

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: Guardianship/Conservatorship

In Re: Guardianship of:

Petition for Appointment of Guardian (GAC505)

Note: This is a petition to ask the Court to appoint a Guardian for the Respondent. It is based on Minn. Stat. § 524.5-303, which states what must be included in a petition.

- If you want to ask for a Guardian **and** a Conservator, do not use this form. Use GAC503 instead.
- If you want to ask only for a Conservator, do not use this form. Use GAC507 instead.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Interpreter Information

- When requested, the Court may provide an interpreter at a Guardianship hearing.

Do you, the Respondent, or any participant need an interpreter at a hearing in this case?

- No.
 Yes.

- If yes, fill out the chart for each person needing an interpreter:

Name	What language?

Information about Petitioner

1. Petitioner’s Name and Contact Information

First Name: _____
Middle Name: _____
Last Name: _____
Address: _____
City, State, Zip: _____
Telephone number: _____
Email address: _____ or None

2. Why did you take on the responsibility to file this *Petition*? _____

3. What is your relationship to the Respondent?
 Family – describe: _____
 Friend – describe: _____
 Other – describe: _____

Information about Respondent

4. Respondent's Full Name, Date of Birth, and Primary Language

a. Respondent's Full Name.
First Name: _____
Middle Name: _____
Last Name: _____

b. What name does Respondent usually go by? _____

c. Respondent's Date of Birth: _____

d. Respondent's Primary Language: English or Other: _____

5. Respondent's Address and Contact Information

a. Respondent's Telephone Number: _____

b. Respondent's Home Address: _____
City/State/Zip: _____

c. What type of residence is this? Check all that apply:

Private home (for example, a house or apartment).

Group home:

What is the name of agency or company operating the group home? _____

What is the name of the administrator of the group home? _____

Assisted living facility:

What is the name of agency or company operating the assisted living facility?

What is the name of the administrator of the assisted living facility? _____

Nursing home:

What is the name of agency or company operating the nursing home? _____

What is the name of the administrator of the nursing home? _____

Other: _____

NOTE: The Respondent's "home address" is their principal address (where they usually live). Answer the questions below to let the Court know if the Respondent is currently in a different, temporary, location (such as a hospital, nursing home, acute care center, etc.).

d. Is Respondent currently staying at their home address listed above? Yes. No.

- If no, list the address where Respondent is temporarily staying:

Name of Facility: _____

Administrator's Name: _____

Address: _____

City, State, Zip: _____

Type of Facility or Residence: _____

Information about People Interested in Respondent

- Minnesota Statutes § 524.5-303(b) says the *Petition* must contain the names and addresses of several individuals who may be related to or interested in the Respondent’s well-being.

6. Is the Respondent **married**?

- No**, the Respondent is not married.

Has Respondent lived with an adult for more than 6 months before the filing of this *Petition*?

- No (Respondent has not lived with another adult for more than 6 months before the filing of this *Petition*).
- Yes. Respondent lived with the following adult:

Name: _____

Address: _____

City/State/Zip: _____

Or

- Yes**, the Respondent is married.

Name of Respondent’s Spouse: _____

Street Address: _____

City/State/Zip: _____

7. **Respondent’s Relatives.**

- Use more paper if you need more space.

a. Does Respondent have any **adult children or stepchildren**?

- No.
- Yes.

- If yes, list the names and addresses of the Respondent’s adult children and stepchildren:

Name: _____

Address: _____

City/State/Zip: _____

Relationship: Adult child Adult stepchild

Name: _____

Address: _____

City/State/Zip: _____

Relationship: Adult child Adult stepchild

Name: _____

Address: _____

City/State/Zip: _____

Relationship: Adult child Adult stepchild

→ If you answered "YES" to #7(a), you do not have to answer (b) and (c). Skip to #8.

b. There are two main questions in #7(b) – and each asks for follow-up information.

Question: Does Respondent have a parent who is still living? No Yes

- If yes, list the names and addresses of the Respondent's living parents:

Parent: _____

Address: _____

City/State/Zip: _____

Parent: _____

Address: _____

City/State/Zip: _____

Question: Does Respondent have any adult siblings? No Yes

- If yes, list the names and addresses of the Respondent's adult siblings:

Name of adult sibling: _____

Address: _____

City/State/Zip: _____

Name of adult sibling: _____

Address: _____

City/State/Zip: _____

Name of adult sibling: _____

Address: _____

City/State/Zip: _____

➔ If you answered "YES" to #7(b), you do not have to answer (c). Skip to #8.

c. List the name and address of the Respondent's closest relative who can be found.

