**REQUEST FOR GUARDIANSHIP AND / OR PROTECTIVE PLACEMENT**

# INSTRUCTIONS:

# Please read every question carefully and review the instructions form before completing this document.

# Hit tab to advance to the next form field.

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Today’s Date:

Requested By:

Petitioner’s Name & Title:

Petitioner’s Agency:

Address:

Phone Number:

Email Address:

**Request for:** (*please check all that apply*)

Guardianship of Person

Guardianship of Estate (when assets or properties are over $50,000)

Protective Placement - I am requesting protective placement because:

Proposed ward is residing or will reside in a 16+ bed CBRF, NH, or ICFMR

Proposed ward protests the placement I think is needed

Temporary Guardianship of Person - for emergency, potentially life-threatening situations only

**Proposed Ward’s Information:**

Name:

Social Security No. DOB (mm/dd/yyyy):

Phone Number:

Proposed Ward’s Address:

Name, Address of facility, and phone number, if not living with family or self:

Type of Residence:  Independent Home/Apt.  Supervised Apt  AFH

CBRF  SNF  ICFMR

Facility Size:  less than 8 beds  8 to 15 beds  16 beds or greater  n/a

**Proposed Ward’s Real Estate:**

Does the proposed ward reside in County?

YES

NO, explain how the ward came to live outside County:

Does the proposed ward own property in County?

YES

NO

If the proposed ward owns property outside of County but in Wisconsin,

where:

**Alternatives to Guardianship:**

Power of Attorney for Health Care (attach copy of entire POA, including activation):

YES  NO

Is POA-HC Activated:  YES  NO

Date Activated:

Name, Address and Phone Number of Agent(s):

Power of Attorney for Finances/Durable (attach copy of entire POA, including activation):

YES  NO

Is POA-Durable Activated:  YES  NO

Date Activated:

Name, Address and Phone Number of Agent(s):

Why is guardianship needed if there is a POA?

Does the Proposed Ward have Supported Decision Making Agreements (SDMA)? (attach copy)

YES

NO

Why is guardianship needed if there is a SDMA?

Representative Payee:  YES  NO

Name, Address and Phone:

Are you aware of any previous or out-of-state guardianships on this individual?

Yes (attach papers)  No

**Proposed Guardian Information:**

Proposed Guardian’s Name:

Address and Phone:

Proposed guardian’s relationship to individual (ex. mother, nephew, friend, volunteer, corporate\*):

Proposed Standby Guardian Name:

Address and Phone:

Proposed standby’s relationship to individual (ex. mother, nephew, friend, volunteer, corporate\*):

\*If you are nominating a volunteer or a corporate guardian, *explain why family members are unsuitable or unwilling to be guardian*:

For Out-Of-State Guardians:

See *Instructions.*

**Court Proceedings:**

Is proposed ward physically able to attend court?  YES  NO

If No, explain:

**Proposed Ward’s Income/Assets**:

Personal Property: $      Real Estate: $      Pension: $     --From:

Social Security (monthly): $

Type of Funding:  None  Family Care  IRIS  Title 19

Other (specify):

Other Income, Compensation, Insurance, Trusts, or Allowance:

$     --From:

Is the proposed ward a veteran or receiving VA benefits?

No  Yes--Amount $

**Reason Guardianship requested**:

Medical, etc. decisions needed

Placement needed

Self-Neglect

Abuse / Exploitation

POA documents questionable

POA not acting in the best interests of client

What are the current diagnoses:

Summary of Why a Guardianship is Requested

See *Instructions*.

**Are You Requesting a Protective Placement? If so, Why?**

See *Instructions*.

The least-restrictive environment is:

Apartment  Nursing Home  CBRF No. of Beds =

AFH  ICFMR

Other—Explain:

Will proposed ward object to the protective placement:  YES  NO  Not Sure

Day Programming:YES  NO

Days and Times Attending (ex. M-F 9-2):

Program Name, Address and Phone Number:

**Interested Persons**

See Instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship** | **Name** | **Address** | **Phone** |
| **Parents** |  |  |  |
|  |  |  |
| **Spouse** |  |  |  |
| **Adult**  **Children** |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Adult Siblings\*** |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| \*Re: Adult Siblings: Only list names, addresses & phone numbers If no other family is listed above. | | | |
| **Other Relatives\*\*** |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| \*\*Re: Other Relatives: Only list names, addresses & phone numbers If no other family is listed above. | | | |
| **The person and/or facility having care / custody of subject** |  |  |  |