

CHECKLIST

- Need filing fee in the amount of \$155.00;
- Need Filing information sheet;
- Need corporate surety bond in the amount of the personal property rounded up to the next thousand;
- Need list of prospective witnesses;
- Need financial statement;
- Need physician's affidavit;
- Need service copies for all individuals who need to be personally served;
- Need documentation from bonding company stating that the proposed conservator qualifies for a bond in the amount of the personal property rounded up to the next thousand;
- Need domicile address;
- Need legal mailing and residence address;
- Need three most recent previous addresses (mailing and residence) for the three years prior to the filing of the petition;
- Need location and value of any real property owned by the respondent outside of Missouri;
- If the respondent has no legal address or residence in Missouri, need the county where the property of the respondent is located;
- Need name and address of any agent appointed by the respondent in any durable power of attorney
- Need name and address of any presently acting trustee(s) of any trust where the respondent is a grantor, qualified beneficiary, or is or was the trustee or co-trustee and the purpose of the power of attorney or trust;
- Need name and address of any guardian of the respondent or conservator of the estate of the respondent appointed in Missouri or another state;
- Need name of person who has custody of respondent;
- Need name and address of parents of respondent and whether living or deceased;
- Need name and address of any spouse and of any living children of the respondent as well as the age of the children;
- Need name and addresses of the respondent's closest living relatives;
- Need name and addresses of any adults living with the respondent;
- If any of the required information is unknown, need the efforts made to obtain the information.

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

IN THE MATTER OF:

Respondent _____

No. _____

PETITION FOR APPOINTMENT OF GUARDIAN AND CONSERVATOR*

Come(s) now _____, of lawful age, the petitioner herein, and being first duly sworn, states:

That the above named respondent, a ____ male person, who is _____ years of age, and whose domicile address is _____ and whose legal mailing address is _____ and whose residence address is _____ is

incapacitated/disabled/incapacitated and disabled

The three most recent previous addresses (mailing and residence) for the three years prior to the filing of the petition are:

The respondent owns property having an estimated value of:

Real Property \$ _____ Personal Property \$ _____

The location and value of any real property owned by the respondent outside of Missouri:

Respondent's finances are detailed on Exhibit B attached hereto.

If the respondent has no legal address or residence in Missouri, the county where the property of the respondent is located: _____.

Name and address of any agent(s) appointed by the respondent in any durable power of attorney:

Name and address of any presently acting trustee(s) of any trust where the respondent is a grantor, qualified beneficiary, or is or was the trustee or co-trustee and the purpose of the power of attorney or trust:

Name and address of any guardian of the person or conservator of the estate of the respondent appointed in Missouri or another state: _____.

Petitioner is the _____ of the respondent and requests that letters of
Relationship

Guardianship be granted to _____, whose address is _____, and who is not now guardian or conservator for any wards or protectees (except as follows):

Name _____

That respondent is in the custody of _____
Name

Street Address City State Zip Code

Names and addresses of the parents of the respondent and whether they are living or deceased.

NAME	ADDRESS (include zip code)
_____ Mother (indicate if deceased)	_____ _____ _____
_____ Father (indicate if deceased)	_____ _____ _____

Name and addresses of any spouse and any living children of the respondent.

NAME	AGE	ADDRESS (include zip code)
_____ Spouse (indicate if deceased)		_____ _____ _____
_____ Son/Daughter	_____	_____ _____ _____
_____ Son/Daughter	_____	_____ _____ _____
_____ Son/Daughter	_____	_____ _____ _____
_____ Son/Daughter	_____	_____ _____ _____

Name and addresses of the respondent's closest known relatives.

NAME AND RELATIONSHIP	ADDRESS (include zip code)
_____	_____ _____

NAME AND RELATIONSHIP

ADDRESS (include zip code)

NOTE: If the respondent has no spouse, mother, father or children, the names of the nearest known relatives who are over the age of eighteen must be listed above.

