

Guardianship and Conservatorship-Adult

This is a list of what the Probate Division will need to establish a Guardianship and/or Conservatorship of an adult. We cannot give you legal advice, so you may wish to consult an attorney if you have questions. If you have questions about what the Probate Division will require, you may call our office at (573) 886-4090.

Guardianship-Takes care of the person

Conservatorship-Takes care of the funds for the person

Fingerprint and Application Filing Fee:

Fingerprint Fee <u>per</u> each person printed.....	\$ 30.75 (each)
Application fee for Guardianship <u>and/or</u> Conservatorship.....	\$490.00
Application fee for Guardianship Only.....	\$390.00
Application for Successor Guardianship and/or Conservatorship.....	\$325.00

****WE CANNOT ACCEPT PERSONAL CHECKS OR BUSINESS CHECKS OTHER THAN LAW FIRM CHECKS. CASH, MONEY ORDER, AND CASHIER'S CHECKS ARE ACCEPTED. PLEASE MAKE PAYABLE TO THE PROBATE DIVISION.****

**The filing fee will be applied toward any court costs. There may be additional court costs due after the hearing. Some proceedings are more involved than others and the Guardian Ad Litem may have more time involved in some cases.

**If you cannot afford the filing fee, you will need to fill out the form "Motion and Affidavit in Support of Request to Proceed as a Poor Person." This form will need to be filled out completely. (Every blank needs to be filled out. If something does not apply, then you will need to put "none" in the blank.) This form will need to be filed at the same time you file the Petition for Appointment of Guardianship and/or Conservatorship.

*****PLEASE NOTE: \$30.75 OF THE FILING FEE CANNOT BE WAIVED. THIS PAYS FOR THE RECORDS CHECK AND INCLUDES FINGERPRINTING. YOU WILL HAVE TO PAY THIS AMOUNT AND BE FINGERPRINTED BEFORE YOUR PETITION IS SET FOR HEARING.*****

Petition for Appointment of Guardian and/or Conservator: This form will need to be filled out completely. If it is not completely filled out, it will hold up the process on your petition and hearing. The petition needs to have the signature of the petitioner(s).

Exhibit A: If there is no money or funds to handle for the respondent, mark "none" on this page. If there is money to handle for the respondent, please complete this page. If the respondent is to receive funds from a settlement or insurance claim, etc., please state so on this page.

Exhibit B: You will need to list any relatives of the respondent. (Parents, children, brothers, and sisters, etc.) If the parents are deceased, please state so.

Exhibit C: This form needs to be filled out by the person who wants to be appointed the guardian/conservator. If you want co-guardians and/or co-conservators, you will need to fill out an Exhibit C for each person that wants to be appointed as guardian and/or conservator.

NOTE: If you are requesting the Public Administrator be appointed as Guardian and/or Conservator, then you do not need to worry about this form. Be sure to state in your petition that you are requesting the Public Administrator be appointed as Guardian/Conservator.

Exhibit D: If the petitioner or the person who wants to be appointed Guardian/Conservator lives out of the State of Missouri, this form will need to be completed. You will need to appoint someone as your Resident Agent and they will need to fill out the Acceptance of Appointment as Resident Agent and sign it. If you do not live out of state, you do not need to complete this form.

Exhibit E: On this page you will need to list 2 or 3 people who know first hand about the situation involving the respondent.

****** Each Petitioner and each adult 18 and older living in the home of the proposed guardian and conservator must be fingerprinted and will need to complete a Caregiver Background Screening form and a Noncriminal Justice Applicant's Privacy Rights form. Please complete the form and return it to the probate office. The Caregiver Background Screening form must be notarized. ******

Once the petition is filed with our office, it will be set for hearing and a Guardian Ad Litem will be appointed to represent the respondent. Everyone listed in the petition will be sent a copy of the Order for Hearing and Notice. This will let you know when the hearing date and time will be. It is important that the petitioner(s) and the person wanting the appointment of a guardian/conservator be at the hearing.