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

8. Respondent's **Current Legal Representatives** (if any).

- If the answer to any of the following is "yes," give the name and address of the legal representative.

a. Does Respondent have a **court-appointed guardian**?

Unknown.

No.

Yes:

Name of Respondent's court-appointed guardian: _____

Court-appointed guardian's address: _____

City/State/Zip: _____

Court File Number: _____

- If the court order is from someplace other than Minnesota, include a copy of the order with this *Petition*.

b. Does Respondent have a **court-appointed conservator**?

Unknown.

No.

Yes:

Name of Respondent's court-appointed conservator: _____

Court-appointed conservator's address: _____

City/State/Zip: _____

Court File Number: _____

- If the court order is from someplace other than Minnesota, include a copy of the order with this *Petition*.

c. Does Respondent have a **representative payee** (sometimes called a “rep payee”)?

Unknown.

No.

Yes:

Name of rep payee: _____

Rep payee’s address: _____

City/State/Zip: _____

d. Does Respondent have a **trustee** or a **custodian of a trust or custodianship**?

Unknown.

No.

Yes:

Name of trustee or custodian: _____

Trustee or custodian’s address: _____

City/State/Zip: _____

e. Does the Respondent have an **attorney-in-fact** appointed through a “Power of Attorney”?

Unknown.

No.

Yes:

Name of attorney-in-fact: _____

Attorney-in-fact’s address: _____

City/State/Zip: _____

f. Does the Respondent have any **other legal representative**?

Unknown.

No.

Yes:

Name of Respondent’s legal representative: _____

Legal representative’s address: _____

City/State/Zip: _____

How is this person a legal representative for Respondent? _____

Less Restrictive Means

- Minnesota law says that a judicial officer cannot appoint a guardian UNLESS the Respondent’s identified needs cannot be met by less restrictive means. In this *Petition*, you must tell which less restrictive means have been considered, which have been attempted (and for how long), and how these less restrictive means were not sufficient to meet the Respondent’s identified needs.
- Use more paper if you need more space.

9. Less Restrictive Means.

a. Appropriate technological assistance:

Describe: _____

Was the use of technological assistance attempted?

Yes:

How long was technological assistance attempted? _____

Why wasn’t the use of technological assistance sufficient to meet the Respondent’s needs? _____

or

No. The use of technological assistance was not attempted because:

b. Supported decision making:

Describe: _____

Was the use of supported decision making attempted?

Yes:

How long was supported decision making attempted? _____

Why wasn't the use of supported decision making sufficient to meet the Respondent's needs? _____

or

No. The use of supported decision making was not attempted because:

c. Community or residential services:

Describe: _____

Was the use of community or residential services attempted?

Yes:

How long was the use of community or residential services attempted?

Why wasn't the use of community or residential services sufficient to meet the Respondent's needs? _____

or

No. The use of community or residential services was not attempted because: _____

d. **Appointment of a health care agent** under Minn. Stat. § 145C.01, subd. 2:

Describe: _____

Was the use of an appointed health care agent attempted?

Yes:

How long was the use of an appointed health care agent attempted?

Why wasn't the use of an appointed health care agent sufficient to meet the Respondent's needs? _____

or

No. The use of an appointed health care agent was not attempted because:

e. **Other less restrictive means considered or attempted:**

Type of Less Restrictive Means Considered or Attempted: _____

Why wasn't this sufficient to meet the Respondent's needs? _____

Type of Less Restrictive Means Considered or Attempted: _____

Why wasn't this sufficient to meet the Respondent's needs? _____

Type of Less Restrictive Means Considered or Attempted: _____

Why wasn't this sufficient to meet the Respondent's needs? _____

Nominations

10. **Respondent's nominations.** Has the Respondent nominated or named anyone to be their guardian? Yes No

- If Yes, list the name, address, and phone number of each person nominated (named) by Respondent to be their guardian:

Name of Respondent's Nominee: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Name of Respondent's Nominee: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Name of Respondent's Nominee: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

11. Is the Respondent a person with developmental disabilities or dependent and neglected ward of the Commissioner of Human Services? Yes No

12. Is the Respondent under the temporary custody of the Commissioner of Human Services? Yes No

Respondent's Income and Assets

13. **Respondent's Income and Assets.**

- According to Minn. Stat. § 524.5-303, the *Petition* must include information about “Respondent’s property with an estimate of its value, including any insurance or pension, and the source and amount of any other anticipated income or receipts.”
- Give details about Respondent’s assets and income (write “none” if Respondent does not own a particular asset or have that type of income):

