



COLUMBIA COUNTY

Columbia County Circuit Court
Register in Probate Office

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MINOR GUARDIANSHIP OF THE PERSON (Chapter 48) – 48.9795 EMERGENCY GUARDIANSHIP

Revised 1/2023

Please Note: This Guideline is provided as a public service and is not intended to be legal advice. If you have any question about the form or the procedure, please contact an attorney, as Probate staff members cannot give legal advice.

Full Guardianship – permanent until reversed by the Court or the minor turns 18.

Temporary Guardianship – valid up to 180 days and can be extended one time up to additional 180 days.

Limited Guardianship – limits the duties and authority under §48.023 and requires an expiration date.

Emergency Guardianship - valid for 60 days

Delegation of Parental Power of Attorney §49.979 - voluntarily delegation of powers by the legal custodian parent(s).

This is done privately without any Court involvement. Form is at: <https://wilawlibrary.gov/topics/familylaw/guardian.php>

Forms: You may access all guardianship forms on the internet at: <http://www.wicourts.gov/forms1/circuit.htm>

TO START prepare and bring with you for filing the original and one copy of ALL the documents you will be filing:

Form Number	Name of Form
JN-1504	Petition for Appointment of Emergency Guardian (48.9795, Wis. Stats.) <ul style="list-style-type: none"> ➤ ONLY ONE TYPE OF GUARDIANSHIP PER PETITION ➤ THE PETITION <u>MUST</u> INCLUDE ALL THE INTERESTED PARTIES (REFER TO THE ATTACHED INTERESTED PARTIES WORKSHEETS)
GF-150	Uniform Child Custody Jurisdiction and Enforcement Act Affidavit
JD-1724	Notice of Hearing (Juvenile) HEARING: A hearing date will be scheduled as soon as possible after the petition has been filed. The petitioner is responsible for serving the Petition, Notice of Hearing and any attachments at least 7 days prior to the hearing as follows: certified mail or personal service on all interested person listed on the petition or if recipient is an adult by the written admission of service.
JN-1510	Nomination of Guardian by Parent or Child (48.9795 Wis. Stats.) To permit a parent to nominated a guardian or successor guardian and/or a child (age 12 and older) to nominate a guardian.
JD-1798A	Order Appointing Guardian Ad Litem (GAL) or Attorney (Ch. 48 and 938) NOTE: The Court is require to appoint a Guardian ad Litem (GAL) in all Ch. 48 cases to represent the best interests of the minor. The Court will determine who shall pay the GAL's fees.
JN-1514	Statement by Proposed Guardian (48.9795 Wis. Stats.) This document needs to be filed with petition or 96 hours before the hearing date/time.
JN-1540	Request to Reconsider or Modify Emergency Guardianship (§48.9795 Wis. Stats.) NOTE: This needs to be provided to interested parties to give them notice of the right to petition for reconsideration or modify the emergency guardianship
Required for filing a guardianship petition	\$500 deposit for Guardian ad Litem fees must be paid at the time of filing the Petition and will apply to the GAL bill

PROOF OF NOTICE and GIVING NOTICE:

- The Register in Probate office will schedule a hearing on the emergency guardianship as soon as possible or, for good cause shown, the court may issue a temporary order appointing an emergency guardian without a hearing. The temporary order shall remain in effect until a hearing is held on the emergency guardianship petition.
- **The petitioner is responsible for serving** the following: Petition, Notice of Hearing, any other documents, and Temporary Order Appointing an Emergency Guardian (if ordered by the Court).
- Petitioner shall serve the documents on the following: the child if 12 years or older, child's GAL, child's counsel (if any), child's parents, guardian, and legal custodian, and the person nominated as emergency guardians.
- The petitioner shall give service as soon as possible after the filing of the petition and served by most practical means possible, including personal service or service by electronic mail or telephone, and shall include notice of the right to petition for reconsideration or modification of the emergency guardianship. NOTE: Should service not be accomplished until after the hearing, the petitioner remains responsible for serving the petition with any attachments, the notice of hearing and form JN-1540

Form Number	Name of Form
JD-1825	Affidavit of Service (Chapter 48 and 938) <ul style="list-style-type: none"> ➤ This is a sworn statement indicating the names and addresses to which various documents were served by mail, personal service, certified mail, registered mail with return receipt requested or publication. If an interested parties' address is unknown you may be required to publish notice. ➤ Petitioner's failure to provide notice to all interested persons deprives the court of jurisdiction.
Any other Proof of Service	You may file any other proof of service documents.
To be Completed by the appointed GAL	Form JN-1512 Report of Guardian ad Litem for Guardianship of a Child (48.9795, Wis. Stats.) will be submitted by the GAL

EMERGENCY MINOR GUARDIANSHIP OF THE PERSON - The following proposed order to be filed prior to the disposition hearing.

