

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the matter of

No. _____

Respondent

**PETITION FOR APPOINTMENT OF A GUARDIAN
AND/OR CONSERVATOR**

Comes now _____, who is/are the

_____ of the above named respondent, a male female person, age _____, (respondent's age)
who is domiciled in Jefferson County, Missouri, and states that the following is the respondent's:

Present residence and post office address: _____

Most recent addresses for the three (3) years prior to the filing of this petition*:

1. _____
2. _____
3. _____

*If unknown, please provide an explanation as to the efforts made to ascertain them.

Petitioner(s) other than respondent's spouse, parents, children and siblings over the age of 18, are required to submit at their own expense to a background screening, and if asking to be appointed conservator, a credit history investigation. Missouri Caregiver Background Screening form must be completed and submitted to the Missouri State Highway Patrol and Department of Mental Health at the addresses listed on the form.

Does the respondent have a driver's license? Yes No

Is the respondent registered to vote? Yes No

Exhibit A – Financial Statement

List the nature, extent and estimated value of the respondent's assets located in Jefferson County, State of Missouri, and any assets located outside the State of Missouri.

Exhibit B – Interested Parties

List information regarding respondent's parents; spouse; living children; closest known relatives; adults living with respondent; siblings and children of deceased siblings; any durable power of attorneys; co-owners of property; trust information; person having custody of respondent; any guardian or conservator appointed in Missouri or any other state; and any other persons petitioner is already guardian and/or conservator.

The factual basis, reasons, incidents and specific behaviors demonstrated to support petitioner(s) conclusion that respondent is unable partially unable by reason of _____ to receive and evaluate information or to communicate decisions to such an extent that respondent fully partially lacks capacity to meet essential requirements for food, clothing, shelter, safety or

other care such that serious physical injury, illness or disease is likely to occur; and/or to receive and evaluate information or to communicate decisions to such an extent that respondent fully partially lacks the ability to manage his/her financial resources; and/or to meet essential daily needs of living and/or to manage his/her financial resources without supervision and that there is no less intrusive alternatives to a full limited guardianship and/or a full limited conservatorship available to provide for respondent's care and financial needs are: _____

If respondent is alleged to be only partially incapacitated and/or disabled, the nature and extent of the respondent's partial incapacity and/or disability is: _____

Petitioner(s) request(s) that full limited letters of guardianship and/or full limited letters of conservatorship be granted to:

Name _____

Address _____

Name _____

Address _____

If the appointment of co-guardians is requested, please state the reasons why such appointment is necessary:

Co-guardians shall act jointly unless the court orders otherwise.

Exhibit C – Consent to Appointment

Consent of the proposed guardian(s) and/or conservator(s) to act if appointed.

Exhibit D – Designation of Resident Agent and Acceptance of Appointment of Resident Agent –

The proposed guardian(s) and/or conservator(s) designation of resident agent and the agent's consent to act if the proposed guardian(s) and/or conservator(s) is/are a non-resident of Missouri.

Exhibit E – List of Witnesses -

List of the names and addresses of the witnesses who may be called to testify in support of this petition.

WHEREFORE, petitioner(s) pray(s) that a hearing and inquiry be held and the court appoint _____

Full Limited Guardian(s) of the Person and Full Limited Conservator(s) of the Estate for the respondent.

Petitioner(s) state(s) that the foregoing is made on this _____ day of _____, _____, under oath or affirmation, and its representations are true and correct to the best of petitioner's knowledge and belief, subject to penalties of making a false affidavit or declaration.

Petitioner's Signature

Petitioner's Signature

Petitioner's Name (Typed)

Petitioner's Name (Typed)

Street Address

Street Address

City	State	Zip Code
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Phone Number With Area Code

Phone Number with Area Code

Attorney's Signature

Attorney's Signature

Attorney's Name (Typed)

Attorney's Name (Typed)

Street Address

Street Address

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone Number With Area Code

Phone Number with Area Code

Missouri Bar Number

Missouri Bar Number

Serve notice on respondent at:

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the matter of

No. _____

Respondent

EXHIBIT C - CONSENT TO APPOINTMENT

The undersigned hereby consents to serve as guardian co-guardian and/or conservator of the above named respondent if appointed by the court and in support thereof states:

1. The undersigned has never pled guilty to nor been convicted of a misdemeanor or felony.
2. The undersigned's spouse is: _____
3. The undersigned's address and telephone number are listed below.
4. The name and address of undersigned's employer is: _____
Address: _____ Telephone No. _____

5. The following three (3) listed persons (who are not members of your household) will know the whereabouts of the undersigned:

Name: _____ Telephone No. _____

Address: _____

Name: _____ Telephone No. _____

Address: _____

Name: _____ Telephone No. _____

Address: _____

6. The undersigned has read and understands the Information for Guardians and Conservators as set out in this packet, and acknowledges receipt of a copy thereof.