Medical Evidence: The Court requires that there be medical evidence of incapacity or disability presented at the hearing on the Petition for Appointment of Guardian/Conservator. The attorney representing the respondent can request that the examining physician must appear and testify in person.

If the respondent or Guardian Ad Litem does not request the presence of the medical witness at the hearing, an Affidavit executed by the physician may be offered. The Affidavit should contain the following information:

- A brief statement of the physician's qualifications.
- The length of the doctor/patient relationship and the last date the respondent was examined by this physician.
- Medical Psychiatric Diagnosis.
- Mental Status Evaluation. This statement should include matters regarding the respondent's general behavior and appearance, speech, mood, affect, orientation, attention and concentration, memory, abstraction, insight and judgment, as well as any disorders of thought, perception, hallucinations, delusions or other misinterpretations.
- If the respondent is alleged to be mentally challenged, the results of any and all I.Q. or psychometric tests.
- Prognosis
- Opinion regarding the respondent's ability to manage his property and/or care of himself.

The information contained in the Affidavit should reflect the current conditions of the respondent.

The Affidavit needs to be signed and notarized by a notary public.

A Medical Affidavit is included with the pack for Petition of Guardian and Conservator of an Adult.

Respondent's attorney (Guardian Ad Litem) is to be provided with a copy of the Affidavit prior to the hearing.

**BOONE COUNTY PROBATE DIVISION
705 EAST WALNUT
COLUMBIA MO 65201
Phone: 573-886-4090
Fax: 573-886-4095**

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

In the matter of:

_____ No. _____
Respondent

**PETITION FOR APPOINTMENT OF A GUARDIAN
AND/OR CONSERVATOR**

Comes now _____, who is / are the
_____ of the above named respondent, a male / female person, age _____, who is
domiciled in Boone County, Missouri, and states that the following is the respondent's:

Present residence and post office address: _____

Most recent addresses for the three (3) years prior to the filing of this petition*:

1. _____
2. _____
3. _____

*If unknown, please provide an explanation as to the efforts made to ascertain them.

Petitioner(s) further state(s) that respondent is unable by reason of _____
_____, as evidenced by the attached Physician's Affidavit which is incorporated herein:

- To receive and evaluate information or to communicate decisions to such an extent that respondent fully / partially 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.
- To receive and evaluate information to communicate decisions to such an extent that respondent fully / partially lacks the ability to manage his / her financial resources.
- 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 a full / limited guardianship and/or a full / limited conservatorship available to provide for respondent's care and financial needs.

If respondent is alleged to be only partially incapacitated and/or disabled, the nature and extent of the respondent's partial incapacity / disability is: _____

The nature, extent and estimated value of the respondent's assets located in Boone County, State of Missouri, and any assets located outside the State of Missouri as far as is known to petitioner(s) is set forth in Exhibit A – Financial Statement attached hereto and incorporated herein by this reference.

The respondent is the grantor, a qualified beneficiary or is / was the trustee or co-trustee of any trust for which the purpose is: _____

_____. The name(s) and address(es) of the presently acting trustee(s) is / are set forth in Exhibit B attached hereto and incorporated herein by this reference.

The respondent has executed a durable power of attorney for the purpose of _____
_____. The name(s) and address(es) of any agent appointed in said durable power of attorney is / are set forth in Exhibit B attached hereto and incorporated herein by this reference.

The reasons why the appointment of a full / limited guardian(s) and/or a full / limited conservator(s) is sought are: _____
_____.

Petitioner(s) request(s) that letters of guardianship and/or conservatorship be granted to:

Name(s) _____

Address(es) _____

The following information is set forth in Exhibit B attached hereto and incorporated herein by this reference:

- The names and addresses of the respondent's parents; and if one or both of them are deceased, their date of death;
- The respondent is married / widowed; the name and address of the spouse; and if deceased, their date of death;
- The respondent has living children and their names, ages and addresses;
- The names, relationships, and addresses of respondent's closest known relatives;
- The names and relationship, if known, of any adults living with respondent;
- The respondent has no spouse, living adult child or parent; the names and addresses of respondent's siblings - if any of them are deceased, their date of death; the names and addresses of the children of deceased siblings;
- The respondent has a guardian and/or conservator appointed in this state or any other state; their name(s) and address(es);
- The name and address of the person having custody of the respondent;
- The names and addresses of any others that the petitioner(s) is / are guardian and/or conservator.