JN-1520	Temporary Order Appointing an Emergency Guardian (§48.9795, Wis. Stats.)
JN-1521	Letters of Guardianship and Dispositional Order Appointing an Emergency Guardian (§48.9795, Wis. Stats.)
Duration and Extend of Authority	<ul style="list-style-type: none"> ➤ The court may appoint an emergency guardian for a child for a period not to exceed 60 days. ➤ The court's determination and order appointing the emergency guardian shall specify the authority of the emergency guardian and shall be limited to those acts that are reasonably related to the reasons for the appointment that are specified in the petition for emergency guardianship. The authority of the emergency guardian is limited to the performance of those acts stated in the order of appointment. An order appointing an emergency guardian may not change the placement of a child under the supervision of a court.

CERTIFIED COPIES: If you need additional certified copies, the cost is \$3.00 for the certification and \$1.00 for each page copied or compared, per Section 814.66 Wis. Stats

POST-DISPOSTITION FORMS:

JN-1540	Request to Reconsider or Modify Emergency Guardianship (§48.9795 Wis. Stats.)
JN-1552	Notice of Change of Address (§48.9795, Wis. Stats.) <ul style="list-style-type: none"> ➤ The guardian is required to notify the court of any change in the address. Notification must be immediately and in writing.

THE NAMES OF THE INTERESTED PARTIES AND OTHERS ENTITLED TO NOTICE WORKSHEET
MINOR GUARDIANSHIP OF THE PERSON

Please Note: This Guideline is provided as a public service and is not intended to be legal advice. If you have any question about the form or the procedure, please contact an attorney, as Probate staff members cannot give legal advice.

ANYONE listed on this worksheet is an interested party and must be listed on your petition & served notice.

RELATIONSHIP		NAME	MAILING ADDRESS
Minor Child Notice is required for minor child if they are 12 years of age or older			
PARENTS (natural or adoptive) of the minor Note: do no list a parent if there is a court order terminating their parental rights	MOTHER:		
	FATHER:		
Does the Minor have any current GUARDIAN(S) appointed by the court?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, list the legal guardian(s)		
Does the Minor have a LEGAL CUSTODIAN?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, list the custodian(s)		
List the NOMINATED GUARDIAN			
List any NOMINATED SUCCESSOR GUARDIAN			
Does the Minor have a Court Appointed GUARDIAN AD LITEM?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, list the GAL. If one is not appointed, one will be		
If no parents living, is there any individual nominated to act as guardian for the minor in a Will or other written instrument?			
Is the child an Indian child?	<input type="checkbox"/> NO <input type="checkbox"/> YES If so, list the child's Indian custodian or tribe		
District Attorney's Office	The Register in Probate Office will provide a courtesy copy (if applicable)		
County Corporation Counsel	The Register in Probate Office will provide a courtesy copy (if applicable)		

*** PLEASE NOTE: **THIS WORKSHEET CANNOT BE USED AS AN ATTACHMENT TO THE PETITION TO LIST THE NAMES AND MAILING ADDRESSES OF ALL THE INTERESTED PARTIES.**

IMPORTANT INFORMATION ABOUT THIS SAMPLE
This is a only sample to show how the interested parties
should be listed on the petition
(JN-1504) Petition for Appointment of Emergency
Guardian (§48.9795, Wis. Stats.)

You will need to list YOUR interested parties on the petition.

STATE OF WISCONSIN, CIRCUIT COURT, <u>COLUMBIA</u> COUNTY	
IN THE INTEREST OF <u>List The Child's Name</u> <small>Name</small>	<input type="checkbox"/> Amended
<u>List the Child's Date of Birth</u> <small>Date of Birth</small>	Petition for Appointment of Emergency Guardian (§48.9795, Wis. Stats.)
Case No. _____	

I STATE ON INFORMATION AND BELIEF:

1.

<small>Child's Address</small> <u>Joey Smith 123 Main Street, City WI 12345</u>
Child has previously been adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Parent 1's Name and Address</small> <u>Jane Smith 456 Other Street, City WI 12345</u>
<small>Parent 2's Name and Address</small> <u>John Smith - deceased</u>
<small>Guardian's Name and Address</small> <u>List the name of any guardian (if applicable)</u>
<small>Legal Custodian's Name and Address</small> <u>List the name of any legal custody (if applicable)</u>
<small>Additional Interested Person(s) Name and Address</small> <u>List any other person that are interested per statute</u>

Use JN-1501 to Petition for Appointment of a Guardian Full/Limited/Temporary Guardianship (§48.9795, Wis. Stats.).