The undersigned swears that the matters set forth are true and correct to the best knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.

Date

Signature of Guardian/Co-Guardian/Conservator

Street Address

City

State

Zip Code

Phone Number with Area Code

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the matter of

No. _____

Respondent

EXHIBIT D – DESIGNATION OF RESIDENT AGENT

I, _____, residing at _____,

City of _____, State of _____, desiring to serve as
guardian, co-guardian and/or conservator of the above named person, pursuant to Section 475.055 RSMo,
hereby appoint _____ my agent for service of process
upon me within the State of Missouri, concerning said matter.

Dated: _____

Guardian/Co-Guardian/Conservator

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

I, _____, residing at _____,

in _____, Missouri, telephone number _____, having
been appointed, pursuant to Section 475.055 RSMo, to act as agent for service of process on and receipt of
notice to _____ within the State of Missouri, concerning the above matter,
hereby acknowledge such appointment and consent to act as such agent and I will accept all service of process
brought against _____, within the State of Missouri.

The undersigned swears that the matters set forth in the foregoing document are true and correct to the
best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration.

Dated: _____

Resident Agent

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the matter of

No. _____

Respondent/Minor

EXHIBIT A - FINANCIAL STATEMENT
(Assets of the respondent or minor only)

PERSONAL PROPERTY:

Checking Accounts – Name of Bank and Last 4 Digits of Account Numbers

_____ \$ _____
_____ \$ _____
_____ \$ _____

Savings Accounts – Name of Bank and Last 4 Digits of Account Numbers

_____ \$ _____
_____ \$ _____
_____ \$ _____

Certificates of Deposit – Name of Bank and Last 4 Digits of Account Numbers

_____ \$ _____
_____ \$ _____
_____ \$ _____

Stocks and Bonds

\$ _____

Vehicles – Year, Make and Model

_____ \$ _____
_____ \$ _____
_____ \$ _____

Other

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL PERSONAL PROPERTY

\$ _____

MONTHLY INCOME:

Social Security Payee _____	\$ _____
Supplemental Security Income Payee _____	\$ _____
Veterans Administration Benefits	\$ _____
Pension Source _____	\$ _____
Interest	\$ _____
Dividends _____	\$ _____
Other Source _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

REAL PROPERTY – MISSOURI AND OUT OF STATE:

(List location by address and value)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Date _____ Petitioner _____

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the matter of

No. _____

Respondent

**EXHIBIT B – ADULT
Interested Persons**

TRUSTS:

Is there a trust where respondent is the grantor, qualified beneficiary or trustee or co-trustee? Yes No

If so, the purpose of the trust is: _____
and the name(s) and address(es) of the presently acting trustee(s) is/are: _____

Name _____

Address: _____

Name _____

Address: _____

POWER OF ATTORNEY:

Has respondent executed a durable power of attorney? Yes No The name(s) and address(es) of any agent appointed in said durable power of attorney is/are: _____

Name _____

Address: _____

Name _____

Address: _____

Please file a copy of said durable power of attorney with the court.

CO-OWNERS OF PROPERTY:

Is the respondent co-owner of any property? Yes No If so, please list co-owners below:

Name _____

Address: _____

Name _____

Address: _____

PARENTS:

Mother _____ Deceased Date of Death _____

Address _____

Father _____ Deceased Date of Death _____

Address _____

SPOUSE:

Name _____ Deceased Date of Death _____

Address: _____

CHILDREN:

Name _____ Age _____

Address: _____

CLOSEST KNOWN RELATIVES:

Name _____ Age _____

Address: _____

ADULTS LIVING WITH RESPONDENT:

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

SIBLINGS/DECEASED SIBLINGS CHILDREN:Name _____ Deceased Date of Death _____

Address: _____

Name _____ Deceased Date of Death _____

Address: _____

Name _____ Deceased Date of Death _____

Address: _____

Name _____ Deceased Date of Death _____

Address: _____

GUARDIAN and/or CONSERVATOR:Has a guardian and/or conservator for respondent been appointed by a court? Yes No If so, please list below:

Name _____

Address: _____

CUSTODY OF:

Respondent is in the custody of:

Name _____

Address: _____

GUARDIAN and/or CONSERVATOR OF:

Has petitioner(s) been appointed by a court as guardian and/or conservator of any other persons? Yes No If so, please list below:

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____

(Attach additional sheets if necessary)

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Respondent

EXHIBIT E
LIST OF PROSPECTIVE WITNESSES

Listed below are the names and addresses of witnesses who may be called to testify in support of a Petition for Appointment of a Guardian and/or Conservator.

