

MINOR GUARDIAN/CONSERVATOR CHECKLIST

	Fees of \$143.50 due
	Add all parties: applicant, minor, natural mother and natural father
	Need Petitioner and Minor(s) SS# and birthdate
	Need copy of birth certificate(s)
	Need Nomination of Fiduciary by Minor if minor over 14
	Need signed Guardianship/Conservatorship information form
	Guardianship Only: Need Affidavit pursuant to 452.480
	Guardianship Only: Need Authorization for Release of Information Form (all adults in home)
	Guardianship Only: Need Request for Child Abuse or Neglect Form (all adults in home)
	Guardianship Only: Need Police Records Transcript (all adults in home)
	Conservatorship Only: May need corporate surety bond in the amount of personal property rounded up to the next thousand. E-file bond and mail/deliver original. Bond is to include Acknowledgement of Principal, Acknowledgement of Surety and Power of Attorney.
	Need Affidavit of Due & Diligent Search for anyone whose name or whereabouts are unknown

The Petition should contain the following:

	Need address of domicile
	Need estimated value of real & personal property if any or 0 if not
	Need location & value of any real property owned by the minor(s) outside of MO
	Need the name & address of the trustee(s) of any trust of which the minor(s) is a beneficiary
	Need the purpose of any trust where the minor(s) is a qualified beneficiary
	Need the names of parents of the minor(s), their addresses & whether or not they are deceased; may need parental consent (e.g. 1 parents applying & other is alive and fit)
	Need death certificate of any deceased parent
	The reason for seeking the guardianship/conservator
	Whether the minor is single or married
	Name & address of any children of the minor
	Name & address of person having custody of the minor
	Name & address of any guardian or conservator of the minor appointed in MO or any other state
	Name & address of any wards or protectees that the proposed guardian or conservator is guardian and/or conservator of
	Name of department, bureau or agency of the US, State or Political subdivision that is awarded benefits to minor's estate
	Name of department, bureau or agency of the US, State or Political subdivision or charitable organization that is charged with the control, supervision or custody of minor
	Name of all adults living with proposed guardian
	Signed & dated by petitioner under oath and affirmation or notarized
	Signed by attorney

**MISSOURI CIRCUIT COURT, TWENTY-SECOND JUDICIAL CIRCUIT
PROBATE DIVISION, CITY OF ST. LOUIS**

IN THE MATTER OF:

_____ No. _____
Minor(s)

PETITION FOR APPOINTMENT OF GUARDIAN AND CONSERVATOR* OF MINOR(S)

Comes now _____, petitioner, and states:
Name and Relationship to Minor(s)

That the minor(s) named below

<u>Name</u>	<u>Address and Domicile</u>	<u>Date of Birth</u>
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is/are under the age of eighteen years and in need of a _____.
Guardian/Conservator/Guardian and Conservator

(NOTE: For guardianship applications, a certified copy of birth certificate must be submitted for each minor.)

That said minor(s) reside(s) in and is domiciled in the City of St. Louis, Missouri; that the estimated value of the minor's property, if any, is: real property \$ _____, and personal property \$ _____.

The location and value of any real property owned by the minor(s) outside Missouri:

The name and address of the trustee(s) of any trust of which the minor(s) is a beneficiary.

The purpose of any trust where the minor(s) is a qualified beneficiary.

That the parents of the minor(s) _____ living, and their names and addresses are:
are/are not

_____ Name	_____ Address
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_____ Name	_____ Address
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The reasons why the appointment of a guardian and conservator is sought are (Indicate statutory grounds, Sec. 475.030 RSMo. Additional explanation may be included).

(Reasons from 475.030 are: a) the minor has no living parent; b) the parents or sole surviving parent of the minor are unwilling, unable or adjudged unfit to assume the duties of guardianship; c) the parents or the sole surviving parent have had their parental rights terminated under chapter 211 RSMo; and d) the best interest of the minor require letters of conservatorship for all his/her estate).

