

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

**Confirmation of Completion of
Guardian Training Program
(Adult Guardianship)**

Name

Date of Birth

Case No. _____

UNDER OATH, I STATE:

I understand that I am required to complete a guardian training program meeting the requirements of §54.26, Wis. Stats. I have completed the required training:

- Yes. I have attached the training completion certificate.
- No. I am exempt from completing the training because I am:
 - A guardian under §54.15(7), Wis. Stats., who is regulated by the department of health services.
 - A volunteer (non-corporate) guardian who has already completed the training requirements for a previous ward. Date training was completed: _____.

State of _____

County of _____

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

Print or Type Name

Address

Email Address

Telephone Number

Date