann Sample	100 E. Wisconsin Ave, Milwaukee, WI 53210	414-111-2222
Guardian of the Estate			
Temporary Guardian of the Person			
Temporary Guardian of the Estate			
Standby Guardian of the Person	Joseph Sample	6400 W. Wisconsin Ave, Wauwatosa, WI 53501	414-111-3333
Standby Guardian of the Estate			

10. A sworn and notarized Statement of Acts by Proposed Guardian and Consent to Serve
- accompanies this Petition.
  - will be filed **at least 96 hours** before the hearing.
  - will be provided, if required by the Court for temporary guardianship.

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

General Description	Amounts	General Description	Amounts
Cash/Bank Accounts:	\$ 1200	Other Liquid Assets:	\$ 0
Real Estate:	\$ 0	Other Assets:	\$ 0

- B. The 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: 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	\$ 1300	Investment Income	\$ 0
Pension	\$ 0	Other:	\$ 0
Disability	\$ 0	Other:	\$ 0

**FOR PERMANENT GUARDIANSHIP**

12.  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 individual at least 96 hours before the time of the hearing.
- B. A Certificate of Administrator (or representative) of U.S. Department of Veterans Affairs is filed with this Petition.

13. I allege that the individual is incompetent and a guardian should be appointed because:
- A. the individual will be at least 17 years and 9 months of age as of the date of the hearing.
  - B. the individual has the following impairment:
    - a developmental disability.
    - degenerative brain disorder.
    - serious and persistent mental illness.

- other like incapacities.
- C. 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.
- D. (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.
- E. (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  
 dementia

15. **GUARDIAN OF THE PERSON**

I request the appointment of a guardian of the person. If granted, I understand that this 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 that the court declare the individual has incapacity to exercise the 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 in full or exercised only with consent of guardian of person.**

The individual has incapacity or limited capacity to exercise the following rights:

(If any box is <u>not</u> checked, the individual <u>retains</u> that right in full.)	Individual <b>may not</b> exercise this right. Remove right in full.	Individual <b>may</b> exercise only with the consent of the guardian of the person.
(1) consent to marriage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) apply for an operator's/driver's license.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) apply for a fishing license.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) apply for a license under Ch. 29, Wis. Stats., other than fishing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) apply for any other license or credential under §54.25(2)(c)1.d., Wis. Stats. Specifically: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6) consent to sterilization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) consent to organ, tissue, or bone marrow donation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**C. Powers to be transferred to guardian of the person in full or in part.**

I request the court transfer to the guardian of the person to exercise the power in full or in part to:

- 1.A. give informed consent to the voluntary receipt by the individual of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the individual's best interest, if the guardian has first made a good-faith attempt to discuss with the individual the voluntary receipt of the examination, medication, or treatment and if the individual does not protest.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 1.B. give informed consent, if in the individual's best interests, to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the individual's best interests.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
2. 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.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_

- 3. 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.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 4. consent to experimental treatment in the individual's best interests.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 5. make decisions related to mobility and travel.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 6. receive medical or treatment records of the individual.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 7. give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 8. give informed consent to receipt by individual of social and supported living services.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 9. choose providers of medical, social, and supported living services.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 10. make decisions regarding educational and vocational placement and support services or employment.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 11. make decisions regarding initiating a petition for termination of marriage.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 12. receive all notices on behalf of individual.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 13. 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.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 14. apply for protective placement or for commitment on behalf of the individual which does not require court approval.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 15. have custody of the individual.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 16. Other: apply for and manage public benefits and supportive services

See attached

16. **GUARDIAN OF THE ESTATE**

I request the court

- A. appoint a guardian of the estate to perform duties under §54.19, Wis. Stats., and exercise the powers that do not require court approval under §54.20(3), Wis. Stats., except as follows: (Choose one)
  - (1) The individual retains all powers, except for the following powers to be transferred to the guardian: \_\_\_\_\_
  - (2) All powers to be transferred to the guardian, except for the following powers: \_\_\_\_\_
  - (3) All powers to be transferred to guardian.
- 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 the guardian of the estate to 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 individual, payable only upon further order of the court, and waive bond for the guardian of the estate.
- D. make a finding the individual may not make contracts, except for necessities at reasonable prices, and all gifts, sales, and transfers of property made by the individual after the filing of a certified copy of the order are void, unless notified by the guardian of the estate in writing.

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

I request the court dispense with the appointment of a guardian of the estate and transfer the individual's funds of \$50,000 or less according to one of the alternatives for small estates under §54.12(1), Wis. Stats., as follows: \_\_\_\_\_  See attached

**FOR TEMPORARY GUARDIANSHIPS**

18. A report or testimony from a physician or psychologist indicates there is a reasonable likelihood the individual is incompetent will be provided at the hearing.

19. There was no temporary guardianship of the individual in effect **within the last 90 days**.

20. 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  
\_\_\_\_\_

21. 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.

