

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.....	Contact Probate Clerk
Application fee for Guardianship <u>and/or</u> Conservatorship.....	\$490.50
Application fee for Guardianship Only.....	\$390.50
Application for Successor Guardianship and/or Conservatorship.....	\$ 75.00

****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: FINGERPRINT 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 the Missouri Applicant Fingerprint Privacy Notice, 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.**

Please complete the form and return it to the probate office PRIOR to fingerprinting. We cannot fingerprint without this signed form.

The Caregiver Background Screening form must be notarized. ****

Effective Date for the Rap Back Program: August 1, 2019.

*****Proposed Conservator MUST submit a Credit History Investigation*****

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.

IN THE 13TH CIRCUIT COURT
OF _____ COUNTY, MISSOURI
PROBATE DIVISION

In the matter of:

Respondent

No. _____

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

Comes now _____, age _____, who is /
are the _____ (relationship to Respondent) of the above named respondent, a male /
female person, age _____, who is domiciled in (Boone/Callaway) 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 Medical 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: _____.

If limited guardianship/Conservatorship is requested, I/we are requesting the following powers/authority:

The nature, extent and estimated value of the respondent's assets, a major part of which are 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.

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

Name(s) _____

Address(es) _____

If requesting co-guardians/conservators, Petitioners request to act ☐ independently or ☐ jointly.

The following information is set forth in Exhibit B attached hereto and incorporated herein by this reference:
Please check all that apply:

- ☐ 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 be held and the court appoint _____

Full / Limited Guardian(s) of the Person and/or 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

Email Address

Email Address

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

Email Address

Email Address

Serve notice on respondent at: _____

IN THE 13TH CIRCUIT COURT
OF _____ COUNTY, MISSOURI
PROBATE DIVISION

In the matter of

Respondent/Minor

No. _____

EXHIBIT A – RESPONDENT/ MINOR FINANCIAL STATEMENT

PERSONAL PROPERTY:

Checking Accounts – Name of Bank

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

Savings Accounts – Name of Bank

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

Certificates of Deposit – Name of Bank

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

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 13TH CIRCUIT COURT
OF _____ COUNTY, MISSOURI
PROBATE DIVISION

In the matter of

Respondent

No. _____

EXHIBIT B - ADULT

TRUSTEES:

Name _____

Address: _____

Name _____

Address: _____

POWER OF ATTORNEY AGENT:

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: _____

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: _____

CURRENT GUARDIAN/CONSERVATOR AND STATE APPOINTED

Name _____ State _____

Address: _____

PERSON WHO HAS PHYSICAL CUSTODY

Name _____ State _____

Address: _____

IN THE 13TH CIRCUIT COURT
OF _____ 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, telephone number, and email address 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 Email address

IN THE 13TH CIRCUIT COURT
OF _____ 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, telephone number, and email address 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 Email address

IN THE 13TH CIRCUIT COURT
OF _____ COUNTY, MISSOURI
PROBATE DIVISION

In the matter of

Respondent

No. _____

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 13TH CIRCUIT COURT
OF _____ 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

IN THE 13TH CIRCUIT COURT
OF _____ 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)

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

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

***Esta declaración de la ley de privacidad se encuentra al dorso del
FD-258 tarjeta de huellas digitales.***

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

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 employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- 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 employment, license, or other benefit based on information in the FBI criminal history record.
- 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 <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- 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 by submitting a request via <https://www.edo.cjis.gov>. 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.)
- 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

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

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.¹ Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

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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

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

***Esta declaración de la ley de privacidad se encuentra al dorso del
FD-258 tarjeta de huellas digitales.***

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

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 employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- 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 employment, license, or other benefit based on information in the FBI criminal history record.
- 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 <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- 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 by submitting a request via <https://www.edo.cjis.gov>. 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.)
- 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

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

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

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- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).



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.)

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

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.)

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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



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

FCSR USE ONLY

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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: _____
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(Complete if LTC/PC selected at left.)

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- ☐ Personal Care – In-Home Services
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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.)

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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

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

**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: