**So you want to file**

**for guardianship?**

No

Is There a POA /

SDMA?

Yes

Complete

Referral Packet

Yes

Is the POA /

SDMA Sufficient?

Stop

No

**ORIGINAL GUARDIANSHIP AND / OR PROTECTIVE PLACEMENT FLOW CHART & CHECKLIST**

|  |  |  |
| --- | --- | --- |
| Is that evidence compelling and sufficient? |  | POA Not Acting in Proposed Ward's Best Interest |
|  |

**REFERRAL PACKET CHECKLIST**:

Yes

Complete

Referral Packet

|  |
| --- |
| Questionable POA / Insufficient HCPOA Abilities / Protective Placement Needed |
|  |  |
|  | Complete Referral Packet |  |

|  |  |  |
| --- | --- | --- |
| Stop |  | No |
|  |

Request for Guardianship And / Or Protective Placement paperwork

Including a narrative with your personal knowledge of the proposed ward and diligent efforts in locating all interested persons

Any POA (including activation) / SDMA Documents

Signed and notarized Statement of Acts / Consent to Serve on State Form GN-3140 Examining Physician’s or Psychologist Report on State Form GN-3130