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

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

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(s) pray(s) that a hearing and inquiry be held and the court appoint _____

Full / Limited Guardian(s) of the Person and Full / Limited Conservator(s) of the Estate for the respondent.

Petitioner(s) state(s) that the foregoing is made on this _____ day of _____, _____, under oath or affirmation, and its representations are true and correct to the best of petitioner's knowledge and belief, subject to penalties of making a false affidavit or declaration.

Petitioner's Signature

Petitioner's Signature

Petitioner's Name (Typed)

Petitioner's Name (Typed)

Street Address

Street Address

City State Zip Code

City State Zip Code

Phone Number With Area Code

Phone Number with Area Code

Attorney's Signature

Attorney's Signature

Attorney's Name (Typed)

Attorney's Name (Typed)

Street Address

Street Address

City State Zip Code

City State Zip Code

Phone Number With Area Code

Phone Number with Area Code

Missouri Bar Number

Missouri Bar Number

Serve notice on respondent at: _____

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

In the matter of

Respondent/Minor

No. _____

EXHIBIT A - FINANCIAL STATEMENT

PERSONAL PROPERTY:

Checking Accounts – Name of Bank and Account Numbers

	\$ _____
	\$ _____
	\$ _____

Savings Accounts – Name of Bank and Account Numbers

	\$ _____
	\$ _____
	\$ _____

Certificates of Deposit – Name of Bank and Account Numbers

	\$ _____
	\$ _____
	\$ _____

Stocks and Bonds

	\$ _____
--	----------

Vehicles – Year, Make and Model

	\$ _____
	\$ _____
	\$ _____

Other

	\$ _____
	\$ _____
	\$ _____

TOTAL PERSONAL PROPERTY

\$ _____

MONTHLY INCOME:

Social Security
Payee _____ \$ _____

Supplemental Security Income
Payee _____ \$ _____

Veterans Administration Benefits \$ _____

Pension
Source _____ \$ _____

Interest \$ _____

Dividends _____ \$ _____

Other
Source _____ \$ _____

TOTAL MONTHLY INCOME \$ _____

REAL PROPERTY – MISSOURI AND OUT OF STATE:
(List location by address and value)

_____ \$ _____
_____ \$ _____
_____ \$ _____

Date

Petitioner

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

In the matter of

_____ No. _____
Respondent

EXHIBIT B - ADULT

TRUSTEES:

Name _____

Address: _____

Name _____

Address: _____

POWER OF ATTORNEY AGENT:

Name _____

Address: _____

Name _____

Address: _____

PARENTS:

Mother _____ Deceased Date of Death _____

Address: _____

Father _____ Deceased Date of Death _____

Address: _____

SPOUSE:

Name _____ Deceased Date of Death _____

Address: _____

CHILDREN:

Name _____ Age _____

Address: _____

CLOSEST KNOWN RELATIVES:

Name _____ Age _____

Address: _____

ADULTS LIVING WITH RESPONDENT:

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

In the matter of

_____ No. _____
Respondent

EXHIBIT C - CONSENT TO APPOINTMENT

The undersigned hereby consents to serve as guardian and/or conservator of the above named respondent if appointed by the court and in support thereof states:

1. The undersigned has never pled guilty to nor been convicted of a misdemeanor or felony.
2. The undersigned's spouse is: _____
3. The undersigned's address and telephone number are listed below.
4. The name and address of undersigned's employer is: _____
Address: _____ Telephone No. _____
5. The following three (3) listed persons (who are not members of your household) will know the whereabouts of the undersigned:

Name: _____ Telephone No. _____
Address: _____

Name: _____ Telephone No. _____
Address: _____

Name: _____ Telephone No. _____
Address: _____
6. The undersigned has read and understands the Information for Guardians and Conservators as set out in this packet, and acknowledges receipt of a copy thereof.

