

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name

**Petition for Appointment of
Successor Guardian
(without Hearing)
(Adult Guardianship)**

Date of Birth

Case No. _____

I STATE:

- I am interested as _____.
- I petition the court for appointment of a successor guardian of the above-named ward.
- I believe the ward continues to be incompetent.
- The guardian [Name] _____, who was appointed on [Date] _____ as guardian of the person estate
 is deceased. Date of death was _____.
 was removed by court Order dated _____.
 submitted a resignation to this court.
 is unable to act due to incapacity and is unable to submit a resignation. (Attach supporting information)

5. The following person is nominated as:

Type of Guardian	Name	Mailing Address [Street, City, State, Zip]	Telephone No.
Successor Guardian of the Person			
Successor Guardian of the Estate			

6. A sworn and notarized Statement of Acts by Proposed Guardian and Consent to Serve as Guardian was completed by the proposed successor guardian and accompanies this Petition.

The person nominated as successor guardian understands that they are required to satisfy the guardian training program requirements under §54.26, Wis. Stats., and provide confirmation to the Court prior to being appointed as the guardian. (Complete Confirmation of Completion of Guardian Training Program (Adult Guardianship) form GN-3135)

7. The names and mailing addresses of all interested parties (including the petitioner) and all others entitled to notice are as follows: See attached

Name	Relationship	Mailing Address [Street, City, State, Zip]

I REQUEST THE COURT:

- Terminate the appointment of the current guardian.
- Grant the Petition and appoint the nominated successor guardian without a hearing. I have no knowledge of any objection by interested parties to appointment of the nominated successor guardian.
- Other: _____



Petitioner

Name Printed or Typed

Address

Email Address

Telephone Number

Date