

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name _____

Date of Birth _____

**Order and Notice for Hearing
on Statement Requesting Removal of Rights
and Transfer of Additional Powers To Guardian
(Adult Guardianship)**

Case No. _____

A Statement Requesting Removal of Rights and Transfer of Additional Powers to Guardian has been filed by

guardian.

other interested person: _____

THE COURT ORDERS:

Notice, including notice concerning potential court action if circumstances are extraordinary, be given to all of the following:

1. The above-named ward.
2. The guardian.
3. County Department of Social Services or Human Services if ward is protectively placed or receives long-term support services as a public benefit.
4. Agent under ward's Power of Attorney for Health Care, if any.
5. Agent under ward's Financial Durable Power of Attorney, if any.
6. Any other persons determined by the court: _____
7. To be heard on:

| NOTICE OF HEARING | | |
|--|------|--------------------------------|
| Date | Time | Location (Include Room Number) |
| Circuit Court Judge/Court Commissioner | | |

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

DISTRIBUTION:

1. Court
2. Ward/Ward's Legal Counsel, if any/ Guardian ad Litem
3. Guardian/Ward's appointed agent under a power of attorney
4. Corporation Counsel
5. Case Worker/County Dept. of Human Services
6. Facility, if any
7. Other: _____