That said minor(s) is _____ to _____
single/married
whose address is: _____

That the names, ages and addresses of all living children of the minor(s) are:

Name Address

Name Address

That the name and address of the person having custody of the person of the minor(s) is:

Name Address

Name Address

That the name and address of adults living in the home of the proposed guardian:

Name Address

Name Address

That the name and address of any guardian of the person or conservator of the estate of the minor(s) appointed in this or any other state is:

Name Address

Name Address

That the names and addresses of wards and disabled persons for whom the proposed guardian and conservator is already guardian or conservator are:

Name Address

Name Address

That the following named department, bureau or agency of the United States or of this state or any political subdivision thereof, makes or awards compensation, pension, insurance or other allowances as described below for the

benefit of the minor's estate:

Name

Address

That the following named department, bureau or agency of this state, political subdivision thereof or charitable organization of this state is charged with the supervision, control or custody of the minor(s):

Name

Address

WHEREFORE, petitioner prays letters of _____ issue to:
Guardianship/Conservatorship/Guardianship and Conservatorship

Name, address and relationship of proposed guardian/conservator to minor

(If petitioner is not proposed guardian/conservator, consent of proposed guardian/conservator to appointment must also be submitted)

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

Signature of Attorney for Petitioner

Signature of Petitioner

Attorney's Name (Typed) and Bar No.

Petitioner's Name (Typed)

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone Number With Area Code

Telephone Number With Area Code

Email Address

Signature of Attorney for Petitioner

Signature of Petitioner

Attorney's Name (Typed) and Bar No.

Petitioner's Name (Typed)

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone Number With Area Code

Telephone Number With Area Code

Email Address

AFFIDAVIT

In the Estate of

_____, Minor

The following information is submitted pursuant to Section 452.480 RSMo., in support of the petition for guardianship of the above named minor.

Said minor is presently living with _____ at

_____ Address

Said minor has lived with the following persons at the following addresses within the past 6 months:

Name

Address

Name

Address

I _____ participated in other litigation concerning the custody of this child in this or
have/have not
another state. (If affirmative explain in detail). _____

I _____ information of any custody proceeding concerning the child pending in a
have/have no
court of this or any other state. (If affirmative explain in detail). _____

I _____ knowledge of any person, not party to these proceedings, who has physical
have/have no
custody of the child or claims to have custody or visitation rights with respect to the child. (If affirmative explain in detail).

Affiant's Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires:

Attorney

PARENT'S CONSENT TO APPOINTMENT AND WAIVER OF SERVICE

I request the appointment of _____ as guardian of the person and/or conservator of the estate of _____ who is/are my natural child(ren) for the following reasons:

I hereby freely and voluntarily consent to the appointment of the above named person. I understand that such appointment shall be subject to the laws of the State of Missouri and the supervision of the probate division. I understand that I shall not have any right or claim to control or custody of such child(ren) or property. I understand that the appointment is permanent and will not be set aside merely at my request. I understand that the appointment will be set aside upon resignation of the fiduciary or upon proof that the fiduciary should be removed upon grounds as provided by law after notice and hearing to all persons interested in the welfare of the child(ren). I hereby state that this consent is freely given without condition and without representation by any person, including the proposed fiduciary, to the effect that this proceeding is a temporary undertaking which may be terminated at my request.

I hereby also consent to and waive service and notice of hearing on the petition for appointment of guardian for Minor.

Natural Parent

STATE OF MISSOURI _____
COUNTY OF _____

On _____ before me, a Notary Public in and for said State and County, personally appeared _____ to me known to be the person described in and who executed the foregoing instrument and acknowledged the same as her/his free act and deed for the uses and purposes therein stated.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal at my office in said State and County, the day and year first above written.

My Commission expires _____

Notary Public

County of _____

State of _____

NOMINATION OF FIDUCIARY BY MINOR

The undersigned minor acknowledges receipt of a copy of the above petition and waives service thereof and hereby requests that _____ be appointed guardian and /or conservator.

Signature of minor

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public

(Minor(s) over 14 years of age who has no qualified parent living may make nomination, Section 475.045 RSMo.)

NOTICE TO ATTORNEYS

The Probate Division requires that all prospective guardians obtain a police record check and complete an authorization for a child abuse/neglect background screening. The results of the record check and the screening will be kept confidential, that information will be available to the public.

