

IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION

In the matter of

Ward/Protectee

No. _____

PETITION FOR APPOINTMENT OF SUCCESSOR FIDUCIARY

Comes now the undersigned petitioner and states:

1. _____, the former (guardian – conservator) has
(died -- resigned -- been removed).
2. That by reason of respondent's mental and/or physical condition, respondent is still in need of a
(full/limited guardian – full/limited conservator).
3. The nature, extent and estimated value of respondent's assets so far as is known to petitioner is set forth in
Exhibit (A) attached hereto and incorporated herein by this reference.
4. The name and address of respondent's parents, spouse and children and the children's ages are set forth in
Exhibit (B) attached hereto and incorporated herein by this reference.
5. _____, is a suitable person to serve as successor
(full/limited guardian – full/limited conservator) for respondent and said person's consent to act, if appointed, is
attached hereto and incorporated herein by this reference as Exhibit (C).
6. If the proposed successor (full/limited guardian – full/limited conservator) is a non-resident of Missouri,
attached hereto and incorporated herein by this reference as Exhibit (D) is the proposed successor fiduciary's
designation of resident agent and the resident agent's consent to act.
7. 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 that the above designated person be appointed successor (full/limited guardian – full/limited conservator) and that letters issue accordingly.

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.

Dated: _____

Petitioner's Signature

Petitioner's Name (Print)

Street Address

City State Zip Code

Telephone Number

Dated: _____

Petitioner's Signature

Petitioner's Name (Print)

Street Address

City State Zip Code

Telephone Number

**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

Respondent

No. _____

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: _____

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

CLOSEST KNOWN RELATIVES:

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

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 _____

Respondent

No. _____

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

Phone Number with Area Code

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

In the matter of _____

Respondent

No. _____

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

Phone Number with Area 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

IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION

In the matter of

_____ No. _____
Respondent

EXHIBIT E
LIST OF PROSPECTIVE WITNESSES

Listed below are the names and addresses of witnesses who may be called to testify in support of a
Petition for Appointment of a Guardian and/or Conservator.

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____

Petitioner's Signature

Petitioner's Name (Typed)

Street Address

City State Zip Code

Phone Number with Area Code

*****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.



*Boone County Circuit Clerk's Office
Thirteenth Judicial Circuit Court
Boone County, Missouri*

CHRISTY BLAKEMORE
CIRCUIT CLERK

ASHLEY MARSHALL
ACCOUNTING SUPERVISOR

MISSY MARLETT
CRIMINAL SUPERVISOR

SHERRY SEILING
UNIT MANAGER

TONI KARDON
CIVIL SUPERVISOR

BRIANNA MCCALED
CRIMINAL ASST. SUPERVISOR

DEBBIE LEE
OFFICE MANAGER

CHRISTIE MURRAY
PROBATE SUPERVISOR

BETH CLARK
FAMILY COURT SUPERVISOR

Dear Guardian/Conservator:

Following a change in statute and local rule in August of 2019, pursuant to Section 43.540, RSMo, if a guardian or conservator has been appointed to a minor or disabled/incapacitated person, the appointed person will be fingerprinted and entered into the Record of Arrest and Prosecution or "Rap Back" program." This also will require the person to be fingerprinted through the court or Missouri Highway Patrol every 6 years after their appointment. For guardians and conservators appointed prior to August 2019, they will need to be fingerprinted this year and then every 6 years thereafter.

Fingerprints will be at the cost of the appointed guardian or conservator. The prints will be entered in the central repository and notice of any arrest or prosecution will be sent to the probate court for review and consideration. See new Local Court Rule 72 (L), effective date August 1, 2019.

Guardian(s) and/or Conservator(s) will need to be finger printed at the Boone County Courthouse. Please be advised that the Guardian and/or Conservator is financially responsible for fingerprint fees. Please call the Probate Division ahead of time to confirm days, time and cost for fingerprints. If not completed by due date provided by clerk a hearing will be set with an order to appear, to insure this requirement has been completed or will be completed.

Thus, there is also a form that will be required to be filed if not previously completed. The Missouri Applicant Fingerprint Privacy Notice will need to be completed, which includes three (3) sections: 1. The State and National Rap Back Privacy Notice 2. The Noncriminal Justice Applicant's Privacy Rights and 3. The Privacy Act Statement. This will need to be completed and filed with the court, prior to fingerprints being taken. This form may be completed at the time you arrive at the Courthouse to complete your fingerprints.

If you have any questions, please contact the probate office at 573-886-4093.

Thank you in advance for your assistance with the new program.

