

## **Guardianship & Conservatorship-Minor**

This is a list of what the Probate Division will need to establish a Guardianship and/or Conservatorship of a minor. 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 us at (573) 886-4090.

**Guardianship**-Takes care of the minor person

**Conservatorship**-Takes care of any funds for the minor person

### **Filing Fee**

Fingerprint Fee per each person printed ..... Contact Probate  
Clerk Office 573-886-4090

Application for Guardianship and/or Conservatorship.....\$345.50

Publication to unknown parent newspaper is an additional..... \$100.00

Application for Appointment of Successor.....\$ 60.00

**\*\*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.\*\***

**NOTE:** 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 more than other cases.

**NOTE:** 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). Please list this all information on the Probate Party Information sheet.

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

Exhibit B: This page is very important, so please be sure to complete this exhibit as much as possible. If one or both of the parents are deceased or their whereabouts are unknown, you will need to put "deceased" or "whereabouts are unknown". If the parents are deceased we will need a copy of the **death certificate**.

You will need to list any grandparents (maternal and paternal) for the minor child under "relatives". Please list any brothers and sisters for the minor child also.

NOTE: If the parent(s) whereabouts are unknown, we will have to publish a notice in one of the newspapers. If we do have to publish, this will cause the process to take longer. The notice will have to be published for four consecutive weeks (one day each week). The hearing cannot take place until after the notice has run in the newspaper.

Exhibit C: This will need to be filled out by the person(s) who is (are) asking to be the guardian and/or conservator of the minor. If there are two petitioners, each petitioner must fill a form out.

Exhibit D: If the petitioner or the person wanting to be guardian and/or conservator lives out of state, 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: List two to three people who know first-hand about the situation involving the minor.

Consent & Waiver of Parent: Each parent will need to complete a Consent & Waiver form if they are not a petitioner. Please complete the form and return it to the

Probate office. If you are not able to get it notarized, you will need to have a probate clerk witness your signature in our office.

Consent & Waiver of Minor: Minor's 14 years of age and older will need to complete the Consent & Waiver form and return it to the probate office. If they are not able to get the form notarized then they will need to have a probate clerk witness their signature in our office.

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 minor. 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.

**\*\*\*\* 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\*\*\***

We have prepared these instructions to help you and to save time in processing a guardianship/conservatorship estate. If the papers are not filled out completely and correctly, it will cause delays.

Probate Division  
705 East Walnut  
Columbia, MO 65201  
(573) 886-4090  
(573) 886-4095 FAX

IN THE 13<sup>TH</sup> CIRCUIT COURT  
OF \_\_\_\_\_ COUNTY, MISSOURI  
PROBATE DIVISION

In the matter of

\_\_\_\_\_  
Minor  
No. \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

<b>PETITION FOR APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR OF MINOR</b>
---

Come(s) now \_\_\_\_\_, Petitioner(s) and states

1. \_\_\_\_\_, Minor requires the appointment of a Guardian of the person and/or a Conservator of the estate because: (The parents are deceased (or) unfit, unwilling or unable to assume the duties of the guardianship (and/or) the estate requires supervision.)

2. The Minor is domiciled in \_\_\_\_\_ County, \_\_\_\_\_.

Minor's most recent addresses for the three (3) years prior to the filing of this petition:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

3. Petitioner's relationship to the minor is: \_\_\_\_\_.

4. If co-Petitioners, Petitioners request to act ☐ Jointly or ☐ Independently because  
\_\_\_\_\_.

5. The nature, extent and estimated value of the Minor's assets as far as is know to Petitioner (the major part of which is located in Boone/Callaway County, Missouri and/or outside of Boone/Callaway County, Missouri) are set forth in **Exhibit A** attached hereto and incorporated herein by this reference.

6. The minor is a qualified beneficiary of a trust for which purpose is: \_\_\_\_\_  
\_\_\_\_\_. The name(s) and address(s) of the ***trustee(s) is/are set forth in Exhibit B*** hereto an incorporated herein by this reference.

7. The name and address of the Minor's parents, spouse, if any, and children, if any, are set forth in **Exhibit B** attached hereto and incorporated herein by this reference.

8. The name and address of the person ***having physical custody of the minor*** is:

Name: \_\_\_\_\_, Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

\*\*\*If unknown, what efforts have you taken to ascertain this information? \_\_\_\_\_

9. The name and address of the current ***guardian or conservator of the Minor***, if any:

Name: \_\_\_\_\_, Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

10. The proposed guardian(s) and/or conservator(s) is not guardian or conservator for any other person except: \_\_\_\_\_

11. Residence of the minor for the past six (6) months and with who minor resided with:

Residence address: \_\_\_\_\_, City: \_\_\_\_\_,

State: \_\_\_\_\_ Name: \_\_\_\_\_

12. Pending or prior custody, guardianship or conservatorship proceedings in this or any other state is:

\_\_\_\_\_ (include  
case number if known)

13. Has Petitioner(s) participated in any other litigation concerning the custody of the  
minor? \_\_\_\_\_. If yes, please identify case number and issue \_\_\_\_\_

14. Is Petitioner aware of any other person not a party and not a parent of the minor who has physical  
custody of the minor or claims custody or visitation rights? \_\_\_\_\_. If yes, please identify and  
provide name, address, and telephone number. \_\_\_\_\_

15. 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.

