

## INSTRUCTIONS FOR FILLING OUT PETITION FOR ADULT GUARDIANSHIP

**These instructions are only intended to provide information on how to fill out this form. It is not intended to substitute legal advice. An attorney may give you legal advice. There may be additional documents and procedures for your particular type of civil action. If you have any legal questions regarding the specific facts of your case, please consult with an attorney.**

**Do not include these instructions when you file your completed petition**

**Completion of Forms:** All required forms must be typed or legibly printed in ink. All forms must be accurately and fully completed. Illegible or incomplete forms will not be accepted for filing.

A *Petition for Adult Guardianship* is an initial pleading that starts a guardianship action, states the basis for the court's jurisdiction, the request for relief and the basis for the request for relief.

The petitioner is the party who brings the action to court.

**Temporary Guardianship:** If after consideration of a petition for temporary guardianship, the Trial Court finds that the welfare of a spendthrift or an alleged incompetent **requires the immediate appointment** of a guardian of the person or estate or both, the Court may appoint a temporary guardian for a period not to exceed six (6) months unless by order of the Trial Court.

If petitioning for temporary guardianship, the person petitioning must serve notice of the Petition before filing the petition, at the time of filing or as soon as possible after filing the petition on the proposed ward. The Notice to the proposed ward must include notice that the proposed ward has the right to petition for reconsideration or modification of the temporary guardianship within thirty (30) days of receipt of the notice. *See ADULT GUARDIANSHIP ORDINANCE, 4 HCC § 14.7c.*

**Required Forms/Documents:** A *Statement of Acts by Proposed Guardian and Consent to Serve as Guardian* form is filed with the *Petition for Adult Guardianship*. A physician's report or psychologist's/psychiatrist's report will also need to be filed with petition or at least five (5) days before the hearing.

### Instructions:

- **Page 1: Caption:** Write the initials of the proposed ward's name to whom you are filling out a petition for. Include the ward's date of birth next to the ward's initialed name (i.e. A.A.A., DOB 01/01/1998). You may check more than one box. You do not need to write a case number. A case number will be assigned by the Court.
- **Page 1: Opening Paragraph:** In the first paragraph below the caption, provide your name in the space provided and the full name of the proposed ward below.
- **Page 1, Number 1:** Check the appropriate box that best describes the petitioner's relationship or interest with the proposed ward.
- **Page 1, Number 2:** Provide the proposed ward's name, date of birth, sex, address, County of residence, tribal affiliation and tribal ID number in the spaces provided.
- **Page 2, Number 3:** Provide the name, address, and contact information of the person or institution that is taking care of the proposed ward, if any. Check the box that best describes the person's or institution's relationship with the proposed ward.
- **Pages 2 and 3, Number 4:** Provide the names and address of all interested parties to the Petition.

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- **Page 3, Number 5:** If the proposed ward is married, please indicate whether the ward has any children born of the current marriage.
- **Page 3, Number 6a:** Indicate whether the proposed ward has a current and valid financial power of attorney (hereinafter POA)<sup>1</sup> by checking the appropriate box provided. Next, check the appropriate box indicating whether the POA is activated and if there is a current POA. Provide the name and address of the person or agency with the financial POA in the space provided.
- **Page 3, Number 6b:** Indicate whether the proposed ward has a current valid POA for health care.<sup>2</sup> Next, check the appropriate box indicating whether the POA is activated. Please also provide the name and address of the person or agency with the POA for health care.
- **Page 3, Number 6c:** Indicate whether the proposed ward has a healthcare advance directive or other advance planning of record. If the proposed ward has such a document, please attach or explain in the attachment.
- **Page 3, Number 7:** Indicate whether there is a guardianship case or spendthrift case in another jurisdiction involving the proposed ward or alleged spendthrift.
- **Page 3, Number 8:** Indicate whether there is an elder abuse or domestic abuse proceeding involving the individual you are petition for by checking the appropriate box.
- **Pages 3-4, Number 9:** Check the box indicating for which type of guardianship (temporary or permanent) you are petitioning the Court. Next, provide the name and contact information of the guardian you are proposing the Court appoint as either temporary or permanent guardian. Please indicate whether you are requesting the Court to issue a bond against the person nominated to serve as temporary/permanent guardian of the person or estate by checking the appropriate box provided.
- **Pages 4-5, Number 10:** Read the definition of “Standby Guardian” provided on page 4. Next, please provide a list of at least two (2) people/ or agencies who may serve as guardian of the proposed ward in the events or circumstances described in the definition.
- **Page 5, Number 11:** Provide the approximate value of the proposed ward’s property and income.
- **Page 5, Number 12:** Provide the amount of all monthly payment(s) the proposed ward owes to the Nation as a debt.
- **Page 6, Number 13:** Check the box that indicates whether a physician/psychologist’s report is being filed with the Petition or if it will be filed after the Petition, but at least five (5) calendar days before the first scheduled Hearing. You may also check the box that indicates a Certificate of Administrator of U.S. Department of Veteran Affairs is being filed.

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<sup>1</sup> “Power of Attorney” means an original written document signed by an adult and notarized giving another person power to act in conducting the person’s business in the name of the person. *See* ADULT GUARDIANSHIP ORDINANCE, 4 HCC § 14.4z. A Power of Attorney for Finances and Property covers all the person’s business activities. *Id.*

<sup>2</sup> A Power of Attorney for Health Care grants powers to individuals to make health care decisions on a person’s behalf should they become incapacitated. *See* ADULT GUARDIANSHIP ORDINANCE, 4 HCC § 14.4z(3).

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- **Page 6, Number 14:** Read the options carefully and check the appropriate boxes. You may refer to the ADULT GUARDIANSHIP ORDINANCE, 4 HCC §§ 14.5 and 14.14 for further information.
- **Page 7, Number 15:** Provide an explanation as to the individual’s risk of abuse, exploitation, neglect, or violation of rights on either the space provided on the Petition or on a separate piece of paper. If you are attaching additional pages, please state clearly on the attached page which section you are writing about. For example, you may write “Proposed Ward’s Risk of Abuse” on the top of the page and continue writing below it.
- **Page 7, Number 16:** Provide a list of available resources that can help meet the proposed ward’s personal needs or property management. Describe how or why a temporary or permanent guardian of the proposed ward is the least restrictive means to meet the proposed ward’s needs.
- **Page 7, Number 17:** Indicate whether you are petitioning the Trial Court for a Guardianship of the Person by checking the appropriate box. If you are not requesting for a Guardianship of the Person, you may leave this section blank and move to Guardianship of Estate on page 10.
- **Page 7, Number 17A:** Select which rights the proposed ward has the incapacity<sup>3</sup> to exercise.
- **Pages 7-8, Number 17B:** Read this section **carefully**. Check the box in the upper left and the individual rights below it that the proposed ward lacks the capacity to exercise. (i.e. if the proposed ward lacks the capacity to consent to marriage, then check the far left box above and chose either (1) or (2) below it).
- **Page 8, Number 17C:** Read this section **carefully**. Select which powers the Guardian of the Person should have to meet the needs of the proposed ward. (i.e. If the proposed ward lacks the capacity in full or in part to consent to participation in an accredited or certified research project, then you may check the box in the far left of the section and chose either (1) that the individual retains limited capacity and describe such limited capacity or (2) that the proposed ward lacks the capacity in full to consent to such participation).
- **Pages 10-11, Number 18:** Check the box to the far left of the section if you are petitioning for the Court to award a Guardian of the Estate.
- **Page 11: Number 18a:** Check the box to the far left again if you are requesting any of the powers under this section. Under 1, you may check the box if it is applicable and provide a description of the proposed ward’s limitations in taking care of themselves financially. Under 2, you may check the box if it is applicable and provide the Court with those powers the proposed ward is capable of performing without the assistance of a guardian. Check 3 if the proposed ward lacks the individual capacity to make financial decisions in full. If you check 3, the Guardian of Estate, if appointed, would make all of the proposed ward’s financial decisions.
- **Page 11: Number 18b:** Check this box if you want the Court to authorize creating an account in both the proposed ward’s and guardian’s name whereby funds in the amount of

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<sup>3</sup> “Incapacity” means the inability of an individual to effectively receive and evaluate information or to make or communicate a decision with respect to the exercise of a right or power. ADULT GUARDIANSHIP ORDINANCE, 4 HCC § 14.4s.

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\$40,000.00 or less can be deposited. Such funds would be payable only upon further order of the Court and would waive bond for the guardian of the estate.

- **Pages 11-12: Signature:** Write your name, address, phone number and the current date in the space provided on Page 11. If represented by counsel, your attorney will sign and provide their contact information after your name on page 12.

**IN THE  
HO-CHUNK NATION TRIAL COURT**

<b>In the Interest of:</b>  _____  _____	<b>Adult Guardianship Petition</b>  <b>Case No:</b> _____ <b>Check all that apply:</b> <input type="checkbox"/> <b>Petition for Temporary Guardianship of the Person</b> <input type="checkbox"/> <b>Petition for Temporary Guardianship of the Estate</b> <input type="checkbox"/> <b>Petition for Permanent Guardianship of the Person</b> <input type="checkbox"/> <b>Petition for Permanent Guardianship of the Estate</b> <input type="checkbox"/> <b>Amended Petition</b>
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I, \_\_\_\_\_, come before the Ho-Chunk Nation Trial Court seeking an adult guardianship on behalf of \_\_\_\_\_.

Upon information and belief, I state, **UNDER OATH**, as follows:

**1. I am interested as:**

- a.  a relative or spouse. I am related to the individual as \_\_\_\_\_.
- b.  the Ho-Chunk Nation Child and Family Services (“CFS”), coming before the Court by and through the Ho-Chunk Nation Department of Justice, \_\_\_\_\_, Tribal Counsel.
- c.  another public official. My authority to act as petitioner is \_\_\_\_\_.
- d.  other: under the authority of 4 HCC §14.6 and by the customs and traditions of the Ho-Chunk Nation. See Pronouncement of Ho-Chunk Tradition and Custom, attached.

**2. The proposed ward is:**

- a. Name: \_\_\_\_\_
- b. Date of birth: \_\_\_\_\_
- c. Sex: \_\_\_\_\_
- d. Address: \_\_\_\_\_  
\_\_\_\_\_
- e. County: \_\_\_\_\_
- f. Tribal affiliation: \_\_\_\_\_
- g. Tribal ID number: \_\_\_\_\_

3. Name and address of the person or institution, if any, who has custody of the adult, or is providing formal or informal care for the adult:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

\_\_\_\_\_

c. Phone number: \_\_\_\_\_

d. This person is a

1.  professional caretaker,
2.  respite service/home health provider, or
3.  informal caretaker.

4. I have exercised due diligence to locate all interested parties. The names and mailing addresses of interested parties, including the petitioner and all others relating to the notice are as follows:

a.  Attached

b.  Listed below

1. Father: \_\_\_\_\_

DOB: \_\_\_\_\_

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

\_\_\_\_\_

2. Mother: \_\_\_\_\_

DOB: \_\_\_\_\_

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

\_\_\_\_\_

3. Spouse: \_\_\_\_\_

DOB: \_\_\_\_\_

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

\_\_\_\_\_

4. Other interested persons: \_\_\_\_\_  
Include attachment if necessary

DOB: \_\_\_\_\_

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

\_\_\_\_\_

5. The adult, if married,  does /  does not have children born of the current marriage.

6. The adult:

a.  Does /  Does not have a current, valid financial durable power of attorney ("POA"). This document  is /  is not activated. Agent's name and address:

Name: \_\_\_\_\_

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

\_\_\_\_\_

b.  does /  does not have a current, valid power of attorney for health care. This document  is /  is not activated. Agent's name and address:

Name: \_\_\_\_\_

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

\_\_\_\_\_

c.  does /  does not have a health care advance directive or other advance planning of record. If so, please attach or explain in attachment.

7. I am:  aware /  unaware of a guardianship or a spendthrift or related proceeding involving the individual in another jurisdiction. I have made a diligent effort to discover any such proceedings. If one exists, the details shall be included by attachment.

8. I am:  aware /  unaware of an elder abuse or domestic abuse proceeding involving the individual in this jurisdiction or in any other. If such an action exists, the details shall be included by attachment.

9. The following person is nominated as guardian (check which type of guardian):

Permanent /  Temporary Guardian of the Person:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to proposed ward: \_\_\_\_\_

Permanent /  Temporary Guardian of the Estate:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to proposed ward: \_\_\_\_\_

The petitioner  requests /  does not request that the Court require a bond for this proposed Guardian of the Estate.

