



# COLUMBIA COUNTY

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**Columbia County Circuit Court  
Register in Probate Office**

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## MINOR GUARDIANSHIP OF THE PERSON (Chapter 48) – 48.9795 FULL – LIMITED – TEMPORARY 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-1501	<b>Petition for Appointment of Guardian - Full/Limited/Temporary</b> <ul style="list-style-type: none"> <li>➤ ONLY ONE TYPE OF GUARDIANSHIP PER PETITION</li> <li>➤ THE PETITION <b>MUST</b> INCLUDE ALL THE INTERESTED PARTIES (REFER TO THE ATTACHED INTERESTED PARTIES WORKSHEETS)</li> </ul>
GF-150	<b>Uniform Child Custody Jurisdiction and Enforcement Act Affidavit</b>
JD-1724	<b>Notice of Hearing (Juvenile)</b> HEARING: A hearing date will be scheduled within 45 days of the receipt of the Petition. <b>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.</b>
HEARING	<ul style="list-style-type: none"> <li>➤ The Register in Probate office will schedule a hearing on the temporary, full or limited guardianship within 45 days of the receipt of the Petition.</li> <li>➤ <b>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.</b></li> </ul>
JN-1510	<b>Nomination of Guardian by Parent or Child (§48.9795 Wis. Stats.)</b> 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	<b>Order Appointing Guardian Ad Litem (GAL) or Attorney (Ch. 48 and 938)</b> <b>NOTE:</b> 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	<b>Statement by Proposed Guardian (48.9795 Wis. Stats.)</b> This document needs to be filed with petition or 96 hours before the hearing date/time.
Required for filing a guardianship petition	<b>\$500 deposit for Guardian ad Litem fees must be paid at the time of filing the Petition and will apply to the GAL bill</b>

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.

PRIOR TO THE COURT HEARING: the following documents are required prior to the hearing:

Form Number	Name of Form
JD-1825	<b>Affidavit of Service (Chapter 48 and 938)</b> <ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ <b>Petitioner's failure to provide notice to all interested persons deprives the court of jurisdiction.</b></li> </ul>
<b>Any other Proof of Service</b>	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

**TEMPORARY and LIMITED MINOR GUARDIANSHIP OF THE PERSON** - The following proposed order to be filed prior to the disposition hearing.

JN-1530	<b>Letters of Guardianship and Dispositional Order Appointing Guardian (Full/Limited/Temporary Guardianship) (48.9795, Wis. Stats.)</b>
<b>TIMELINES:</b>	<ul style="list-style-type: none"> <li>➤ The Temporary guardianship is valid for 180 days and can be extended one time for an additional 180 days. The request to extend the temporary guardianship must be filed with the Court <b>prior</b> to the expiration of the first 180 days. See Post-Disposition Request for the forms.</li> <li>➤ Limited Guardianship requires an expiration date.</li> </ul>

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

JN-1530	<b>Letters of Guardianship and Dispositional Order Appointing Guardian (Full/Limited/Temporary Guardianship) (48.9795, Wis. Stats.)</b>
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**CERTIFIED COPIES:** If you need 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-DISPOSTION REQUEST:**

JN-1550	<b>Annual Report on the Condition of the Child (48.9795, Wis. Stats.)</b> <ul style="list-style-type: none"> <li>➤ The guardian is required to make an annual report to the court each year. The form will be mailed out in January each year.</li> </ul>
JN-1552	<b>Notice of Change of Address (48.9795, Wis. Stats.)</b> <ul style="list-style-type: none"> <li>➤ The guardian is required to notify the court of any change in the address. Notification must be immediately and in writing.</li> </ul>
JN-1540	<b>Request to Modify/Terminated/Extend Limited or Temporary Guardianship</b>
JN-1542	<b>Order on Request to Modify Guardianship Order</b>
JN-1544	<b>Order on Request to Extend Limited/Temporary Guardianship</b>
JN-1548	<b>Order on Request to Terminate Guardianship</b>
JN-1560	<b>Petition for Review of Conduct of the Guardian</b>
JN-1561	<b>Order on Review of Conduct of the Guardian</b>
JN-1570	<b>Resignation of Guardian</b>
JN-1580	<b>Petition for Appointment of Successor Guardian</b>
JN-1581	<b>Order for Appointment of Successor Guardian</b>

**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-1501) Petition for Appointment of Guardian Full/Limited/Temporary**  
**Guardianship (§48.9795 Wis. Stats.)**  
**You will need to list YOUR interested parties on the petition.**

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

**STATE ON INFORMATION AND BELIEF:**

1. 

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

Use JN-1504 to Petition for Appointment of an Emergency Guardian (§48.9795, Wis. Stats.).  
Use GN-3290 to Petition for Guardianship of the Estate (Minor Guardianship).
2. The appointment of a 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 person nominated as the successor guardian of the child is \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
5. The child  is not  may be subject to §48.028, Wis. Stats., or the federal Indian Child Welfare Act (25 USC 1901 to 1963). For an Indian child, use the Indian Child Welfare Act version of this Petition (IW-1501).  
Tribe's name and address: \_\_\_\_\_
6. I am requesting a(n):  
 **Full guardianship**  
The facts and circumstances establishing that the child's parents are unfit, unwilling, or unable to provide for the care, custody, and control of the child or other compelling facts and circumstances demonstrating that a full guardianship is necessary are:  See attached  
 \_\_\_\_\_  
 **Limited guardianship**  
The facts and circumstances establishing that the child's parents need assistance in providing for the care, custody, and control of the child and a statement of the specific duties and authority under §48.9795 (2) (d), Wis. Stats., sought by the petitioner for the proposed guardian and the specific parental rights and duties that the petitioner seeks to have transferred are:  See attached  
 \_\_\_\_\_

JN-1501, 04/21 Petition for Appointment of Guardian Full/Limited/Temporary Guardianship (§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 a only 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 <b>Affidavit of Service</b> (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: <span style="float: right;"><input type="checkbox"/> See attached</span>	
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.	<b>DO NOT SIGN UNTIL YOU ARE IN FRONT OF NOTARY OR COURT OFFICIAL</b> _____ Signature _____ Name Printed or Typed _____ Address _____ Address _____ Email Address _____ Telephone Number _____ Date _____
JD-1825, 05/20 Affidavit of Service (Chapter 48 and 938) Chapter 48 and 938 Wisconsin Statutes This form shall not be modified. It may be supplemented with additional material. Page 1 of 1	