

## GUARDIANSHIP AND CONSERVATORSHIP PACKET

Probate Form No. G1

- These materials are provided to assist attorneys when petitioning to have an individual declared incapacitated and/or disabled as defined in Missouri Revised Statutes Chapter 475. Attorneys are not required to use these forms but must use a form substantially similar pursuant to Saint Louis County Local Rule 72.2(D).
- This packet has been prepared in compliance with Missouri Revised Statute Chapter 475 and Supreme Court Operating Rule 2.0 as of the date stated below. Counsel is responsible at all times for confirming compliance with all relevant laws, including without limitation, statutes, State and local Rules, and case law.
- Please remember to redact “Confidential Information” appropriately. This packet has been prepared in compliance with Saint Louis County Local Court Rule 72.8 regarding redaction requirements. Further redaction of information that is not “Confidential Information” could result in an incomplete filing.
- If counsel wishes to provide the Court with additional information about a case at the time of filing, Counsel should file a memorandum containing that information.
- In the event a Motion for Emergency Appointment of a Temporary Guardian or Temporary Conservator is filed, such filing shall comply with all requirements under St. Louis County Court Local Rule 72.7. Alternatively, if emergency circumstances as set out in Section 475.075.15 RSMo. are not present, but counsel wishes to have an expedited hearing on a guardianship or conservatorship matter, then counsel may file a motion for an expedited hearing. Please clearly state whether you are requesting an emergency setting or an expedited setting at the time of filing.

## GUARDIANSHIP AND CONSERVATORSHIP CHECKLIST

Case Category – Probate Guardianship/Conservatorship-Adult/Minor

Case Type – Choose most appropriate case type for adult

***NOTE: Local Court Rule 3.2 mandates all electronically filed pleadings must be typewritten. Local Court Rule 72.2 governs specific requirements for electronic filing in the Probate Division. Documents shown in bold italics should be filed as separate filings.***

### COURT FORMS:

1. ***Petition for Appointment of Guardian and/or Conservator*** (Document Category – Application for Letters) with following exhibits attached:
- Exhibit A – ***Financial Statement*** – secured document (see note)  
(Document Category – Filing – Other/Miscellaneous Type – Financial Documents)
  - Exhibit B – ***Interested Persons***
  - Exhibit C – ***Witness List***
  - Exhibit D – ***Information for Proposed Guardian and Conservator and Consent***
  - Exhibit E – ***Designation of Resident Agent/Acceptance of Appointment of Resident Agent***
  - Exhibit F – ***Consent to Appointment***

**Note:** Exhibit A should be a separate filing and not filed as an exhibit to the Petition. If the proper category and type is selected, it will automatically be a confidential document on Case.net.

2. ***Medical Affidavit in Support of Petition for Guardianship/Conservatorship***  
(Document Category – Affidavit for/in/of Document Type– Medical Affidavit)

**Note:** This Confidential Document should contain the Respondent’s diagnosis. If coded correctly at filing, it will automatically be a secured (confidential) document on Case.net.

3. Letter of bond qualification if the Respondent has assets other than a social security bank account with a representative payee. (Document Category – Filing – Other/Miscellaneous – Surety Bond)

### ADDITIONAL DOCUMENTS (No Court Form):

1. ***Motion for Mental or Medical Examination***. See Instruction 4 below.  
(Document Category – Motion to/for – Motion (other))

2. **Background Check.** See Instruction 5 below. (*Document Category – Report/Results/Evaluation to/for: Document Type – Confidential Guardian/Conservator Background Report*)  
Available online at: <https://health.mo.gov/safety/fcsr/> (secured document)

## INSTRUCTIONS:

1. Party information must be entered into the Court’s e-filing system with full social security numbers and birth dates. Include Petitioner, Respondent, Proposed Guardian/Conservator if different from Petitioner, and Registered Agent.
2. Fill in all blanks and check boxes on all forms. If not applicable, please indicate by using N/A.
3. If requesting appointment of the Public Administrator (“PA”) please note:
- Copy of petition and any accompanying documents including exhibits and medical opinions must be mailed and e-mailed to the PA at [PublicAdministrator@stlouiscountymo.gov](mailto:PublicAdministrator@stlouiscountymo.gov)
  - Notice of the date and time of the hearing must be mailed and e-mailed to the PA.
  - The PA has the opportunity to attend and participate in the hearing, including the right to cross-examine and offer witnesses and evidence.
  - The PA may waive notice and the opportunity to participate.
4. A copy of the Medical Affidavit or other medical evidence must be e-filed with the Petition. Petitioner must be prepared to present medical evidence at the time of the hearing. A Motion for Mental or Medical Examination may be filed with the Petition.
5. A copy of any durable power of attorney document(s) executed by the Respondent must be e-filed with the Petition.
6. Background Checks: Must be completed at Petitioner(s)’ own expense for anyone asking to be appointed guardian other than Respondent’s nominee, attorney-in-fact, spouse, parents, children or siblings over the age of 18 or the Public Administrator. Instructions on Page 7.

- 7. Bond: If requesting a Conservatorship, file a *letter from a bonding company* verifying Petitioner’s ability to qualify for bond in the amount of the Respondent’s personal property, rounded up to the nearest thousand.
  
- 8. Setting/Notice of Hearing:
  - A Clerk will review all initiating pleadings. Thereafter, you may receive a notice indicating additional information is needed by the Court.
  - The Clerk will assign an attorney from the Court-appointed list to represent the Respondent and issue an Order Appointing Attorney for Respondent and for Setting Hearing.
  - The Clerk will reach out to the filing attorney **by email** to set the Petition for hearing. Please respond to the Clerk within 48 hours of the Clerk’s email.
  - The Clerk will then prepare a Notice of Hearing for service on Respondent.
  - The Petitioner’s attorney is responsible for preparing and serving a [Notice of Hearing](#) on all interested parties. A [sample Notice of Hearing](#) with the statutorily required affidavit of service is provided.

