

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 <u>per</u> each person printed	Contact Probate Clerk
Application for Guardianship <u>and/or</u> Conservatorship.....	\$348.50
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 a Noncriminal Justice Applicant's Privacy Rights form. Please complete the form and return it to the probate office. The Caregiver Background Screening form must be notarized. ******

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

In the matter of

Minor

No. _____

DOB: _____ Gender: _____

PETITION FOR APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR OF MINOR

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. 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 County, Missouri and/or outside of Boone County, Missouri) are set forth in **Exhibit A** attached hereto and incorporated herein by this reference.

4. 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.

5. 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.

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

Name: _____, Address: _____

City: _____, State: _____, Zip: _____

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

Name: _____, Address: _____

City: _____, State: _____, Zip: _____

8. The proposed guardian and/or conservator is not guardian or conservator for any other person except: _____

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

Residence address: _____, City: _____,

State: _____ Name: _____

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

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

12. 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.

13. 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.

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

Attorney's Name

Bar Number

Phone Number

Address City State Zip Code

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

In the matter of _____

Respondent/Minor

No. _____

EXHIBIT A - FINANCIAL STATEMENT

PERSONAL PROPERTY:

Checking Accounts – Name of Bank and Account Numbers

\$ _____
\$ _____
\$ _____

Savings Accounts – Name of Bank and Account Numbers

\$ _____
\$ _____
\$ _____

Certificates of Deposit – Name of Bank and Account Numbers

\$ _____
\$ _____
\$ _____

Stocks and Bonds

\$ _____

Vehicles – Year, Make, 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 CIRCUIT COURT OF BOONE 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: _____

(Attach additional sheet if necessary)

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

In the matter of

_____ No. _____
Minor

**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

Name Address and Zip

Name Address and Zip

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: _____

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

In the matter of

_____ No. _____
Minor

**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:

6. The undersigned has never pled guilty to nor been convicted of a misdemeanor or a felony.
7. The undersigned spouse is: _____
8. The undersigned resides at: _____
9. The undersigned is presently employed by: _____
located at: _____
10. The following listed persons will know the whereabouts of the undersigned:

Name Address and Zip

Name Address and Zip

Name Address and Zip

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: _____

**IN THE CIRCUIT COURT OF BOONE 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 _____, 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

No. _____

Minor

Exhibit E

Name

Address

**IN THE CIRCUIT COURT OF BOONE 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, Boone County, Missouri

Notary Commission Expires: _____.

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

In the matter of

_____ No. _____
Minor

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 _____.

(Seal) _____
Notary Public Clerk
By _____
Deputy Clerk
Probate Division, Boone County, Missouri

Notary Commission Expires: _____.

**IN THE CIRCUIT COURT OF BOONE 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, Boone County, Missouri

Notary Commission Expires: _____.

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

CRIMINAL RECORDS BACKGROUND CHECK

- ✱ Petitioner(s) are required to have Criminal Record Background checks and each adult 18 and older living in the home of the proposed guardian and conservator.
- ✱ Petitioner is responsible for contacting the Probate Division to make **arrangements for fingerprinting. Contact number is (573) 886-4090.**
- ✱ Fingerprints are typically done Tuesdays, Wednesdays and Thursdays from 9:00 am to 4:00 pm, depending on the availability of the Court Marshal's office.

CAREGIVER BACKGROUND SCREENING FORM

Each petitioner and each adult 18 and older living in the home of the proposed guardian and conservator must complete a Caregiver Background Screening Form.