The following two forms must be completed for the background screening. These forms are to be filed in the Probate Division with the petition. We will forward the waiver and screening form to Jefferson City. We will also order the Department of Social Services to perform the child abuse/neglect screening on the minor, as well as the applicant. There is no cost for the screening, and hopefully all screenings will be completed before the hearing on the petition.

The police record check, which is to be submitted at or before the hearing, should indicate that the record check has been completed within 30 days of the filing of the petition.

**MISSOURI
DEPARTMENT OF SOCIAL SERVICES**

**DIVISION OF FAMILY SERVICES
ST. LOUIS CITY OFFICE
3545 LINDELL BLVD.
ST. LOUIS
63103-1077
TDD: 1-800-735-2966, VOICE: 1-800-735-2466**

AUTHORIZATION FOR RELEASE OF INFORMATION

(Mr.) _____
(Mrs.) _____
Address _____
_____ (Zip)

RE: Child: _____
DOB: _____
Child: _____
DOB: _____

This release of information (signed below) authorizes the Missouri Division of Family Services to give information regarding the above-named individuals from the Child Abuse Registry.

I/We hereby give permission to the Missouri Division of Family Services to provide below indicated information. I/We hereby release the Missouri Division of Family Services or any authorized representative and any person, agency, physician, clinic, or hospital from liability for information furnished pursuant to this authorization.

Information requested: Child Abuse Registry

(Signature)

(Date)

(Spouse)

**"AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER"
services provided on a nondiscriminatory basis**

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

type of service (check ALL that apply) see reverse side for further instructions. <input type="checkbox"/> (1) cd central registry child abuse search only - no charge <input type="checkbox"/> (2) name search - (\$13.00) and cd central registry child abuse search <input type="checkbox"/> (3) fingerprint search & cd central registry child abuse search <input type="checkbox"/> \$14.00 (authorized statute 210.487) <input type="checkbox"/> \$20.00 (all other request)	type of daycare provider <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License exempt <input type="checkbox"/> (3) registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

appLicanT's naMe (Last, first, Mi, Jr., sr., iii)

Maiden naMe	date of Birth (MM/dd/yy)	state of Birth	sex	race
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aLias naMe(s)	social secUrity nUMBer	driver's License nUMBer / state /
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addresses for past 5 years

street	city	state	street	city	state

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 yes (complete section below) no, i have not been found guilty to or been convicted of any criminal offense in this state or any state.

date	city	state	coUnty	circUMstances (identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the children's division in this state or any state?
 yes (complete section below) no, i have not been substantiated as a perpetrator in any child abuse or neglect report.

date	city	state	coUnty	circUMstances (attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

signatUre of appLicanT (REQUIRED IN INK)	date
signatUre of reQUestor (required in ink)	date
titLe of cHiLd care provider	teLepHone
state agency	state vendor or contact no. (if applicable)

check appropriate Box

<input type="checkbox"/> cHiLd care reLated eMpLoyMent	<input type="checkbox"/> doH / ccB cHiLd care BUreaU	<input type="checkbox"/> scHooLs / pUBLic and private
<input type="checkbox"/> cHiLd care reLated voLUnTeer	<input type="checkbox"/> dMH /dMH vendor	<input type="checkbox"/> cd contract provider
<input type="checkbox"/> cd LicensUre	<input type="checkbox"/> HeaLth care	<input type="checkbox"/> otHer _____

coMPLete retUrN address (reQUired on each appLication) complete your mailing label below confidential Mail	send fee & forM to: Missouri state Highway patrol criminal Justice information services division p.o. Box 9500 Jefferson city, Mo 65102
agency naMe	
attention	
address	
city, state, zip code	

the purpose of this form is to provide information available to child care agencies including volunteer agencies. the records you receive will be based on the search options you select. the Missouri state Highway patrol will respond when you choose option 2 or 3. the Missouri children's division will respond when you choose option 1, 2, or 3. direct questions regarding criminal records to the Missouri state Highway patrol (573-526-6153); direct questions regarding child abuse or neglect to the children's division (573-526-1438, tt: 1-800-735-2466).

The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540, 589.400, RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

for information on how to participate in the child abuse/neglect central registry examination program, submit a written request from the ceo, owner, director, etc. of your child care related group or organization to: **Director, Children's Division, P.O. Box 88, Jefferson City, MO 65103.**

PROCESSING FEE SCHEDULE INFORMATION (43.527 AND 43.530 RSMo.)

