Please read every question carefully and review this instruction sheet

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

# You will be the petitioner

As the petitioner, you will appear & testify in court Reread your referral form before you testify in court Petitioner must:

* Make transport arrangements if needed
* If the proposed ward is unable to attend, explain why
* Make sure proposed guardian attends the court proceeding

# INSTRUCTIONS:

1. Do not fill out the instruction sheet – it is a guide only
2. Use a blank word document and then copy-paste into the referral form to use grammar and spell check
3. Attach the following original documents:
	* Signed and notarized Statement of Acts/Consent To Serve by Proposed Guardian and Standby Guardian (if requested)
	* Examining Physician's or Psychologist's Report on State Form No. GN-3130
4. Below are further instructions for specific information that is being requested
5. Requests with missing information and / or original documentation will be returned, delaying the process

# For Out-Of-State Guardians:

Instructions:

If the proposed guardian (or standby guardian) does not live in the State of Wisconsin, comment on the following issues: 1) how often will this person visit the ward, 2) how easy is it to contact this person, 3) amount of past involvement, 4) do other family members live in Wisconsin who could be the guardian?

Please be advised that the court still may reject the proposed out of state guardian and that you may want to have an alternative proposed guardian in mind.

# Summary of Why a Guardianship is Requested:

Instructions:

Include what you personally have seen and what you know about the decisional/judgment dysfunction, impairments, or behaviors that lead to concerns of the proposed ward’s ability to conduct day to day business and/or adequately provide for personal safety and well-being. The proposed ward’s impairments cannot be explained by any other acute, reversible or otherwise

treatable condition; i.e.: when a person is on certain medication for treatment of cancer that effects his/her abilities, but once finished with cancer treatments is fully capable.

You must address the following: 1) basis of the referral, 2) your specific personal observations, 3) any past referrals / information that demonstrate a pattern of declined abilities, and 4) *if seeking to remove the HC-POA and nominate someone else that is not the HC-POA,* you must demonstrate that there are specific and good faith reasons to believe that the HC-POA is not acting in the ward’s best interests.

If you are requesting a temporary guardianship, you must also address why a temporary guardian is needed immediately – what is the emergency?

You must be specific in your responses and cannot rely solely on the doctor’s evaluation. Simply stating that the person is not decisional is not enough information.

# Are You Requesting a Protective Placement? If so, Why?:

Instructions:

Petitions for Protective Placement should be supported by the psychological / physician evaluation. Please make sure the doctor is in support of a Protective Placement before requesting a petition for Protective Placement. *See*: #12-13 on GN3130, Psychological / Physician Evaluation.

Include where individual is currently living, functional abilities/deficits, need for assistance w/ ADLs/IADLs and medication management, need for supervision, wandering, self-neglect, past or current abuse by others, financial issues. Is the individual safe in their current residence? Is the individual refusing to move to an appropriate placement?

You must address what efforts have been made to either keep or return the proposed ward to their home. If services are being provided in the individual’s home, why are these services inadequate? Can services be increased? Will the individual accept services/help? Is the individual now in a facility of 16+ bed CBRF, NH, or ICFMR?

If you are seeking a Protective Placement only, you must include the original petition for guardianship. Please note that the courts may request an updated psychological / physician evaluation to ensure that there is a continued need for guardianship.

# Interested Persons:

Instructions:

Please see the “Interested Persons” flow chart for additional information on who qualifies as an interested person.

Fill in all “Name” blanks (with a name, “none,” “deceased,” or “N/A”). If the individual has a living spouse, adult living children, or living parent(s), you do not have to list addresses/phone for siblings or children of deceased siblings. Fill in all address blanks (with a current address, “LKA (last known address) is ,” “whereabouts unknown after diligent search,” or “N/A.”)

If you know an interested person exists but do not know their current address*, you must make a “diligent effort” to find the current address.* This means - at the very least - asking all others who might have this information and doing a phone book / internet search. You must describe the diligent efforts you’ve undertaken. **If there is no description, this form will be returned and your petition will be delayed.**