

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

IN THE MATTER OF

Name

Date of Birth

**Declaration of Service
(Guardianship, Conservatorship,
Protective Placement or
Protective Services)
(Adult Guardianship and
Conservatorship)**

Case No. _____

I, [Name] _____ of [City] _____, State of _____,
declare that on [Date] _____, I provided copies of the following documents:

Documents provided: _____

the original of which is on file

a copy of which is attached

to the following named persons at the address/facsimile number listed:

See attached

NAME	ADDRESS	TYPE OF SERVICE***

*** TYPE OF SERVICE: Refer to Wisconsin Statutes for proper manner of service.

Type of Service:

- Personal Service
- Mail
- Certified mail return receipt requested
- FAX with transmittal receipt

**I declare under the criminal penalty of false swearing
that the information I have provided is true and
accurate.**



Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)