

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

In the Estate of _____

Ward-Protectee

No. _____

PETITION FOR RESTORATION

Comes now the undersigned petitioner and states:

1. Petitioner was adjudged *(partially) incapacitated and/or *(partially) disabled on _____ and _____ was appointed *(limited) guardian and *(limited) conservator.

2. That subsequent to said adjudication, petitioner has fully recovered (his) (her) capacity to care for (his) (her) person and (his) (her) ability to manage (his) (her) financial resources.

3. *(a) Petitioner states that petitioner's guardian and/or conservator joins in this petition as evidenced by said fiduciary's signature appearing below.

*(b) Petitioner states that petitioner's guardian and/or conservator does not join in this petition and that the same should be served upon said fiduciary.

*(c) Petitioner requests that an attorney be appointed to represent petitioner.

Wherefore, petitioner prays that a hearing be held and if the court finds that petitioner has been restored to capacity and ability that petitioner be discharged from further guardianship and conservatorship and for such other relief as to the court deems just and proper in the premises.

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.

Dated: _____

Fiduciary

Petitioner

Address

City

State

Zip Code

Telephone

* (Strike inapplicable phrases)

**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 _____, 20____, 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:

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: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor		
Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ 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: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor		
Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ 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: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor		
Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ 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: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor		
Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ 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: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor			
Name (if a person): (Last) _____ (First) _____ (Middle) _____			
Organization (if non-person): _____			
Address: _____			
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____			
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: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor			
Name (if a person): (Last) _____ (First) _____ (Middle) _____			
Organization (if non-person): _____			
Address: _____			
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____			
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: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor			
Name (if a person): (Last) _____ (First) _____ (Middle) _____			
Organization (if non-person): _____			
Address: _____			
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____			
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: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor			
Name (if a person): (Last) _____ (First) _____ (Middle) _____			
Organization (if non-person): _____			
Address: _____			
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____			
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: ☐ 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: _____

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

IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.