

**CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION**

Matter of _____

No. _____

A person alleged to be _____

APPLICATION FOR APPOINTMENT OF

(Section 475.060 RSMo.)

The applicant states to the Court that:

1. _____, birth date _____, whose domicile is _____ is _____, and is the owner of property with the estimated value of: Real Property \$ _____ and Personal Property \$ _____. The location and value of any Real Property outside the state of Missouri is: _____, County of: _____, valued at \$ _____.

2. The three most recent previous addresses, of the proposed ward, (mailing and residence) for the past three years were: _____

3. The appointment of a _____ is sought because (*must state specific physical or mental conditions which exist*): _____

4. The names and addresses of the parents of the proposed ward are:
FATHER: _____

MOTHER: _____

5. The name and address of the spouse of the proposed ward is: _____

6. The names, ages and addresses of all living children are:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. The proposed ward is in the custody of: _____

Relationship: _____

8. The name and address of any agent appointed by the proposed ward in any durable power of attorney: _____

9. The name and address of the trustee(s) for the proposed ward: _____

10. Does the proposed ward have a permit to carry a firearm? _____

11. The proposed ward has no Guardian or Conservator except as follows:

Name and address: _____

Where appointed: _____

12. The proposed _____ is not now Guardian or Conservator for anyone else except: _____

13. (A) Guardianship is sought for the above alleged incapacitated person for the reason that _____ is unable to receive and evaluate information or communicate decisions to such an extent that _____ 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 because of _____ physical or mental condition as specified in Paragraph 3 above.

(B) Conservatorship is sought for the above alleged disabled person for the reason that _____ is unable to receive and evaluate information or to communicate decisions to such an extent _____ lacks ability to manage _____ financial resources because of _____ physical or mental condition as specified in Paragraph 2 above.

WHEREFORE, the applicant requests that Letters of

_____ of
_____ be issued to:

_____, and that the matter be supervised by the Court.

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO BY BEST KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

Applicant's Signature _____

Address _____

Dated: _____

Phone _____

STATE YOUR RELATIONSHIP TO THE ALLEGED INCAPACITATED AND/OR DISABLED

Attorney _____

Bar No. _____

Address _____

Phone: _____

Other adult relatives to be notified:

| Name | Address | Relationship |
|-------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

You must attach a list of the names and addresses of all persons who may be called as witnesses, per Section 475.075 RSMo.