- 10.** The following person or people are nominated as standby guardians. Per 4 HCC § 14.4(ee), a standby guardian is “an individual or tribe named... by the Trial Court order whose appointment as guardian becomes effective immediately upon the death, resignation, or court-ordered removal of the initially appointed guardian.” A standby guardian may also assume the duties of guardianship if “the appointed guardian is temporarily or permanently unable, unavailable, unwilling or incapacity, to fulfill his or her duties.”

Standby Guardian of the Person:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to proposed ward: \_\_\_\_\_



Standby Guardian of the Estate:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to proposed ward: \_\_\_\_\_

**11.** The approximate value of the adult's property is:

**a.** Cash/Bank Accounts \$ \_\_\_\_\_

**b.** Real Estate

1. In fee simple: \$ \_\_\_\_\_

2. In individual allotment: \$ \_\_\_\_\_

**c.** Other assets (explain) \$ \_\_\_\_\_

**d.** Assets of the adult previously derived from or benefits of individual now due and payable from the U.S. Department of Veteran Affairs are \$ \_\_\_\_\_ or  none.

**e.** The adult receives public benefits, including medical assistance, SSI, SSDI or long term community options program benefits. no yes, amount(s): \$ \_\_\_\_\_

**f.** Any other claim, income, compensation, pension, insurance or allowance to which the individual may be entitled to is  none or as follows:

1. Social Security (monthly) \$ \_\_\_\_\_

2. Pension (monthly) \$ \_\_\_\_\_

3. Disability (monthly) \$ \_\_\_\_\_

4. Investment Income (monthly) \$ \_\_\_\_\_

5. Tribal Per Capita (quarterly) \$ \_\_\_\_\_

6. Other (monthly) \$ \_\_\_\_\_

**12.** The proposed ward has ongoing, legal, monetary obligations (including but not limited to child support payments, judgments of tribal debt, or other debts as are contemplated pursuant to the HCN PER CAPITA DISTRIBUTION ORDINANCE, 2 HCC § 8.5) totaling approximately \$ \_\_\_\_\_ per month.

**13.** A report of examination by a physician or psychologist:

- a.  is being filed with this petition or
- b.  will be filed with the Trial Court at least five (5) calendar days in advance of the hearing or
- c.  a Certificate of Administrator (or representative) of U.S. Department of Veterans Affairs is filed with this petition.

**14.** The Ho-Chunk Nation Trial Court shall exercise jurisdiction over this case pursuant to the **ADULT GUARDIANSHIP ORDINANCE, 4 HCC § 14**, which grants jurisdiction over all petitions for guardianship over the person or estate of a member, based on the following: (check all that apply)

- a. The adult is an enrolled member and is subject to guardianship because they are:
  - 1.  incapacitated
  - 2.  found incompetent by a trial court of law
  - 3.  spendthrift
- b. The person is resides on or within the Ho-Chunk Nation lands, and the person is subject to extraordinary circumstances requiring :
  - 1.  medical aid
  - 2.  prevention of harm to his or her person
  - 3.  prevention of harm to his or her property
- c. A guardian of the estate and/or person subject to guardianship is required based on one of the following factors described in 4 HCC § 14.5(f):
  - 1.  As a result of impairment, the individual is unable effectively to receive and evaluate information to such an extent that the individual is unable to meet the essential requirements for his or her physical health and safety
  - 2.  As a result of impairment, the individual is unable effectively to make or communicate decisions to such an extent that the individual is unable to meet the essential requirements for his or her physical health and safety.
  - 3.  Because of an impairment, the individual is unable effectively to receive and evaluate information to the extent that any of the following applies:
    - i.  The individual has property that will be dissipated in whole or in part in the absence of a guardianship.
    - ii.  The individual is unable to prevent financial exploitation.
    - iii.  The individual is unable to provide for his or her support.
  - 4.  Because of an impairment, the individual is unable effectively to make or communicate decisions related to management of his or her property or financial affairs to the extent that any of the following applies:
    - i.  The individual has property that will be dissipated in whole or in part in the absence of a guardianship.
    - ii.  The individual is unable to prevent financial exploitation.
    - iii.  The individual is unable to provide for his or her support.
  - 5.  The individual's need for assistance in decision making or communication is unable to be met effectively and less restrictively through appropriate and reasonably available training, education, support services, health care, assistive devices, or other means that the individual will accept, and:
    - i.  The determination under section 5(2)(a-c) above is not be based on the individual's poor judgment or physical disability (unless the individual is unable to communicate decisions effectively in any way)

