

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

AT \_\_\_\_\_

PROBATE DIVISION

In the Matter of

Estate Number

\_\_\_\_\_

\_\_\_\_\_

Respondent.

PETITION FOR APPOINTMENT OF GUARDIAN AND CONSERVATOR

Comes now petitioner and states:

1. \_\_\_\_\_ age \_\_\_\_\_, domiciled in \_\_\_\_\_ County, \_\_\_\_\_, whose present address is (Street) \_\_\_\_\_, (City) \_\_\_\_\_, (State) \_\_\_\_\_, (Zip) \_\_\_\_\_ is unable to receive and evaluate information or to communicate decisions to such an extent that respondent lacks capacity\* (in part) to meet essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness or disease is likely to occur. Respondent is also unable to receive and evaluate information to communicate decisions to such an extent that respondent lacks ability to manage \*(in part) his financial resources. The factual basis that supports petitioner's conclusions set forth above are as follows:

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

(Briefly list the reasons, incidents, and specific behaviors demonstrating why the appointment of a guardian, conservator, limited guardian or limited conservator is sought.)

2. That respondent, by reason of the conditions described above, is unable to meet respondent's essential daily needs of living and/or manage his financial resources without supervision and that there are no less intrusive alternatives to \*(limited) guardianship and/or \*(limited) conservatorship available to provide for respondent's care and financial needs.

3. That respondent, by reason of the conditions described above, is unable to meet respondent's essential daily needs of living and/or to manage his financial resources without supervision and that there are no less intrusive alternatives to \*(limited) guardianship and/or \*(limited) conservatorship available to provide for respondent's care and financial needs.

4. If respondent is alleged to be only partially incapacitated or disabled, the nature and extent of the respondent's partial (incapacity/disability) is: \_\_\_\_\_

5. The nature, extent and estimated value of respondent's assets so far as is known to Petitioner, the major part of which is located in \_\_\_\_\_ County, Missouri is set forth in Exhibits A attached hereto and incorporated herein by this reference.

6. The name and address of respondent's parents, spouse, children, and the children's ages, respondent's other close relatives and any person having power to act in a fiduciary capacity with respect to any of respondent's financial resources or healthcare needs are set forth in Exhibit B attached hereto and incorporated herein by this reference.

7. The name and address of the person having custody of respondent is:

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8. The name and address of respondent's guardian or conservator appointed in this or any other state, if any, is: \_\_\_\_\_

9. The proposed guardian and/or conservator is not guardian or conservator for any other person except: \_\_\_\_\_

10. Attached hereto and incorporated herein by this reference as Exhibit C is the consent of the proposed guardian/conservator to act if appointed.

11. If the proposed guardian/conservator is a non-resident of Missouri, attached hereto and incorporated herein by this reference as Exhibit D is the proposed guardian/conservator's designation of resident agent and the agent's consent to act.

12. Attached hereto and incorporated herein by this reference as Exhibit E is a list of the names and addresses of the witnesses who may be called to testify in support of this petition.

WHEREFORE, petitioner prays that a hearing be held and if the court finds respondent to be \*(partially) incapacitated and/or \*(partially) disabled, the court appoint:

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as \*(limited) guardian and \*(limited) conservator of the estate of respondent.

The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration.

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Petitioner's Signature

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Petitioner's Name

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Address

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City, State, Zip Code

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Telephone No.

Attorney for Petitioner \_\_\_\_\_ MO BAR No. \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Serve Respondent At: \_\_\_\_\_

**\*Strike Inapplicable.**

Form 10193

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