



IN THE
ELEVENTH JUDICIAL CIRCUIT
 STATE OF MISSOURI

PROBATE DIVISION
 300 N 2ND STREET, ROOM 512
 ST. CHARLES, MO

IN THE MATTER OF

_____ # _____
 MINOR

**PETITION FOR APPOINTMENT OF *GUARDIAN OF THE PERSON
 AND/OR CONSERVATOR OF THE ESTATE OF MINOR**

Comes now _____ and states that:

 (Minor's name) (date of birth) (domicile) (present address)
 is the owner of property of the estimated value of Real \$_____ in Missouri, \$_____ outside of Missouri, and personal \$_____; said property or the major part thereof is located in _____ County, State of _____.

The name and address of any trustees for said minor _____ and the purpose of any said trust _____.

The reasons for which the appointment of a *guardian and/or conservator is sought, are:

The petitioner's relationship to minor: _____

The name and address of the parents of said minor are:

Father: _____ Address: _____

Mother: _____ Address: _____

(if mother or father is not living, so state and supply death certificate)

The name and address of step-parents, if any, are:

_____ Address: _____

Said minor is in the custody of _____ (name and address)

The said minor *has/have *No/a guardian of the person/conservator of the estate, whose name and address is: _____

Petitioner requests that letters *guardianship and/or conservatorship be issued to: _____, who is not now *guardian/conservator for any wards except: (name and addresses) _____

WHEREFORE, petitioner prays that h be appointed *guardian of the person and/or conservator of the estate, of the above named minor under the supervision of the Court.

If there are assets, they are to be deposited and restricted at:

_____ (facility name and address)

The foregoing is made under oath and affirmation and its representations are true and correct to the best knowledge and belief of the undersigned, subject to the penalties for making a false affidavit or declaration.

 (Petitioner's signature) Address Phone number

 (Petitioner's signature) Address Phone number

 (Attorney's signature) Address Phone number

*strike inapplicable statements

NOTE: On the 2nd page, the "Selection of Guardian of Minor" must be completed and signed if the minor is over 14 years of age. The "Waiver of Right to be Appointed Guardian", "Natural Parent's Consent" and a "Waiver of Service" must be signed by any parent that is not being appointed, unless the Petition is being set for hearing. The "Affidavit of Custody" on 2nd page, must be completed and signed if a guardian is being appointed.

SELECTION OF *GUARDIAN AND/OR CONSERVATOR BY MINOR

_____, the within named minor, over 14 years of age, hereby requests that _____, may be appointed as _h_*guardian of the person and/or conservator of the estate.

(minor's signature)

(address)

WAIVER OF RIGHT TO BE APPOINTED *GUARDAIN AND/OR CONSERVATOR

I, _____, the undersigned father and I, _____ the undersigned mother, of _____, minor, hereby waive my right to be appointed *guardian and/or conservator of said minor, and hereby request the appointment of _____, as such *guardian and/or conservator.

The foregoing is made under oath and affirmation and its representations are true and correct to the best knowledge and belief of the undersigned, subject to the penalties for making a false affidavit or declaration.

(father's signature)

(address)

(mother's signature)

(address)

AFFIDAVIT OF CUSTODY

(MUST BE FILLED OUT ON ALL CASES FOR GUARDIAN OF THE PERSON)

Comes now Affiant, and having been duly sworn upon his/her oath states:

1. That the child's present address is _____; and that the names and addresses of the persons with whom the child has lived in past six months are:

(name) (address) (period of time)

(name) (address) (period of time)

- 2. That the Affiant has not participated in any capacity in any other litigation concerning the custody of the same child in this or any other state.
- 3. That Affiant has no information of any custody proceeding concerning the child pending in a court of this or any other state.
- 4. That Affiant knows of no other persons not a party to the proceeding who has physical custody of the child or claims to have custody or visitation rights with respect to the child.

The foregoing is made under oath and affirmation and its representations are true and correct to the best knowledge and belief of the undersigned, subject to the penalties for making a false affidavit or declaration.

Affiant's Signature

Affiant's Signature



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GUARDIANSHIP SUITABILITY STUDY

MINOR'S NAME _____ MALE/FEMALE
 BIRTHDATE _____ AGE _____
 PLACE OF BIRTH _____ CITY _____ STATE _____
 SCHOOL _____
 GRADE LEVEL _____
 DOES THE CHILD CONSENT TO GUARDIANSHIP: YES/NO/UNDER AGE
 HOW DID THE CHILD COME TO LIVE WITH THE PETITIONER(S):

BIRTHPARENTS

MOTHER _____ D/O/B _____
 CONSENTS TO GUARDIANSHIP: YES/NO
 UNABLE, UNWILLING, UNFIT, OR DECEASED (CIRCLE APPROPRIATE CHOICE)
 EXPLAIN: _____

FATHER _____ D/O/B _____
 CONSENT TO GUARDIANSHIP: YES/NO
 UNABLE, UNWILLING, UNFIT, OR DECEASED (CIRCLE APPROPRIATE CHOICE)
 EXPLAIN: _____

IS FATHER'S NAME ON THE BIRTH CERTIFICATE? YES/NO

PETITIONER(S)

FEMALE PETITIONER - NAME _____
 D/O/B _____
 RELATIONSHIP TO MINOR: (CHOOSE ONE) MATERNAL/PATERNAL
 GRANDMOTHER AUNT SIBLING OTHER: _____
 MILITARY SERVICE: _____ RECORD OF ARREST OR CONVICTION: YES/NO
 IF YES, EXPLAIN _____
 HAVE YOU OR ANYONE ELSE LIVING IN THE HOME BEEN TREATED FOR A MENTAL DISORDER?
 (IF SO, EXPLAIN) _____

MALE PETITIONER - NAME _____
 D/O/B _____
 RELATIONSHIP TO MINOR: (CHOOSE ONE) MATERNAL/PATERNAL
 GRANDFATHER UNCLE SIBLING OTHER: _____
 MILITARY SERVICE: _____ RECORD OF ARREST OR CONVICTION: YES/ NO
 IF YES, EXPLAIN: _____
 HAVE YOU OR ANYONE ELSE LIVING IN THE HOME BEEN TREATED FOR A MENTAL DISORDER?
 (IF SO, EXPLAIN) _____

OTHER CHILDREN IN THE HOME

NAME: _____ MALE/FEMALE
BIRTHDATE: _____ AGE _____
SCHOOL: _____ GRADE: _____
AVERAGE GRADES: _____

NAME: _____ MALE/FEMALE
BIRTHDATE: _____ AGE _____
SCHOOL: _____ GRADE: _____
AVERAGE GRADES: _____

NAME: _____ MALE/FEMALE
BIRTHDATE: _____ AGE _____
SCHOOL: _____ GRADE: _____
AVERAGE GRADES: _____

OTHERS IN HOME

PLEASE LIST NAME, SEX, AGE, RELATIONSHIP, SCHOOL/OCCUPATION

ANY PRIOR HOME/CUSTODY STUDIES:

YES/NO IF YES, EXPLAIN WHY: _____

PHYSICAL SETTING - PETITIONERS HOME

ADDRESS: _____

LENGTH OF TIME AT THIS ADDRESS: _____ PHONE: _____

LOCATION OF HOME/TYPE OF NEIGHBORHOOD: _____

DESCRIPTION OF HOME: _____

NUMBER OF BEDROOMS: _____ SLEEPING ACCOMODATIONS: _____

FAMILY MOTIVATION:

AWARENESS OF CHILD'S NEEDS/PROBLEMS: _____

WHY DO YOU WANT TO ASSUME THIS RESPONSIBILITY? _____

HOW DO YOUR OTHER FAMILY MEMBERS FEEL ABOUT THIS PLAN? _____

DOES PETITIONER(S) HAVE KNOWLEDGE OF ANY OTHER PARTIES SEEKING GUARDIANSHIP OF THIS CHILD? _____ IF YES, WHOM? _____

DATED: _____ SIGNED: _____

DATED: _____ SIGNED: _____