16. 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 resident agent's consent to act if the  
proposed guardian and/or conservator is a **non-resident** of the State of Missouri.

17. Attached hereto and incorporated herein by this reference as **Exhibit E** is a list of names and addresses of interested persons who will need notice of hearing, if any, on said petition.

18. If Minor is over the age of fourteen years, Consent of the Minor form is provided.

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WHEREFORE, petitioner prays that letters of guardianship and/or conservatorship issue to:

\_\_\_\_\_ as guardian of the minor.

\_\_\_\_\_ as conservator of the estate.

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

Dated: _____	Dated: _____
_____ 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
_____ Telephone Number including Area Code	_____ Telephone Number including Area Code
_____ Email Address	_____ Email Address

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email address

**IN THE 13<sup>TH</sup> CIRCUIT COURT**  
**OF \_\_\_\_\_ COUNTY, MISSOURI**  
**PROBATE DIVISION**

In the matter of

\_\_\_\_\_  
Respondent/Minor

No. \_\_\_\_\_

**EXHIBIT A – MINOR’S FINANCIAL STATEMENT**

**PERSONAL PROPERTY:**

**Checking Accounts – Name of Bank and Account Numbers**

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

**Savings Accounts – Name of Bank and Account Numbers**

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

**Certificates of Deposit – Name of Bank and Account Numbers**

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

**Stocks and Bonds**

\$ \_\_\_\_\_

**Vehicles – Year, Make, Model and VIN**

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

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney



**IN THE 13<sup>TH</sup> CIRCUIT COURT**  
**OF \_\_\_\_\_ COUNTY, MISSOURI**  
**PROBATE DIVISION**

In the matter of

\_\_\_\_\_  
Minor

No. \_\_\_\_\_

**EXHIBIT B - MINOR**

**TRUSTEES:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

**PARENTS:**

**Mother** \_\_\_\_\_ ☐ Deceased Date of Death \_\_\_\_\_

Address \_\_\_\_\_

**Father** \_\_\_\_\_ ☐ Deceased Date of Death \_\_\_\_\_

Address \_\_\_\_\_

**SPOUSE:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

**CHILDREN:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

## EXHIBIT B - MINOR

### GRANDPARENTS:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

(

**IN THE 13<sup>TH</sup> CIRCUIT COURT**  
**OF \_\_\_\_\_ COUNTY, MISSOURI**  
**PROBATE DIVISION**

In the matter of

\_\_\_\_\_  
Minor

No. \_\_\_\_\_

**Exhibit C**  
**Consent to Appointment**

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

1. The undersigned has never pled guilty to nor been convicted of a misdemeanor or a felony.
2. The undersigned spouse is: \_\_\_\_\_
3. The undersigned resides at: \_\_\_\_\_
4. The undersigned is presently employed by: \_\_\_\_\_  
located at: \_\_\_\_\_
5. The following listed persons will know the whereabouts of the undersigned:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Zip and Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Zip and Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Zip and Phone Number

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: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**IN THE 13<sup>TH</sup> CIRCUIT COURT**  
**OF \_\_\_\_\_ COUNTY, MISSOURI**  
**PROBATE DIVISION**

In the matter of

\_\_\_\_\_  
Minor

No. \_\_\_\_\_

**Exhibit C**  
**Consent to Appointment**

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

1. The undersigned has never pled guilty to nor been convicted of a misdemeanor or a felony.
2. The undersigned spouse is: \_\_\_\_\_
3. The undersigned resides at: \_\_\_\_\_
4. The undersigned is presently employed by: \_\_\_\_\_  
located at: \_\_\_\_\_
5. The following listed persons will know the whereabouts of the undersigned:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Zip and Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Zip and Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Zip and Phone Number

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: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**IN THE 13<sup>TH</sup> CIRCUIT COURT  
OF \_\_\_\_\_ COUNTY, MISSOURI  
PROBATE DIVISION**

In the matter of

\_\_\_\_\_  
Minor

No. \_\_\_\_\_

**DESIGNATION OF RESIDENT AGENT**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
\_\_\_\_\_, State of \_\_\_\_\_,  
desiring to serve as Guardian-Conservator of the above named incapacitated/disabled person/minor pursuant to  
Section 475.055 RSMo., hereby appoint \_\_\_\_\_, as my agent for service  
of process upon me and for the receipt of all notices to me within the State of Missouri concerning said estate.

**THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE  
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE  
SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

---

**ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT**

I, \_\_\_\_\_, residing at \_\_\_\_\_, Missouri,  
telephone number \_\_\_\_\_, email address \_\_\_\_\_ 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 estate, hereby acknowledge such  
appointment and consent to act as such agent.

**THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE  
AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT  
TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Resident Agent

**IN THE 13<sup>TH</sup> CIRCUIT COURT  
OF \_\_\_\_\_ COUNTY, MISSOURI  
PROBATE DIVISION**

**In the matter of**

No. \_\_\_\_\_

Minor

## Exhibit E

### List of Witnesses

Name

## Address

[illegible]

**IN THE 13<sup>TH</sup> CIRCUIT COURT**  
**OF \_\_\_\_\_ COUNTY, MISSOURI**  
**PROBATE DIVISION**

In the matter of

\_\_\_\_\_  
Minor

No. \_\_\_\_\_

**CONSENT OF MINOR**

I, \_\_\_\_\_, a minor, over fourteen years of age, hereby consent to the appointment of \_\_\_\_\_ as Guardian of my person (and Conservator of my estate).

\_\_\_\_\_  
Minor's Signature

Date: \_\_\_\_\_

**WAIVER OF SERVICE**

I, \_\_\_\_\_, a minor, over fourteen years of age, hereby waive personal service regarding the pending Petition for Guardianship/Conservatorship of a Minor, filed by \_\_\_\_\_.

\_\_\_\_\_  
Minor's Signature

Date: \_\_\_\_\_

Subscribed and sworn to me on this date \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Clerk

(Seal)

By \_\_\_\_\_  
Deputy Clerk  
Probate Division, 13<sup>th</sup> Circuit, Missouri

Notary Commission Expires: \_\_\_\_\_.

**IN THE 13<sup>TH</sup> CIRCUIT COURT**  
**OF \_\_\_\_\_ COUNTY, MISSOURI**  
**PROBATE DIVISION**

In the matter of

\_\_\_\_\_  
Minor

No. \_\_\_\_\_

**CONSENT OF PARENT**

I, \_\_\_\_\_, (Mother/Father) of \_\_\_\_\_, a  
minor, hereby consent to the appointment of \_\_\_\_\_ as (Guardian of the  
Person and/or Conservator of the Estate) for my child, \_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

Dated: \_\_\_\_\_

**WAIVER OF SERVICE**

I, \_\_\_\_\_, (Mother/Father) of \_\_\_\_\_, a  
minor, hereby waive personal service regarding the pending Petition for Guardianship/Conservatorship  
of a Minor, filed by \_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

Dated: \_\_\_\_\_

Subscribed and sworn to me on this date \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Clerk

(Seal)

By \_\_\_\_\_  
Deputy Clerk  
Probate Division, 13<sup>th</sup> Circuit, Missouri

Notary Commission Expires: \_\_\_\_\_.



**IN THE 13<sup>TH</sup> CIRCUIT COURT**  
**OF \_\_\_\_\_ COUNTY, MISSOURI**  
**PROBATE DIVISION**

In the matter of

\_\_\_\_\_  
Minor

No. \_\_\_\_\_

**CONSENT OF PARENT**

I, \_\_\_\_\_, (Mother/Father) of  
\_\_\_\_\_, a minor, hereby consent to the appointment of  
\_\_\_\_\_ as (Guardian of the Person and/or Conservator of the Estate) for  
my child, \_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

Dated: \_\_\_\_\_

**WAIVER OF SERVICE**

I, \_\_\_\_\_, (Mother/Father) of  
\_\_\_\_\_, a minor, hereby waive personal service regarding the  
pending Petition for Guardianship/Conservatorship of a Minor, filed by  
\_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

Dated: \_\_\_\_\_

Subscribed and sworn to me on this date \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Clerk

(Seal)

By \_\_\_\_\_  
Deputy Clerk  
Probate Division, 13<sup>th</sup> Circuit, Missouri

Notary Commission Expires: \_\_\_\_\_.

IN THE 13<sup>TH</sup> 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.<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

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

<sup>3</sup> 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.<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

<sup>1</sup> La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

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

<sup>3</sup> 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 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.<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

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

<sup>3</sup> 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.<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

<sup>1</sup> La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

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

<sup>3</sup> 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](http://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](http://www.health.mo.gov/safety/fcsr) or call, toll free, 866-422-6872.

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

— —

**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

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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](http://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](http://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 <b>BOONE COUNTY CIRCUIT CLERK'S OFFICE - PROBATE DIV</b>	<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 <b>705 E WALNUT</b>			
EMPLOYER CITY <b>COLUMBIA</b>		STATE <b>MO</b>	ZIP <b>65201</b>
EMPLOYER TELEPHONE <b>(573) 886-4090</b>		EMPLOYER CONTACT NAME <b>PROBATE CLERK</b>	EMPLOYER CONTACT TITLE <b>COURT CLERK</b>

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## CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE 13<sup>TH</sup> 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

<b>Party Type Code:</b> <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: _____
<b>Party Type Code:</b> <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: _____
<b>Party Type Code:</b> <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
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<p><b>Party Type Code:</b> <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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Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

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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.\*