A. The authority requested for the temporary guardian of the person (if requested) is as follows:  See attached  
\_\_\_\_\_

B. The authority requested for the temporary guardian of the estate (if requested) is as follows:  See attached  
\_\_\_\_\_

22. A Petition for Appointment of a Permanent Guardian of the Person or Estate is

being filed with this Petition.

not being filed with this Petition for the following reasons:  See attached  
\_\_\_\_\_

23. Additional requests: (Including expedited hearings)  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.

4. Other: \_\_\_\_\_

 \_\_\_\_\_  
Signature  
Ann Sample  
Name Printed or Typed  
100 E. Wisconsin Ave., Milwaukee, WI 53201  
Address  
annsample@mail.com  
Email Address  
414-111-2222  
Telephone Number Date

IN THE MATTER OF

Amended

John Sample  
Name

**Statement of Acts by  
Proposed Guardian and  
Consent to Serve as Guardian  
(Adult Guardianship)**

01/01/1950  
Date of Birth

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

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

**UNDER OATH, I STATE:**

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: Chapter 7 in 2009
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), Wis. Stats.  
 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
 

<input checked="" type="checkbox"/> guardian of the	<input checked="" type="checkbox"/> person	<input type="checkbox"/> estate
<input type="checkbox"/> standby guardian of the	<input type="checkbox"/> person	<input type="checkbox"/> estate
<input type="checkbox"/> successor guardian of the	<input type="checkbox"/> person	<input type="checkbox"/> 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 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.
8. If appointed as **guardian of the person**, I will file the Annual Report on the Condition of the Ward.
9. If appointed as **guardian of the person**, I will
  - place the least possible restriction on the individual's personal liberty and exercise of constitutional and statutory rights, and promote the greatest possible integration of the individual into his or her community.
  - make diligent efforts to identify and honor the individual's preferences with respect to choice of place of living, personal liberty and mobility, choice of associates, communication with others, personal privacy, and choices related to sexual expression and procreation.
  - take into account the individual's understanding of the nature and consequences of the decision, the level of risk involved, the value of the opportunity of the individual to develop decision-making skills, and the need of the individual for wider experiences.
  - consider whether the individual's estate is sufficient to pay for the needed services.
  - adhere to the additional duties and powers as listed in §54.25, Wis. Stats.
10. If appointed, I will exercise all powers and perform all duties as guardian as required by law and the court.

State of Wisconsin  
County of Milwaukee  
Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

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

My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

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

Ann Sample

\_\_\_\_\_  
Print or Type Name

100 E. Wisconsin Ave, Milwaukee, WI 53210

\_\_\_\_\_  
Address

annsampler@mail.com

\_\_\_\_\_  
Email Address

414-111-2222

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

IN THE MATTER OF

Amended

John Sample  
Name

**Statement of Acts by  
Proposed Guardian and  
Consent to Serve as Guardian  
(Adult Guardianship)**

01/01/1950  
Date of Birth

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

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

**UNDER OATH, I STATE:**

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), Wis. Stats.  
 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
 

<input type="checkbox"/> guardian of the	<input type="checkbox"/> person	<input type="checkbox"/> estate
<input type="checkbox"/> standby guardian of the	<input type="checkbox"/> person	<input type="checkbox"/> estate
<input type="checkbox"/> successor guardian of the	<input type="checkbox"/> person	<input type="checkbox"/> 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 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.
8. If appointed as **guardian of the person**, I will file the Annual Report on the Condition of the Ward.
9. If appointed as **guardian of the person**, I will
  - place the least possible restriction on the individual's personal liberty and exercise of constitutional and statutory rights, and promote the greatest possible integration of the individual into his or her community.
  - make diligent efforts to identify and honor the individual's preferences with respect to choice of place of living, personal liberty and mobility, choice of associates, communication with others, personal privacy, and choices related to sexual expression and procreation.
  - take into account the individual's understanding of the nature and consequences of the decision, the level of risk involved, the value of the opportunity of the individual to develop decision-making skills, and the need of the individual for wider experiences.
  - consider whether the individual's estate is sufficient to pay for the needed services.
  - adhere to the additional duties and powers as listed in §54.25, Wis. Stats.
10. If appointed, I will exercise all powers and perform all duties as guardian as required by law and the court.



State of Wisconsin  
County of Milwaukee  
Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

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

My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

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

Joseph Sample

\_\_\_\_\_  
Print or Type Name

6400 W. Wisconsin Ave., Wauwatosa, WI 53501

\_\_\_\_\_  
Address

joseph.sample@marquette.edu

\_\_\_\_\_  
Email Address

414-111-3333

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

IN THE MATTER OF

Amended

John Sample  
Name

**Order and Notice of Hearing  
(Adult Guardianship)**

01/01/1950  
Date of Birth

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

A Petition was filed by [Name] \_\_\_\_\_ requesting:

- temporary guardian of  person.  estate.
- permanent guardian of  person.  estate.
- standby guardian of  person.  estate.
- successor guardian of  person.  estate.
- protective placement.
- protective services.
- involuntary administration of psychotropic medication.

