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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |  |
| IN THE INTEREST OF    Name    Date of Birth | Amended  **Statement by Proposed Guardian**  **(§48.9795, Wis. Stats.)**  Case No. |

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| Submit this statement to the court **at least 96 hours** before the initial hearing on the petition for guardianship. | | |
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| **UNDER OATH, I STATE:** | | |
| 1. | I am nominated as the proposed guardian of       . | |
|  |  | |
| 2. | As a parent, guardian, or legal custodian, I am responsible for the following number of persons:       . | |
|  |  | |
| 3. | I can financially provide for the child as a guardian. Please describe income, assets, debts, and living expenses:       . | |
|  |  | |
| 4. | I am currently charged with or have been convicted of a crime: (misdemeanor or felony) | |
|  | No  Yes If Yes, describe circumstances: | |
|  |  | |
| 5. | I have been determined under §48.981(3)(c), Wis. Stats., to have abused or neglected a child. | |
|  | No  Yes If Yes, describe circumstances: | |
|  |  | |
| 6. | If appointed as guardian of the child, I will file the Annual Report on the Condition of the Child (JN-1550). | |
|  |  | |
| 7. | If appointed, I will exercise all powers and perform all duties as guardian as required by law and the court. | |
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|  | **For Statement of Acts by Proposed Guardian (Minor Guardianship of the Estate), use form GN-3145.** | |
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| State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires:  This notarial act involved the use of communication technology. | | Proposed Guardian    Print or Type Name    Address    Email Address    Telephone Number Date |
| Distribution:  1. Court  2. Child  3. Child’s Parents  4. Child’s Guardian  5. Child’s Legal Custodian  6. Child’s Guardian ad Litem/Adversary Counsel  7. Tribe (if any)  8. Indian Custodian (if any)  9. Additional Interested Persons (if any) | |  |