Use GN-3290 to Petition for Guardianship of the Estate (Minor Guardianship).
2. The appointment of an emergency guardian is being requested for the child. As the petitioner, I am interested as: _____
3. The person or agency nominated as the guardian of the child is _____
Address: _____
Phone: _____
4. The child is is not may be subject to §48.028, Wis. Stats., or the federal Indian Child Welfare Act (25 USC 1901 to 1963).
Tribe's name and address: _____
5. I am requesting an emergency guardianship.
The facts and circumstances establishing that the welfare of the child requires the immediate appointment of an emergency guardian are: See attached

 A temporary order appointing an emergency guardian without a hearing is requested until a hearing on the emergency guardianship petition is held. See attached
6. The facts and circumstances establishing that the proposed guardian is fit, willing, and able to serve as the child's guardian are: See attached
7. I request that one or both parents be ordered to pay child support in an amount to be determined by the court.
8. The child is or is not involved in another pending matter or subject to a court order under §§48.13, 48.133, or 48.14 or ch. 938, Wis. Stats., including guardianship, child in need of protection or services, unborn child in need of protection or services, juvenile in need of protection or services, delinquency, termination of parental rights, adoption, or other related proceedings.

JN-1504, 04/21 Petition for Appointment of Emergency Guardian (§48.9795, Wis. Stats.) §48.9795, Wisconsin Statutes
This form shall not be modified. It may be supplemented with additional material.
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IMPORTANT INFORMATION ABOUT THIS SAMPLE

This is only a sample. You will need to complete this form(s) prior to the Court hearing to show proof to the Court that proper service was provided.

PROOF OF NOTICE and GIVING NOTICE: The petitioner must serve a copy of all documents to all interested parties, including any appointed GAL. Please review Wisconsin Statute Sections to obtain the proper notice requirements. Without proper service, the Court may lose jurisdiction and may not be able to go forward with the hearing.

STATE OF WISCONSIN, CIRCUIT COURT, <u>COLUMBIA</u> COUNTY	
IN THE INTEREST OF <u>List the Name of Child</u> Name: _____ <u>List the Child's date of birth</u> Date of Birth: _____	<input type="checkbox"/> Amended Affidavit of Service (Chapter 48 and 938) Case No. _____
I, (Name) <u>NAME OF PERSON PROVIDING THE SERVICE</u> of (City) <u>CITY HERE</u> State of <u>WISCONSIN</u> , being sworn, state that on (Date) <u>LIST THE DATE SERVICE WAS PROVIDED</u> , I provided copies of the following documents: <u>LIST ALL THE DOCUMENTS NUMBER AND TITLE OF DOCUMENTS BEING PROVIDED TO THE FOLLOW PERSONS</u> _____ _____	
The following names and addresses: <input type="checkbox"/> See attached	
1. Name: _____ Address: _____ Type of Service: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service <input type="checkbox"/> Certified mail <input type="checkbox"/> Registered mail with return receipt requested <input type="checkbox"/> Publication	
2. Name: _____ Address: _____ Type of Service: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service <input type="checkbox"/> Certified mail <input type="checkbox"/> Registered mail with return receipt requested <input type="checkbox"/> Publication	
3. Name: _____ Address: _____ Type of Service: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service <input type="checkbox"/> Certified mail <input type="checkbox"/> Registered mail with return receipt requested <input type="checkbox"/> Publication	
4. Name: _____ Address: _____ Type of Service: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service <input type="checkbox"/> Certified mail <input type="checkbox"/> Registered mail with return receipt requested <input type="checkbox"/> Publication	
5. Name: _____ Address: _____ Type of Service: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service <input type="checkbox"/> Certified mail <input type="checkbox"/> Registered mail with return receipt requested <input type="checkbox"/> Publication	
6. Name: _____ Address: _____ Type of Service: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service <input type="checkbox"/> Certified mail <input type="checkbox"/> Registered mail with return receipt requested <input type="checkbox"/> Publication	
7. Name: _____ Address: _____ Type of Service: <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service <input type="checkbox"/> Certified mail <input type="checkbox"/> Registered mail with return receipt requested <input type="checkbox"/> Publication	
Refer to Wisconsin Statutes for proper manner of service.	
State of _____ County of _____ Subscribed and sworn to before me on _____ _____ Notary Public/Court Official _____ Name Printed or Typed My commission/term expires: _____ <input type="checkbox"/> This notarial act involved the use of communication technology.	DO NOT SIGN UNTIL YOU ARE IN FRONT OF NOTARY OR COURT OFFICIAL Signature _____ Name Printed or Typed _____ Address _____ Email Address _____ Telephone Number _____ Date _____