Asset or Income	Value or Amount	Details
Homestead		
Other real estate		
Money (cash on hand or in accounts)		
Investments		
Personal property		
Insurance		
Pension or retirement		
Income		
Other		

Information about the Proposed Guardian

14. Proposed **Guardian’s** Name and Contact Information

Is the proposed Guardian also the Petitioner (listed in #1)? Yes No

- If No, give the following information about the proposed Guardian:

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____ or None

15. Who nominated this proposed **Guardian?** (Check all that apply)

- Respondent
- Respondent’s parent

- Respondent's spouse
- Proposed Guardian (self-nominated)
- Other: _____

16. Was the proposed **Guardian** previously appointed as Guardian of the Respondent by a court order?

- Yes (list the Court File Number: _____)
- No

17. Why is the proposed **Guardian** the most suitable and best qualified among those available and willing to serve as guardian?

18. Does the proposed **Guardian** provide any of the following to the Respondent **for a fee**?

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Residence: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Custodial care: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical care: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment training: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other care or services: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes to any of the above, is the proposed **Guardian** related to Respondent by blood, marriage, or adoption? Yes No

- **NOTE:** According to Minn. Stat. § 524.5-309(c), a person or agency that provides the services listed above to the respondent for a fee may not be appointed as guardian unless they are related to the respondent by blood, marriage, or adoption.

19. Are you asking that the Court appoint more than 1 guardian (the other proposed guardians would be called "co-guardians")? Yes No

- If Yes, fill out one *Co-Guardian Attachment (GAC502-Co-G)* for each Proposed **Co-Guardian**.

Reasons Why a Guardianship Is Needed

- Minnesota law says that, in this *Petition*, you must tell why the guardianship is needed (including giving a description of "the nature and extent" of Respondent's incapacity).

- Minn. Stat. § 524.5-102, subd. 6, defines incapacity:
 "Incapacitated person" means an individual who, for reasons other than being a minor, is impaired to the extent of lacking sufficient understanding or capacity to make personal decisions, and who is unable to meet personal needs for medical care, nutrition, clothing, shelter, or safety, even with appropriate technological and supported decision making assistance.

20. Describe Respondent’s conditions, impairments, and/or behaviors that affect Respondent’s ability to understand, communicate, and meet their personal needs.

21. How will a guardianship help the Respondent?

Powers of the Guardian – Minn. Stat. § 524.5-313

- The Court will grant to a guardian only those powers necessary to meet the Respondent’s demonstrated needs.

22. What powers are needed for a Guardian to protect and supervise the Respondent? Choose “a” or “b.”

- a. **Limited Powers to Guardian.** The Court should grant to the Guardian the power and duty to exercise the following rights and powers under Minn. Stat. § 524.5-313(c):
- Check the boxes to tell the Court which powers and duties Petitioner is asking the Court to grant to the Guardian:
- (a) Have custody and establish the place of abode of the person subject to guardianship within or outside Minnesota, pursuant to Minn. Stat. § 524.5-313(c)(1).
- (b) Provide for the care, comfort, and maintenance needs of the person subject to guardianship, pursuant to Minn. Stat. § 524.5-313(c)(2).

- (c) Take reasonable care of the clothing, furniture, vehicles, and other personal effects of the person subject to guardianship, pursuant to Minn. Stat. § 524.5-313(c)(3).
- (d) Give any necessary consent to enable, or to withhold consent for, the person subject to guardianship to receive necessary medical or other professional care, counsel, treatment, or service, pursuant to Minn. Stat. § 524.5-313(c)(4).
- (e) Approve or withhold approval of any contract, except for necessities, which the person subject to guardianship may make or wish to make (**only given if no conservator is appointed**), pursuant to Minn. Stat. § 524.5-313(c)(5).
- (f) Exercise supervisory authority over the person subject to guardianship, but may not restrict the ability of the person subject to guardianship to communicate, visit, or interact with others, including receiving visitors or making or receiving telephone calls, personal mail, or electronic communications including through social media, or participating in social activities, unless the guardian has good cause to believe the restriction is necessary to prevent significant physical, psychological, or financial harm to the person subject to guardianship, pursuant to Minn. Stat. § 524.5-313(c)(6).
- (g) Apply on behalf of the person subject to guardianship for any assistance, services, or benefits available to the person subject to guardianship through any unit of government (**only given if no conservator is appointed**), pursuant to Minn. Stat. § 524.5-313(c)(7).
- (h) Establish an ABLE (Achieving a Better Life Experience) account for the person subject to guardianship, pursuant to Minn. Stat. § 524.5-313(c)(9).
- (i) Start a lawsuit on behalf of and represent the person in all civil proceedings (**only given if no conservator is appointed**), pursuant to Minn. Stat. § 524.5-313(c)(10).
- (j) Other: _____