For guardianship, the court is satisfied as to compliance with §54.34, Wis. Stats.

**THE COURT ORDERS:**

1. The Petition be heard at

NOTICE OF HEARING		
Date	Time	Location (Include Room Number)
Circuit Court Judge/Court Commissioner		Via Zoom or teleconference. Interested parties should contact the petitioner for more information.

If you require reasonable accommodations to participate in the court process due to a disability, please call 414-278-3932 prior to the scheduled court date. Please note that the court does not provide transportation.

2. A copy of this Order and the Petition shall be served upon the individual and guardian, if any, and delivered to all interested persons and all others entitled to notice.
3. A copy of the Physician or Psychologists Report shall 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.
4. For protective placement, if the individual is developmentally disabled and is in or may be placed in a nursing or intermediate care facility, a copy of this Order and the Petition shall be served upon the appropriate board or designated agency. The board or agency shall submit to the court within 120 days of this order a plan for home or community-based care in the most integrated setting appropriate to the needs of the individual.

- 
5. The individual, if able to attend, shall appear in person at the hearing, unless attendance is waived by the guardian ad litem and waiver is certified in writing to the court.
  6. For protective placement or protective services, a copy of the comprehensive evaluation and any independent comprehensive evaluation shall be provided at least 96 hours in advance of the hearing to the individual's guardian, agent under activated health care power of attorney, guardian ad litem, and to the individual or individual's attorney.

**NOTICE:** If this is a Temporary Guardianship proceeding, the individual is notified of the right to an attorney and the right to petition for reconsideration or modification of the temporary guardianship.

**THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.**

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE

COUNTY

Amended

IN THE MATTER OF  
The Guardianship of: John Sample  
DOB: 01/01/1950

**Order Appointing  
Guardian ad Litem or Attorney**

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

A matter is pending in this court and [Individual(s)] John Sample require(s) the appointment of  
 a guardian ad litem.  
 an attorney.

**THE COURT ORDERS:**

1. The appointment of the following person as  guardian ad litem  attorney for the above-named individual(s).  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Consent to Act  is  is not required to be signed.
3. The Petition is denied because \_\_\_\_\_.
4. Other: \_\_\_\_\_

Amended

IN THE MATTER OF

John Sample  
Name

01/01/1950  
Date of Birth

**Affidavit of Service  
(Guardianship, Conservatorship,  
Protective Placement or  
Protective Services)  
(Adult Guardianship and  
Conservatorship)**

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

I, [Name] \_\_\_\_\_ of [City] \_\_\_\_\_, State of \_\_\_\_\_, being sworn, state that on [Date] \_\_\_\_\_, I provided copies of the following documents:

Documents provided: Petition for Guardianship, Order/Notice of Hearing, Examining Physician's Report

the original of which is on file

a copy of which is attached

to the following named persons at the address/facsimile number listed:

See attached

NAME	ADDRESS	TYPE OF SERVICE***
John Sample	100 E. Wisconsin Ave., Milwaukee, WI 53201	Personal

\*\*\* TYPE OF SERVICE: Refer to Wisconsin Statutes for proper manner of service.

**Type of Service:**

- Personal Service
- Mail
- Certified mail return receipt requested
- FAX with transmittal receipt

State of Wisconsin

County of Milwaukee

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

\_\_\_\_\_  
Notary Public/Court Official

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

My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

Amended

IN THE MATTER OF

John Sample  
Name

01/01/1950  
Date of Birth

**Affidavit of Service  
(Guardianship, Conservatorship,  
Protective Placement or  
Protective Services)  
(Adult Guardianship and  
Conservatorship)**

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

I, [Name] Ann Sample of [City] Milwaukee, State of WI, being sworn, state that on [Date] \_\_\_\_\_, I provided copies of the following documents:

Documents provided: Petition for Guardianship, Order/Notice of Hearing, Examining Physician's Report

the original of which is on file

a copy of which is attached

to the following named persons at the address/facsimile number listed:

See attached

NAME	ADDRESS	TYPE OF SERVICE***
Joseph Sample	6400 W. Wisconsin Ave., Wauwatosa, WI 53501	Mail
John Sample, Jr.	101 E. Main St., Fond du Lac, WI 55440	Mail
Milwaukee County Corp. Counsel	901 N. 9th St., Room 303, Milwaukee, WI 53233	Mail
Milwaukee County DHHS	1220 W. Vliet St., 3rd Floor, Milwaukee, WI 53205	Mail

\*\*\* TYPE OF SERVICE: Refer to Wisconsin Statutes for proper manner of service.

**Type of Service:**

- Personal Service
- Mail
- Certified mail return receipt requested
- FAX with transmittal receipt

State of Wisconsin

County of Milwaukee

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

\_\_\_\_\_  
Notary Public/Court Official

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

My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

\_\_\_\_\_  
Signature

Ann Sample

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

100 E. Wisconsin Ave., Milwaukee, WI 53201

\_\_\_\_\_  
Address

annsample@mail.com

\_\_\_\_\_  
Email Address

414-111-2222

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date