By checking boxes 1 thru 3 on the front page of this form, the following applies:

1. **cd central registry child abuse search only - no charge** provides information obtained from the children's division central registry only. the children's division (cd) central registry screening will reflect information contained in the cd database. any questions about the accuracy of that information should be directed to the cd office in the residential county of the applicant or the county of employment if the applicant is not a Missouri resident.
 - a) complete the request form.
 - b) Mail completed form to: **Missouri Children's Division, Background Screening / Investigations Unit, P.O. Box 88, Jefferson City, MO 65103.**

2. **name search - \$13.00** provides open records obtained from the Missouri criminal record repository and information from Missouri children's division central registry.
 - a) complete the request form.
 - b) Make a check or money order for \$13.00 payable to "state of Missouri criminal records system."
 - c) Mail completed form and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

3. **fingerprint search - \$14.00/\$20.00** provides open and closed records with positive identification obtained from the Missouri criminal records repository and information from Missouri children's division central registry.
 - a) complete the request form.
 - b) obtain fingerprints on: applicant card fd-258. official taking fingerprints must verify identity of person fingerprinted with an official id such as a driver's license and sign the card as the person taking the fingerprints. complete the rest of the card as applicable.
 - c) Make a check or money order for \$14.00/\$20.00 payable to "state of Missouri criminal records system."
 - d) Mail completed forms and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

OPEN RECORDS - convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

CLOSED RECORDS - charges not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

.....
space reserved for MsHp/cd response stamp

GUARDIAN/CONSERVATOR INFORMATION MEMORANDUM

To help you perform your duties properly, described below are the general duties and obligations of a guardian and conservator.

Follow the advice of your attorney. Talk to your attorney before taking any action.

If you have been appointed guardian, you are responsible for the ward's person. If you have been appointed conservator, you are responsible for the ward's property. If you have been appointed both guardian and conservator, you are responsible for the ward's person and property. Your authority as guardian and/or conservator may be limited by the court order appointing you. You should consult with your attorney as to the extent of your authority.

As guardian, you have the duty to take charge of the person of the ward and to provide for the ward's care, treatment, habilitation, education, support and maintenance. Your powers and duties include:

- a) assuring that the ward lives in the best and least restrictive environment which is reasonably available;
- b) assuring that the ward receives medical care and other services that are needed;
- c) promoting and protecting the care, comfort, safety, health and welfare of the ward; and
- d) providing required consents on behalf of the ward.

If you are the guardian of an adult ward who the Court has determined to be incapacitated or disabled, you will be required to file with the Probate Court a personal status report each year updating the information regarding the care, welfare and placement of your ward.

As conservator, you must take possession of your ward's property to the extent authorized by the Court. Missouri State law requires that the property, income and bank accounts of the ward be kept separate from your own funds. If you are the conservator for more than one person you must maintain a separate account for each ward, even if they are your own children. You must invest the ward's funds according to law and you are personally liable for any imprudent or unauthorized investments. You may only spend the ward's funds for purposes authorized by state statute or Court order. You may apply for an order of continuing support and maintenance authorizing you to spend a budgeted sum each month for the ward. You will be required to file an annual accounting (called a settlement) showing in detail all receipts and expenditures occurring during the preceding year. Each entry must be explained and each expenditure must be authorized by statute or Court order. You may not sell, trade, lease, mortgage, transfer or discard your ward's property without Court approval, even though the ward is your child or other relative.

In the event the ward dies or you or the ward move from one address to another, you have a duty to notify the Court in writing of such death or new address as soon as possible.

If the ward does not live with you, Missouri state law requires that you visit the ward at least once a year.

If you fail to perform any of your duties as guardian and/or conservator, you can be removed as guardian and/or conservator and be personally liable for any loss or damage sustained by the ward by reason of your failure. You are under a duty, at all times, to act in the best interests of your ward and to avoid conflicts of interest which impair your ability to act on your ward's behalf

I (we) hereby acknowledge that I (we) have read and do understand the above information.

Date _____

(Print name)

(Signature)

(Print name)

(Signature)