NAME

ADDRESS

Date: _____

Petitioner's Signature

Petitioner's Name (Typed)

Street Address

City _____ State _____

Zip Code

Phone Number with Area Code

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the Matter of:

Estate Number: _____

A Person Alleged to be Incapacitated and Disabled

PHYSICIAN'S ANSWERS TO INTERROGATORIES

COMES NOW, Dr. _____, and for his/her Answers to
Petitioner's First Interrogatories, states to the Court as follows:

INTERROGATORY NO. 1: Please state your full name, and give a brief narrative summary of your education, qualifications, licensure and experience in the practice of medicine as a physician.

ANSWER:

Education:

Qualifications, Licensure:

Experience:

INTERROGATORY NO. 2: Please state whether or not respondent has ever been your patient, and if so please specify the following:

- A. Date of First Examination: _____
- B. Date of Last Examination: _____
- C. Diagnosis and Prognosis of Patient's Present Physical, Mental and Cognitive Condition (if possible, please include DSM-5 Rev. axes and diagnoses):

ANSWER:

INTERROGATORY NO. 3: Please state what medications are currently being prescribed for respondent.

ANSWER:

INTERROGATORY NO. 4: Based on your stated qualifications and personal examination, please state your medical opinion of the following:

A. Is the respondent an incapacitated person in that he or she is unable to receive and evaluate information or to communicate decisions to such an extent that he or she lacks the capacity to meet the essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness or disease is likely to occur?

ANSWER:

If your answer is affirmative, the answer must be "yes" or "yes, the respondent is partially unable..." It is NOT sufficient to say that the person may "benefit" from a guardian; that a guardian would be "helpful," "advisable," or anything similar. The doctor MUST be able, with medical integrity, to say that this person's condition makes the person UNABLE to receive and evaluate information or to communicate decisions to such an extent that he or she lacks capacity to meet essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness, or disease is likely to occur. Anything short of that is insufficient.

B. Is the respondent a disabled person in that he or she is unable to receive and evaluate information or to communicate decisions to such an extent that he or she lacks the ability to manage his or her financial resources?

ANSWER:

*Again, if your answer is affirmative, the answer must be "yes" or "yes, the respondent is partially unable..." It is NOT sufficient to say that the person may "benefit" from a conservator; that a conservator would be "helpful," "advisable," or any other similar word. The doctor **MUST** be able, with medical integrity, to say that this person's condition makes the person **UNABLE** to receive and evaluate information or to communicate decisions to such an extent that he or she lacks capacity to make financial decisions. Anything short of that is insufficient.*

If the answer to A and/or B is yes, what physical, mental and/or cognitive condition is the reason for this incapacity and/or disability (if possible, please include DSM-5 Rev. axes and diagnoses)?

ANSWER:

*There **MUST** be a connection between the diagnosis and the incapacity or disability. (For example, dementia, Alzheimer's type, prevents respondent from being able to remember to take medications on time, or even to remember what medications to take, or even that the person requires any medications.)*

INTERROGATORY NO. 5: Does the respondent have the capacity to participate in the voting process?

ANSWER:

INTERROGATORY NO. 6: Does the respondent have the capacity to drive a motor vehicle? Does the respondent have a driver's license?

ANSWER:

INTERROGATORY NO. 7: Does the respondent have the ability to understand and enter into a marriage?

ANSWER:

INTERROGATORY NO. 8: What is the least restrictive alternative (e.g., skilled nursing facility, intermediate care facility, residential care facility I or II, group home, assisted living center, etc.) in which the respondent must presently be restrained in order to prevent the respondent from injuring himself/herself and/or others and to provide him or her with such care, habilitation, and treatment as are appropriate considering his or her physical, mental and cognitive condition?

ANSWER:

I am aware that the information provided herein will be used solely in the course of a judicial proceeding and therefore constitutes an exception to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) under the provisions of 45CFR164.512.

Dr. _____

ACKNOWLEDGMENT

State of Missouri)
)
) ss
County of _____)

Now on this _____ day of _____, ____, comes Dr. _____,
Being duly sworn and upon oath states that he/she has read and understands all the statements
and allegations contained in the foregoing document and that the same are true according to
his/her best information, knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires: _____

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS**INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4 if the party is a person; exception can only be granted if the information is not reasonably available. **This is a confidential record due to the SSN and possible confidential addresses. However, this information is used to open a case in the Missouri State Courts Automated Case Management System. Cases deemed public under Missouri Revised Statutes can be accessed through Case.net. The day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net access.**

Filing Date: _____ County of Jefferson: _____

Style of Case: _____
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB/DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB/DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB/DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.