

**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

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
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

\_\_\_\_\_  
Respondent

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

**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

\_\_\_\_\_  
Respondent/Minor

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

**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: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

**CLOSEST KNOWN RELATIVES:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

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)**

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

In the matter of

Respondent

No.

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
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

Date:

Petitioner's Signature

Petitioner's Name (Typed)

Street Address

CityStateZip 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 you 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](http://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: <input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> 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.\*