The name and addresses of any adults living with the respondent.

NAME

ADDRESS (including zip code)

The reasons why the appointment of a guardian is sought are: _____

[For Guardianship of the Person Only – per 475.060(9) R.S.Mo.] The specific physical or mental conditions which prevent the respondent from being able to receive and evaluate information or to communicate decisions to such an extent that he/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 are:

[For Conservatorship of Estate Only – per 475.061(1) R.S.Mo.] The physical or mental conditions which prevent the respondent from being able to receive and evaluate information or to communicate decisions to such an extent that he/she lacks ability to manage his/her financial resources are:

If any of the previous information is unknown, the efforts made to obtain the information:

The names and addresses of the witnesses who may be called to testify in support of the petition are set forth on Exhibit A attached hereto.

WHEREFORE, petitioner prays that a hearing and inquiry be held and the court appoint _____ Guardian of the person and _____ as Conservator of the estate for the respondent, on giving the required bond, and for such other and further orders as the court deems right and proper in the premises.

The foregoing is made 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 the penalties of making a false affidavit or declaration.

Signature of Attorney for Petitioner

Signature of Petitioner

Attorney's Name (Typed)

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

E-mail Address

Missouri Bar Number

Publish Notice of Letters in: St. Louis City Monitor
 St. Louis Daily Record
 Other _____

EXHIBIT A

LIST OF PROSPECTIVE WITNESSES

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

NAME

ADDRESS

**EXHIBIT B
FINANCIAL STATEMENT**

PERSONAL PROPERTY:

Checking Accounts

_____	Bank	\$ _____
_____	Bank	\$ _____
_____	Bank	\$ _____
_____	Bank	\$ _____

Saving Accounts

_____	Bank	\$ _____
_____	Bank	\$ _____
_____	Bank	\$ _____

Stocks and Bonds \$ _____

Vehicles

_____	Bank	\$ _____
_____	Bank	\$ _____

Other

_____	Bank	\$ _____
_____	Bank	\$ _____
_____	Bank	\$ _____

TOTAL PERSONAL PROPERTY \$ _____

FINANCIAL STATEMENT

MONTHLY INCOME:

Social Security

Payee _____ \$ _____

Veterans Administration Benefits \$ _____

Pension

Source _____ \$ _____

Interest \$ _____

Other

Source _____ \$ _____

TOTAL MONTHLY INCOME: \$ _____

REAL PROPERTY: (List Location and Value)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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

In the Matter of

_____ No. _____
Respondent

AFFIDAVIT IN SUPPORT OF PETITION FOR APPOINTMENT OF GUARDIAN-CONSERVATOR

_____ of lawful age, being duly sworn upon his/her oath, states the following:

I am a physician licensed to practice medicine in the State of Missouri.

My license to practice medicine is not subject to any restrictions imposed by the Board of Healing Arts of the State of Missouri;

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.

I have been the attending physician for _____ since _____, and last examined him/her on _____.

My diagnosis (es) for _____ is/are:

Primary Diagnosis: _____

Secondary Diagnosis: _____

My diagnosis(es) is/are based upon the following, tests, observations or other findings:

In my opinion, based upon a reasonable degree of medical certainty, I _____
(consider-- do not consider)

_____ to be unable by reason of said physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that he/she lacks ability to meet his/her essential requirements for food, clothing, shelter, safety, or medical care such that serious physical injury, illness, or disease is likely to occur.

In my opinion, based upon a reasonable degree of medical certainty, I _____
(consider--do not consider)

_____ to be unable by reason of said physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that he/she lacks ability to manage his/her financial affairs.

AFFIANT

Date: _____

KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned Notary Public, hereby certify that the above-named deponent was first duly sworn by me to make true answers to the foregoing interrogatories and that this affidavit was subscribed to by the deponent in my presence.

NOTARY PUBLIC

My Commission Expires: _____