Or

- b. **All Powers to Guardian.** The Court should grant to the Guardian the power and duty to exercise all rights and powers under Minn. Stat. § 524.5-313(c) on behalf of the Respondent. **Explain why the Court should not limit the Guardian’s powers:**

23. Does the Respondent appear to understand the nature and effect of voting?

- Yes, and the Respondent should maintain the right to vote.
- No, and the Court should determine Respondent's capacity to vote.

Additional Information about the Proposed Guardian



Important!

- According to Minn. Stat. § 524.5-303(c), the *Petition* must include the information in this section about the following individuals:
 - the Proposed Guardian;
 - all Co-Guardians; **and**
 - any employee of the Guardian who will be responsible for exercising powers and duties under the guardianship.
- **NOTE:** You will need to fill out the *Co-Guardian Attachment to Petition (GAC502-Co-G)* to answer these questions about co-guardians.

24. Has the proposed **Guardian** ever been removed for cause from serving as a guardian or conservator?

No.

Or

Yes, _____ (name) has been removed for cause from serving as a guardian or conservator. These are the details of the case:

Location: _____

Court File Number: _____

25. How much does the proposed **Guardian** anticipate charging for the performance of their guardian services?

_____ (name) anticipates charging:

\$ _____

hourly

monthly

flat rate

other: _____

26. Is the proposed **Guardian** a professional guardian? No Yes

If Yes:

a. _____ (name) is a: (Check all that apply)

- Professional guardian
- Professional conservator

b. Give a summary of this person's educational background, relevant work experience, and other experience: _____

c. What is the professional's current customary rate per hour? \$ _____

27. Has the proposed **Guardian** applied for or held any professional licenses? No Yes

If yes, describe the professional licenses applied for or held:

Name of Person	Type of License	Agency	License Number	Status (for example: active, expired, suspended, etc.)

If the status of any license has been denied, conditioned, suspended, revoked, or cancelled, explain why: _____

28. Has the proposed **Guardian** been found civilly liable in an action involving fraud, misrepresentation, material omission, misappropriation, theft, or conversion?

No

Or

Yes, _____ (name) has been found civilly liable in an action involving fraud, misrepresentation, material omission, misappropriation, theft, or conversion.) These are the details of the case:

Court location: _____

Court File Number: _____

29. Has the proposed **Guardian** filed or received protection under the bankruptcy laws in the last 5 years?

No

Or

Yes, _____ (name) has filed or has received protection under the bankruptcy laws in the last 5 years. These are the details of the case:

Court location: _____

Court File Number: _____

30. Does the proposed **Guardian** have any outstanding civil monetary judgments against them?

No

Or

Yes, _____ (name) has outstanding civil monetary judgments against them. These are the details of the case:

Court location: _____

Court File Number: _____

31. Is an Order for Protection (OFP) or Harassment Restraining Order (HRO) in effect (or has one been in effect) against the proposed **Guardian**?

No

Or

Yes, _____ (name), currently has, or has had, an order for protection or harassment restraining order issued against them.

Court location: _____

Court File Number: _____

32. Has the proposed **Guardian** been convicted of a gross misdemeanor or felony crime?

No

Or

Yes, _____ (name) has been convicted of a gross misdemeanor or felony crime. These are the details of the case:

Name of Crime or Offense: _____

Court location: _____

Court File Number: _____

- **NOTE:** Do not include petty misdemeanors or traffic offenses.

REQUESTS

Petitioner asks the Court to schedule hearing on this petition and, after the hearing, issue an order:

Appointing _____ Guardian of Respondent with the powers and duties described in statements at #22 above.

Appointing _____ as Co-Guardian of Respondent with the powers and duties described in the statements contained in the *Co-Guardian Attachment to Petition (GAC502-Co-G)*.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: _____

Signature: _____

Printed Name: _____

Address: _____

County and state where signed

City/State/Zip: _____

Phone: _____

Email: _____