Sincerely,

Judge Stephanie Morrell

Christie Murray, Probate Supervisor

*705 E. Walnut, Columbia MO 65201
Telephone: (573) 886-4000 / Fax (573) 886-4095*



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- ☐ Adoptive Parent
Agency Name: _____
- ☐ Child Care
- ☐ Foster Parent/Family Member of Foster Parent
County Office: _____
- ☐ Hospital
- ☐ Long Term Care/Personal Care (Please choose subcategory at right ▶.)
- ☐ Mental Health/Psychiatric Hospital
- ☒ Voluntary (Select voluntary if no other registration type applies.)

A one-time registration fee of **\$14.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

— —

**Long Term Care / Personal Care Subcategories
(Complete if LTC/PC selected at left.)**

- ☐ Adult Day Care
- ☐ Assisted Living Facility
- ☐ Hospice
- ☐ Hospital LTAC/Swing Bed
- ☐ Mental Health – Residential Facility/ICF
- ☐ Nursing Facility/Skilled Nursing
- ☐ Personal Care – Home Health
- ☐ Personal Care – In-Home Services
- ☐ Personal Care – Consumer Directed
Services/Center for Independent Living
- ☐ Personal Care – HCY/PDW/DDD/Other

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)
MAIDEN NAME (IF APPLICABLE)	PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE	EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)	

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

<input checked="" type="checkbox"/> My current/potential child care, long term care or mental health care employer is:			<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME BOONE COUNTY CIRCUIT CLERK'S OFFICE - PROBATE DIV			<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain:)		
EMPLOYER ADDRESS 705 E WALNUT					
EMPLOYER CITY COLUMBIA	STATE MO	ZIP 65201			
EMPLOYER TELEPHONE (573) 886-4090	EMPLOYER CONTACT NAME PROBATE CLERK	EMPLOYER CONTACT TITLE COURT CLERK			

REGISTRATION AGREEMENT

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 for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)
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WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor. Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).

Missouri Applicant Fingerprint Privacy Notice

The Missouri Applicant Fingerprint Privacy Notice includes three (3) parts:

1. The State and National Rap Back Privacy Notice
2. The Noncriminal Justice Applicant Privacy Rights
3. The Privacy Act Statement

State and Federal Rap Back Privacy Notice

Applicants submitting their fingerprint images to the Central Repository for a fingerprint based criminal record check are advised that their fingerprint images will be retained in state and federal biometrics databases, pursuant to Section 43.540 RSMo. If the submitting agency participates in the State or State and National Rap Back Programs, fingerprint images will be submitted, searched and retained for the purpose of being searched against future submissions to the State and National Rap Back programs; fingerprint searches will also include latent print searches.

The "Missouri Rap Back Program" and "National Rap Back Program" shall include any type of automatic notification made by the State Missouri and/or the Federal Bureau of Investigation through the Missouri State Highway Patrol to a qualified entity indicating that an applicant who is employed, licensed, or otherwise under the purview of the qualified entity has been arrested for a reported criminal offense and the fingerprints for that arrest were forwarded to the Central Repository or the Federal Bureau of Investigation by the arresting agency.

By signing the Missouri Applicant Fingerprint Privacy Notice you are acknowledging the receipt of and agreeing to the terms of the State and National Rap Back Privacy Notice, the Noncriminal Justice Applicant Privacy Rights, and the Privacy Act Statement.

SIGNATURE: _____ DATE: _____

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

**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. A guardian or conservator for an **adult** is appointed upon the adjudication of an individual (respondent) as incapacitated (guardian) or disabled (conservator). If you have been appointed guardian, the respondent is known as a "ward." If you have been appointed conservator, the respondent is known as a "protectee." If you have been appointed both guardian and conservator, the respondent is known as both a "ward and protectee."
2. An **incapacitated** person lacks the legal ability to make medical or psychiatric treatment decisions, to make placement decisions, to vote, to drive an automobile and to marry. A **disabled** person lacks the legal ability to handle his or her own financial resources. If the respondent is adjudicated to be only partially incapacitated or disabled, the extent to which the respondent's rights are limited will be specified by court order. It is the guardian's and conservator's duty to prevent the ward or protectee from exercising rights limited or rescinded by adjudication.
3. A guardian for a **minor** is appointed upon a finding that the parents are unable, unwilling, or unfit. A conservator for a **minor** is appointed upon a finding that the minor's estate requires supervision.
4. At the time of your filing of your Petition, you are required to submit to fingerprinting, Caregiver background screening, and a credit history (for Proposed conservators only).
5. 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.
6. 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.To the extent possible, you should encourage the ward to participate in decisions, act on his or her own behalf, and develop or regain the ability to manage his or her own affairs.
7. 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.