Forms are available on the following 13th Judicial Circuit website:

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

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



STATE OF MISSOURI
CAREGIVER BACKGROUND SCREENING

AGENCY USE

BLOCK I - TO BE COMPLETED BY THE REQUESTOR

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req) | <input checked="" type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge) |
| <input checked="" type="checkbox"/> 2. Family Foster Care Licensing (No charge) | <input checked="" type="checkbox"/> 5. Child Day Care Licensing (No charge) |
| <input checked="" type="checkbox"/> 3. Department of Health and Senior Services Employee Disqualified List (No charge) | <input checked="" type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$14.00) |

SECTION B: REQUESTOR INFORMATION

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

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

BLOCK II - TO BE COMPLETED BY THE CAREGIVER

SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING

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

ADDRESSES FOR THE LAST 3 YEARS

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

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

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

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

BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW

MO 300-1590 (11-18)

Boone County Courthouse-Probate Division

705 East Walnut St.

Columbia MO 65201

Fax: 573-886-4095

ATTN (REQUESTOR'S NAME)

ADDRESS 1

ADDRESS 2 (IF APPLICABLE)

CITY, STATE, ZIP CODE



STATE OF MISSOURI
CAREGIVER BACKGROUND SCREENING

AGENCY USE

BLOCK I - TO BE COMPLETED BY THE REQUESTOR

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req) | <input checked="" type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge) |
| <input checked="" type="checkbox"/> 2. Family Foster Care Licensing (No charge) | <input checked="" type="checkbox"/> 5. Child Day Care Licensing (No charge) |
| <input checked="" type="checkbox"/> 3. Department of Health and Senior Services Employee Disqualified List (No charge) | <input checked="" type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$14.00) |

SECTION B: REQUESTOR INFORMATION

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

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

BLOCK II - TO BE COMPLETED BY THE CAREGIVER

SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING

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

ADDRESSES FOR THE LAST 3 YEARS

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

SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION

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

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

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

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

BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW

MO 300-1590 (11-18)

Boone County Courthouse-Probate Division

705 East Walnut St.

Columbia MO 65201

Fax: 573-886-4095

◀ ATTN (REQUESTOR'S NAME)

◀ ADDRESS 1

◀ ADDRESS 2 (IF APPLICABLE)

◀ CITY, STATE, ZIP CODE

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

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

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

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

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

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

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

² See 28 CFR 50.12(b).

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

Dated: _____

Signature: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

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

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- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

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

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

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

² See 28 CFR 50.12(b).

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

Dated: _____

Signature: _____

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

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

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

After the court proceedings and you have been authorized to be appointed the guardian and/or conservator, both you and your attorney will meet with a member of our legal department to further discuss your duties and responsibilities.

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

8. In the event the ward dies or you or the ward move from one address to another, you have a duty to notify the court in writing of such death or new address as soon as possible.
9. If the ward does not live with you, Missouri law requires that you visit the ward at least once a year.
10. If you fail to perform any of your duties as guardian and/or conservator, you can be removed as guardian and/or conservator and be personally liable for any loss or damage sustained by the ward by reason of your failure. You are under a duty, at all times, to act in the best interests of your ward and to avoid conflicts of interest which impair your ability to act on your ward's behalf.

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

Date: _____

Petitioner's Signature

Petitioner's Name (Typed)

Petitioner's Signature

Petitioner's Name (Typed)

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

INSTRUCTIONS:

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

NOTE: Name; addresses; DOB; and Social Security Number should be listed for all parties on the case including heirs and interested parties if reasonably available. The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

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

Name(s): _____

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

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

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

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

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

GUARDIAN/CONSERVATOR – ADULT: ☐ PR – Guardianship – Adult; ☐ PT – Limited Guardianship – Adult;
☐ PN – Conservatorship – Adult; ☐ PP- Limited Conservatorship – Adult; ☐ PU – Guardian/Conservator – Adult;
☐ PW – Limited Guardian/Conservator – Adult;

GUARDIAN/CONSERVATOR – MINOR: ☐ PS – Guardianship – Minor; ☐ PL – Limited Guardianship – Minor;
☐ PO – Conservatorship – Minor; ☐ PV – Guardian/Conservator – Minor; ☐ PY – Limited Guardian/Conservator – Minor;

MISCELLANEOUS ADULT/MINOR: ☐ G1 – Registration Foreign Order Guardian/Conservator – Adult;
☐ G2 – Registration Foreign Order Guardian/Conservator – Minor;

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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

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

Organization (if non-person): _____

Address: _____

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

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

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

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.*