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

Date

Signature of Guardian/Conservator

Street Address

City State Zip Code

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

In the matter of

_____ No. _____
Respondent

EXHIBIT D – DESIGNATION OF RESIDENT AGENT

I, _____, residing at _____,
City of _____, State of _____, desiring to serve as
guardian and/or conservator of the above named person, pursuant to Section 475.055 RSMo, hereby appoint

_____ my agent for service of process upon me within the State of
Missouri, concerning said matter.

Dated: _____
Guardian-Conservator

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

I, _____, residing at _____,
in _____, Missouri, telephone number _____, having
been appointed, pursuant to Section 475.055 RSMo, to act as agent for service of process on and receipt of
notice to _____ within the State of Missouri, concerning the above matter,
hereby acknowledge such appointment and consent to act as such agent and I will accept all service of process
brought against _____, within the State of Missouri.

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

Dated: _____
Resident Agent

**Medical Affidavit
of**

_____, M.D.

STATE OF MISSOURI)
) SS.
COUNTY OF BOONE)

RE: Mental and Physical Condition of _____

Dr. _____, of lawful age, being first duly sworn according to law, deposes and makes answer to the following questions:

1. Will you please state your name, age and residence?
ANSWER:

2. What is your occupation, business or profession?
ANSWER:

3. Are you a graduate of medical school? If so, please state its name and the year you graduated.
ANSWER:

4. Are you licensed to practice medicine in the State of Missouri?
ANSWER:

5. If, in your practice you specialize in some particular field, please specify the same.
ANSWER:

6. Where are you employed and in what capacity?

ANSWER:

7. Are your duties as a physician such as will prevent your attendance in Court as a witness in this procedure?

ANSWER:

8. Are you acquainted with _____?

ANSWER:

9. Is he/she your patient? If so, please state by number of years the length of the doctor-patient relationship.

ANSWER:

10. Have you had occasion to observe, examine and treat him/her?

ANSWER:

11. What were the dates of your examinations, or between what dates has this patient been under your observation?

ANSWER:

12. State the last date that this patient was examined by you.

ANSWER:

13. Based upon your examination and observation of this patient, please state the medical psychiatric diagnosis which you made regarding this patient, if any.

ANSWER:

14. Please give your mental status evaluation of this patient, including his/her general appearance, speech, mood, affect, orientation, attention and concentration, memory, abstraction, insight, and judgment, as well as any disorders of thought, perception, hallucinations, delusions or other misinterpretations.

ANSWER:

15. Is the Respondent mentally capable of attending the court hearing on the Petition for Appointment of Guardian and or Conservator? If you answer to this questions is no, please state the basis for your negative response.

ANSWER:

16. Is the Respondent physically capable of attending the court hearing on the Petition for Appointment of Guardian and/or Conservator? If your answer to this question is no, please state the basis for your negative response.

ANSWER:

17. What is your prognosis as to this patient's condition?

ANSWER:

18. Do you consider this patient to be a person who is capable of managing his/her affairs?

ANSWER:

19. Do you consider this patient to be a person who is capable of caring for himself/herself?

ANSWER:

20. Do you consider it to be in this patient's best interest for a guardian to be appointed to protect this person.

ANSWER:

21. Do you consider it to be this patient's best interest for a conservator to be appointed to manage and protect his/her financial affairs?

ANSWER:

22. If you consider the appointment of a guardian and/or conservator to be appropriate for this patient, is it your opinion the need for a guardian and/or conservator is based on a physical condition, a mental condition, or both?