8. As **conservator**, you must take possession of your protectee's property to the extent authorized by the court. You must use reasonable efforts to
 - a. find the income, assets, and liabilities of the protectee;
 - b. identify the needs and preferences of the protectee;
 - c. work with the guardian and others close with protectee;
 - d. prepare a plan for the management of assets;
 - e. provide oversight to any income and assets of the protectee under the control of the protectee.

The property, income and bank accounts must be kept separate from your own funds in your name as conservator for the protectee. You must invest the protectee's funds according to law and you are personally liable for imprudent or unauthorized investments. You may only spend the protectee's funds for purposes authorized by statute or court order. You may apply for an order of continuing support and maintenance authorizing you to spend a budgeted sum each month for the protectee.

9. You will be **required** to file an annual accounting (called a settlement) showing in detail all receipts and expenditures occurring during the preceding year, the present address of the protectee, your current address, services being provided to the protectee, significant actions taken by you, your opinion as to the continued need for conservatorship and any recommended changes, any compensation requested, and a plan for the coming year. Each entry must be explained and each expenditure must be authorized by statute or court order. You may not sell, trade, lease, mortgage, transfer or discard your protectee's property without court approval, even though the protectee is your child or other relative. You may not revoke or amend a durable power of attorney of which the protectee is the principal.
10. 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.
11. 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.
12. You are under a duty, at all times, to act in the best interests of your ward/protectee and to avoid conflicts of interest which impair your ability so to act. You must also be reasonably accessible to your ward. If you fail to perform any of your duties as guardian or conservator, you are liable to be removed from office and may be held personally liable for any loss or damage sustained by the ward or protectee by reason of your failure.
13. In certain cases, expenses of bond and other costs may be saved by placing funds in restricted deposits and/or securing waiver of filing the annual settlement. Consult your attorney.
14. 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.
15. If the ward does not live with you, Missouri law requires that you visit the ward at least once a year.

16. 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)

CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE
13TH JUDICIAL CIRCUIT, BOONE COUNTY, MISSOURI

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Place a check in the box next to the appropriate Case Type and Party Type. If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: Name; addresses; DOB; and Social Security Number should be listed for all parties on the case including heirs and interested parties if reasonably available. The full Social Security Number (SSN) is *required* pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri 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.

Filing Date: _____ ☐ Estate of ☐ In the Matter of ☐ Plaintiff v. Defendant ☐ Petitioner v. Respondent

Name(s): _____

Case Type: WILLS - ☐ P7 - Will Filed During Lifetime; ☐ P9 - Will Filed Only – Deceased; ☐ PK - Will Admitted or Rejected.

REFUSALS: ☐ - PE - Refusal of Letters – Creditor; ☐ PF – Refusal of Letters – Spouse; ☐ PG – Refusal of Letters – Minor;

SMALL ESTATES: ☐ PH – Small Estate Affidavit with Will; ☐ PI – Small Estate Affidavit without Will;

FULL ADMINISTRATION: ☐ PC - Independent Administration with Will; ☐ PD – Independent Administration without Will;

☐ PA - Supervised Administration with Will; ☐ PB – Supervised Administration without Will;

OTHER DECEDENT: ☐ PJ - Determination of Heirs; ☐ PX - Required Administration;

GUARDIAN/CONSERVATOR – ADULT: ☐ PR – Guardianship – Adult; ☐ PT – Limited Guardianship – Adult;

☐ PN – Conservatorship – Adult; ☐ PP- Limited Conservatorship – Adult; ☐ PU – Guardian/Conservator – Adult;

☐ PW – Limited Guardian/Conservator – Adult;

GUARDIAN/CONSERVATOR – MINOR: PS – Guardianship – Minor; ☐ PL – Limited Guardianship – Minor;

☐ PO – Conservatorship – Minor; PV – Guardian/Conservator – Minor; ☐ PY – Limited Guardian/Conservator – Minor;

MISCELLANEOUS ADULT/MINOR: ☐ G1 – Registration Foreign Order Guardian/Conservator – Adult;

☐ G2 – Registration Foreign Order Guardian/Conservator – Minor;

TRUSTS: ☐ P3 – Successor Trustee; ☐ P4 – Trust Registration; ☐ P5 – Trust Litigation;

OTHER MISCELLANEOUS: ☐ P6 – Sexual Predator; ☐ PZ – Probate Miscellaneous – Other

Party Type Code: ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐
Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐
Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐
Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐
Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐
 Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐
 Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐
 Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;
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 Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____