

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) _____