

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name

**Certificate of Service on Individual
(Guardianship, Protective
Placement or Protective Services)
(Adult Guardianship)**

Date of Birth

Case No. _____

I DECLARE THAT:

I am an adult resident of the State of Wisconsin and not a party to the action or a named interested person in the action. I hereby certify that on [Date] _____ at [Time] _____ a.m./p.m., I duly served the above-named individual residing at _____ with the following documents.

Documents provided:

- Order and Notice of Hearing for hearing on _____.
- Petition for Temporary Guardianship
- Petition for Temporary/Permanent Guardianship
- Incapacitation Statement
- Consent to Serve as Temporary Guardian
- Order Appointing Guardian ad Litem or Attorney
- Statement of Acts by Proposed Guardian and Consent to Serve as Guardian
- Examining Physician's or Psychologist's Report
- Petition for Protective Placement
- Petition for Permanent Guardianship
- Other documents _____

I further declare that I informed the individual of the complete contents of the documents.

At the time of service, I did place upon it the date, time, manner and my name, leaving a true and correct copy thereof, and that I knew the person so served to be the proposed ward/ward (or other) mentioned and named therein.

A copy of the Notice so certified is returned to the Court with this document.

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)

NUMBER OF ATTEMPTS: _____ NUMBER OF ADDRESSES ATTEMPTED: (if more than one) _____

SERVICE FEE \$ _____