15. The individual's risk of abuse, exploitation, neglect, or violation of rights

- a.  Attached to this petition
- b.  Listed below

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16. The availability of other reliable resources to provide for the individual's personal needs or property management, and whether appointment of a guardian is **the least restrictive means** to provide for the individual's need for a substitute decision maker.

- a.  Attached to this petition
- b.  Listed below

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17.  **GUARDIANSHIP OF THE PERSON: I request the court appoint a permanent guardian of the person.**

A. **Rights to be removed in full. If removed, these rights may not be exercised by any person.**

I request the court declare the individual has incapacity to exercise one or more of the following rights and remove such right to:

- 1.  Execute a will.
- 2.  Serve on a jury.
- 3.  Register to vote or to vote in an election.

B. **Rights to be removed or exercised by individual with the consent of Guardian of Person. If removed, these rights may not be exercised by any person. If a right is to be affected, the box to the far left must be marked. Marking only box (1) or (2) has no effect and the individual retains the right.** I request the court declare the individual has incapacity to exercise one or more of the following rights and remove such right or order that the individual is able to exercise the right only with consent of the guardian of the person right to:

- 1.  Consent to marriage

**Choose (1) or (2):**

(1)  declare the individual lacks capacity to exercise this right.

(2)  order that the individual is able to exercise this right only with consent of the guardian of the person.

- 2.  Apply for an operator's license, a hunting, fishing or other license under federal, state, or tribal laws.

**Choose (1) or (2):**

(1)  declare the individual lacks capacity to exercise this right

(2)  order that the individual is able to exercise this right only with consent of the guardian of the person.

- 3.  Absent legal restrictions not pertaining to this guardianship, keep and bear firearms:

**Choose (1) or (2):**

- (1)  declare the individual lacks capacity to exercise this right  
(2)  order that the individual is able to exercise this right only with consent of the guardian of the person.

4.  Consent to sterilization:

**Choose (1) or (2):**

- (1)  declare the individual lacks capacity to exercise this right  
(2)  order that the individual is able to exercise this right only with consent of the guardian of the person.

5.  Consent to organ, tissue, or bone marrow donation:

**Choose (1) or (2):**

- (1)  declare the individual lacks capacity to exercise this right  
(2)  order that the individual is able to exercise this right only with consent of the guardian of the person.

**C. Powers to be transferred to Guardian of the Person in part or in full. If a power is to be affected, the box to the far left must be marked. Marking only box (1) or (2) has no effect and the individual retains the power.**

1. I request the court declare that the individual lacks evaluative capacity in part or in full to exercise one or more specific powers and transfer the specific powers to the Guardian of the Person.

2. Petitioner requests that the powers to be affected are:

- i.  Except as otherwise limited, the power to give an informed consent to the voluntary receipt by the guardian's ward of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the ward's best interest, if the guardian has first made a good-faith attempt to discuss with the ward the voluntary receipt of the examination, medication, or treatment and if the ward does not protest.

**Choose (1) or (2):**

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.  
(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

- ii.  Except as otherwise limited, the power to give informed consent, if in the ward's best interests, to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the ward's best interest.

**Choose (1) or (2):**

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.  
(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

- iii.  The power to authorize individual's participation in an accredited or certified research project if the research project might help the individual, or others if minimal risk of harm.

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.

(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

iv.  The power to authorize individual's participation in research that might not help the individual but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.

(1)  The individual retains limited capacity and the power to: \_\_\_\_\_  
\_. The Guardian of the Person holds the powers not retained by the individual.

(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

v.  The power to consent to experimental treatment in the individual's best interests.

**Choose (1) or (2):**

(1)  The individual retains limited capacity and the power to: \_\_\_\_\_  
\_. The Guardian of the Person holds the powers not retained by the individual.

(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

vi.  The power to give informed consent to receipt by individual of social and supported living services.

