

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

☐ Amended

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

**Statement of Acts by  
Proposed Guardian and  
Consent to Serve  
(Minor Guardianship of the Estate)**

Case No. \_\_\_\_\_

**This form does not apply to minor guardianships of the person. For minor guardianships of the person, use form JN-1514.**

Submit this statement to the court **at least 96 hours** before the court hearing.

**I DECLARE THAT:**

1. I am currently charged with or have been convicted of a crime: (misdemeanor or felony)  
☐ No ☐ Yes If Yes, describe circumstances: \_\_\_\_\_
2. I have filed for or received protection under the federal bankruptcy laws:  
☐ No ☐ Yes If Yes, describe circumstances: \_\_\_\_\_
3. Any license, certificate, permit, or registration that I am required to have under chs. 440 to 480, Wisconsin Statutes or by the laws of another state for the practice of a profession or occupation has been suspended or revoked:  
☐ No ☐ Yes If Yes, describe circumstances: \_\_\_\_\_
4. I am listed in the Caregiver Misconduct Registry of the Department of Health Services under §146.40 (4g)(a)(2), Wis. Stats.  
☐ No ☐ Yes If Yes, describe circumstances: \_\_\_\_\_
5. I am nominated to serve as ☐ guardian ☐ standby ☐ successor guardian of the estate of the above-named individual and consent to serve as guardian of the estate and will act in the best interest of this individual.
6. If appointed as guardian of estate, I will file the Guardianship Inventory **within 60 days of appointment**, and the Account of Guardian annually and/or as otherwise required.
7. If appointed, I will exercise all powers and perform all duties as guardian of the estate as required by law and the court.

**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)