ANSWER:

23. What is your opinion regarding the least restrict living environment for this person? (e.g. living independently in residence, ISL ~requires Level 2 Screening~, residential care facility, assisted living facility, intermediate care facility, skilled facility, forensic facility)

ANSWER:

(SIGNED) _____

Dr. _____

STATE OF MISSOURI)
) SS.
COUNTY OF BOONE)

On this _____ day of _____, _____, before me appeared Dr. _____, to me personally known, and first being duly sworn, acknowledged that he/she executed the foregoing instrument as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, on the day and year first above written.

Notary Public:

My commission expires:

*****IMPORTANT INFORMATION*****

CRIMINAL RECORDS BACKGROUND CHECK

- Petitioner(s) are required to have Criminal Records Background checks and each adult 18 and older living in the home of the proposed guardian and conservator.
- Petitioner is responsible for contacting the Probate Division to make arrangements for fingerprinting. Contact number is (573) 886-4090.

CAREGIVER BACKGROUND SCREENING FORM

Each petitioner and each adult 18 and older living in the home of the proposed guardian and conservator must complete a Caregiver Background Screening form. Forms are available on the following 13th Judicial Circuit website:

<http://www.courts.mo.gov/hosted/circuit13/>

To avoid delays make arrangements as soon as possible, after the completed petition has been filed, to allow time for the background checks to be processed and returned to the court before your scheduled court date.



STATE OF MISSOURI
CAREGIVER BACKGROUND SCREENING

AGENCY USE

BLOCK I - TO BE COMPLETED BY THE REQUESTOR

SECTION A - TYPE OF SCREENING (Check as many as applicable)

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req) | <input checked="" type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge) |
| <input checked="" type="checkbox"/> 2. Family Foster Care Licensing (No charge) | <input checked="" type="checkbox"/> 5. Child Day Care Licensing (No charge) |
| <input checked="" type="checkbox"/> 3. Department of Health and Senior Services Employee Disqualified List (No charge) | <input type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$12.00) |

SECTION B - REQUESTOR INFORMATION

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME Sandra Oswalt, Boone County Probate Supervisor		REQUESTOR'S TELEPHONE (573) 886-4093	
REQUESTOR'S ADDRESS Probate Division 705 East Walnut	CITY Columbia	STATE MO	ZIP CODE 65201
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

BLOCK II - TO BE COMPLETED BY THE CAREGIVER

SECTION C - IDENTIFYING DATA FOR BACKGROUND SCREENING

CAREGIVER NAME (LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

ADDRESSES FOR THE LAST 3 YEARS

STREET	CITY	STATE	STREET	CITY	STATE
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SECTION D - AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK)	DATE
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SECTION E - NOTARY INFORMATION (Required for screening type 1 - See Section A above)

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		
USE RUBBER STAMP IN CLEAR AREA BELOW.		

BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW

MO 300-1590 (1-15)

Boone County Courthouse
Probate Division
705 East Walnut
Columbia MO 65201

- ← ATTN (REQUESTOR'S NAME)
- ← ADDRESS 1
- ← ADDRESS 2 (IF APPLICABLE)
- ← CITY, STATE, ZIP CODE



STATE OF MISSOURI
CAREGIVER BACKGROUND SCREENING

AGENCY USE

BLOCK I - TO BE COMPLETED BY THE REQUESTOR

SECTION A: TYPE OF SCREENING (Check as many as applicable)

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req) | <input checked="" type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge) |
| <input checked="" type="checkbox"/> 2. Family Foster Care Licensing (No charge) | <input checked="" type="checkbox"/> 5. Child Day Care Licensing (No charge) |
| <input checked="" type="checkbox"/> 3. Department of Health and Senior Services Employee Disqualified List (No charge) | <input type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$12.00) |

SECTION B: REQUESTOR INFORMATION

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME Sandra Oswald, Boone County Probate Supervisor		REQUESTOR'S TELEPHONE (573) 886-4093	
REQUESTOR'S ADDRESS Probate Division 705 East Walnut	CITY Columbia	STATE MO	ZIP CODE 65201
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

BLOCK II - TO BE COMPLETED BY THE CAREGIVER

SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING

CAREGIVER NAME (LAST, FIRST, MI, JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

ADDRESSES FOR THE LAST 3 YEARS

STREET	CITY	STATE	STREET	CITY	STATE
--------	------	-------	--------	------	-------

SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK)	DATE
---	------

SECTION E: NOTARY INFORMATION (Required for screening type 1. See Section A above)

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL...	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

USE RUBBER STAMP IN CLEAR AREA BELOW.

BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW

MO 300-1590 (1-15)

Boone County Courthouse
 Probate Division
 705 East Walnut
 Columbia MO 65201

- ← ATTN (REQUESTOR'S NAME)
- ← ADDRESS 1
- ← ADDRESS 2 (IF APPLICABLE)
- ← CITY, STATE, ZIP CODE

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Dated: _____

Signature: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

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You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Dated: _____

Signature: _____

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The full Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4 if the party is a person; exception can only be granted if the information is not reasonably available. **This is a confidential record due to the SSN and possible confidential addresses. However, this information is used to open a case in the Missouri State Courts Automated Case Management System. Cases deemed public under Missouri Revised Statutes can be accessed through Case.net. The day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net access.**

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____
Name (if a person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____
DOB/DOD: _____ Gender: Male Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____
Name (if person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____
DOB/DOD: _____ Gender: Male Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____
Name (if person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____
DOB/DOD: _____ Gender: Male Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____
Name (if person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____
DOB/DOD: _____ Gender: Male Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: _____ Bar ID (required if attorney): _____
Address (if not shown above): _____
City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

**INFORMATION FOR PROPOSED GUARDIANS
AND/OR CONSERVATORS**

Listed below are the general duties and obligations of being appointed a guardian and/or conservator. We are providing this information to help you understand what will be expected of you as the guardian and/or conservator of an adult or minor.

1. Under Missouri law, a conservator who is not a licensed attorney cannot represent the protectee's estate in connection with court proceedings, whether appearing in court or preparing pleadings to be filed with the court. You must retain an attorney to perform these legal services required of you.
2. Follow the advice of your attorney. Talk to your attorney before taking any action. Consult with your attorney as to the extent of your authority.
3. If you are being appointed as guardian, you will be responsible for the ward's person. If you are being appointed as conservator, you will be responsible for the ward's property. If you are being appointed both guardian and conservator, you will be responsible for the ward's person and property.
4. As guardian, you will have the duty to take charge of the person of the ward and to provide for the ward's care, treatment, habilitation, education, support and maintenance. It will be your responsibility to:
 - a. Assure that the ward lives in the best and least restrictive environment which is reasonably available;
 - b. Assure that the ward receives medical care and other services that are needed;
 - c. Promote and protect the care, comfort, safety, health and welfare of the ward;
 - d. Provide required consents on behalf of the ward.
5. As guardian, each year you will be required to file with the court a personal status report updating the information regarding the care, welfare and placement of your ward.
6. As conservator, you must take possession of your ward's property to the extent authorized by the court. Missouri State law requires that the property, income and bank accounts of the ward must be kept separate from your own funds.
7. As conservator, you will be required to file an annual accounting (called a settlement) showing in detail all receipts and expenditures occurring during the preceding year. Each entry must be explained and each expenditure authorized by statute or court order.
8. In the event the ward dies or you or the ward move from one address to another, you have a duty to notify the court in writing of such death or new address as soon as possible.
9. If the ward does not live with you, Missouri law requires that you visit the ward at least once a year.

10. If you fail to perform any of your duties as guardian and/or conservator, you can be removed as guardian and/or conservator and be personally liable for any loss or damage sustained by the ward by reason of your failure. You are under a duty, at all times, to act in the best interests of your ward and to avoid conflicts of interest which impair your ability to act on your ward's behalf.

I/We hereby acknowledge that I/we have read and do understand the above information.

Date: _____

Petitioner's Signature

Petitioner's Name (Typed)

Petitioner's Signature

Petitioner's Name (Typed)