**Choose (1) or (2):**

(1)  The individual retains limited capacity and the power to: \_\_\_\_\_  
\_. The Guardian of the Person holds the powers not retained by the individual.

(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

vii.  The power to give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.

**Choose (1) or (2):**

(1)  The individual retains limited capacity and the power to: \_\_\_\_\_  
\_. The Guardian of the Person holds the powers not retained by the individual.

(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

viii.  The power to make decisions related to mobility and travel.

**Choose (1) or (2):**

(1)  The individual retains limited capacity and the power to: \_\_\_\_\_  
\_. The Guardian of the Person holds the powers not retained by the individual.

(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

ix.  The power to choose providers of medical, social, and supported living services.

**Choose (1) or (2):**

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.  
(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

- x.  The power to make decisions regarding educational and vocational placement and support services or employment.

**Choose (1) or (2):**

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.  
(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

- xi.  The power to receive all notices on behalf of an individual.

**Choose (1) or (2):**

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.  
(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

- xii.  The power to act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceedings pertaining to the property, unless the guardian of the person is also the guardian of the estate.

**Choose (1) or (2):**

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.  
(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

- xiii.  The power to apply for protective placement or for commitment.

**Choose (1) or (2):**

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.  
(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

- xiv.  The power to have custody of the individual, if an adult, and the power to have care, custody, and control of the individual, if a minor.

**Choose (1) or (2):**

- (1)  The individual retains limited capacity and the power to: \_\_\_\_\_. The Guardian of the Person holds the powers not retained by the individual.  
(2)  Individual lacks evaluative capacity in full. The Guardian of the Person shall hold and exercise full power.

- xv. Other specific powers: \_\_\_\_\_  
1.  see attachment

**18.  GUARDIAN OF THE ESTATE:**

a.  I request the court to: appoint and authorize a permanent guardian of the estate to perform duties and exercise powers as follows, **choose one:**

1.  **Most authority retained by ward, limited authority transferred to guardian:** Individual retains evaluative capacity except for the ability to perform a duty or exercise a power which is to be transferred to the guardian of the estate as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.  **Limited authority retained by ward, most authority transferred to guardian:** Individual retains limited evaluative capacity and should retain the ability to perform a duty or exercise a power as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian of the estate is to perform the duties of a guardian of the estate and exercise the powers that do not require court approval except as retained by the individual.

3.  **Full authority transferred to guardian:** Individual lacks evaluative capacity in full. Guardian of the estate is requested to perform the duties of a guardian of the estate and exercise powers that do not require court approval.

b.  Authorize that the guardian of the estate deposit the individual's funds of \$100,000 or less in an insured account of a bank, credit union, savings bank or savings and loan association in the name of the guardian and the ward, payable only upon further order of the court, and waive bond for the guardian of the estate.

**WHEREFORE**, the petitioner respectfully requests this Court to set a time and date to hear this *Adult Guardianship Petition*, to find that it would be in the best interests of the adult to be considered in need of guardianship, and that this Court enter an order granting guardianship over the individual. The petitioner reserves the right to supplement this *Petition* at any time.

**RESPECTFULLY SUBMITTED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Month Year

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

**Address of Petitioner:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number of Petitioner:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**Signature of Counsel (if any):** \_\_\_\_\_

**Address of Counsel:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number of Counsel:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Fax Number of Counsel:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Ho-Chunk Bar Number of Counsel:** \_\_\_\_\_

If petitioner is being represented by counsel, but counsel is not a member of the Ho-Chunk bar, a  *Motion to Appear Pro Hac Vice* has been attached in accordance with *Ho-Chunk Nation Rules of Civil Procedure*, Rule 16(B),<sup>1</sup> and/or  petitioner's counsel has applied for membership in the Ho-Chunk Nation bar in accordance with the *Ho-Chunk Nation Rules for Admission to Practice*.

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<sup>1</sup> Parties can obtain a copy of the *Ho-Chunk Nation Rules of Civil Procedure* by contacting the Ho-Chunk Nation Judiciary at (715) 284-2722 or (800) 434-4070, or by visiting the judicial website at [www.ho-chunknation.com/?PageID=123](http://www.ho-chunknation.com/?PageID=123).