**FILING FEES:**

- Click hyperlink for most recent fees.

[Boone/Callaway County](#)  
[Greene County](#)  
[Jackson County](#)  
[St. Charles County](#)  
[St. Louis City](#)  
[St. Louis County](#)

**HEARING READINESS:**

- 1. Prior to the hearing, service must be completed. Type of Service:
  - Personal service on Respondent:
    - Sheriff service. Service by St. Louis County Sheriff requires additional \$46.00 fee.
    - Service by Special Process Server.
  - NOTE: Service on Respondent may not be waived by any person (including the Respondent) or counsel.**
  - Personal service on Respondent’s spouse if not Petitioner:
    - Sheriff service. Service by St. Louis County Sheriff requires additional \$46.00 fee.

- Service by Special Process Server.
- Waiver and Consent. Spouse may waive service.

- Personal service on attorney in fact if not Petitioner:
  - Sheriff service. Service by St. Louis County Sheriff requires additional \$46.00 fee.
  - Service by Special Process Server.
  - Waiver and Consent. Attorney in fact may waive service.

- Service by ordinary mail of all other Interested Parties:
  - 10 days' [notice of hearing](#) along with a copy of the Petition and copy of the Order Appointing Attorney for Respondent and for Setting Hearing must be given to interested parties as required by § 475.075.2.
  - Alternatively, submit [waivers and consents](#) of all Interested Parties in lieu of the 10 days' notice of hearing required above.
  - If asking for the appointment of the PA, 10 days' [notice of hearing](#), along with a copy of the Petition including all attachments and a copy of the Order Appointing Attorney for Respondent and for Setting Hearing must be mailed and emailed to PA at [publicadministrator@stlouiscountymo.gov](mailto:publicadministrator@stlouiscountymo.gov).

2. Service Packet:

- Service documents printed from Case.Net. See Service Instructions at: <https://stlcountycourts.com/forms/probate-forms/service-of-process-in-probate-proceedings/> to assemble service packet.
- Service packet has been delivered to appropriate Sheriff's Office or Special Process Server.

**NOTE: Counsel is responsible for service.** The Court does not deliver the service packet to the Sheriff's Office. The Court has no jurisdiction over the Respondent until he or she has been personally served.

3. Proof of Service:

- Return of Service on Respondent.  
Non-Est Service – must file memo requesting issuance of Alias Notice of Hearing with additional fees of \$36.00 if using St. Louis County Sheriff
- Return of Service on spouse, if applicable.  
Non-Est Service – must file memo requesting issuance of Alias Notice of Hearing with additional fees of \$36.00 if using St. Louis County Sheriff

Return of Service on attorney in fact, if applicable.  
Non-Est Service – must file memo requesting issuance of Alias Notice of Hearing with additional fees of \$36.00 if using St. Louis County Sheriff

Affidavit of Service to all interested persons – MUST BE NOTARIZED per § 472.110 and filed on or before hearing date.

4. If the requirements for service have not been timely met, you will need to request a new hearing date. Contact the Division Clerk for the Judge assigned to the case to obtain the new hearing date or utilize the Division's online Acuity calendar for Divisions 5 and 67.

**REQUIRED BACKGROUND SCREENINGS FOR ALL GUARDIANSHIP AND  
CONSERVATORSHIP CASES - INSTRUCTIONS**  
*Missouri Revised Statute § 475.050*

The requirements set forth herein **SHALL NOT APPLY TO A PROPOSED GUARDIAN/CONSERVATOR** who is:

1. the Public Administrator or,
2. the Respondent's:
  - nominee
  - attorney in fact
  - spouse,
  - parents,
  - children who have reached eighteen years of age, or
  - siblings who have reached eighteen years of age.

**GRANDPARENTS ARE NOT EXCLUDED, AND THEREFORE ARE REQUIRED TO COMPLY WITH THE REQUIREMENTS OF THE STATUTE AND SUBMIT A BACKGROUND CHECK.**

**IF PROPOSED GUARDIAN/CONSERVATOR IS NOT EXEMPT FROM THE REQUIREMENTS OF THE BACKGROUND SCREENING, CONTINUE READING.**

Section 475.050 requires that EACH PROPOSED GUARDIAN/CONSERVATOR submit, at his/her own expense, to a background screening. Section 475.050.6 states: "An order appointing a guardian or conservator shall not be signed by the judge until such reports have been filed with the court and reviewed by the judge, who shall consider the reports in determining whether to appoint a guardian or conservator."

The background screening shall include:

- the disqualification lists of the Departments of:
  - Mental Health,
  - Social Services, and
  - Health and Senior Services;
- the abuse and neglect registries for adults and children;
- a Missouri criminal record review; and,
- the sexual offender registry.

Section 475.050 also requires EACH PROPOSED CONSERVATOR to **ALSO** submit, at his/her own expense, the following:

- a credit history investigation.

EACH PROPOSED GUARDIAN/CONSERVATOR shall file the results of the reports with the Court at least ten (10) days prior to the hearing date unless the time period is waived or modified by the Court for good cause shown **BY AN AFFIDAVIT FILED SIMULTANEOUSLY WITH THE PETITION**. This waiver of the 10-day time period is generally allowed only in emergency situations requiring an expedited hearing.

If the guardian does not reside in Missouri, a motion to file alternative background check with the proposed background check to be submitted shall be filed.

## MISSOURI FAMILY CARE SAFETY REGISTRY (FCSR)

The following information about the FCSR is courtesy of the Missouri Department of Health and Senior Services (DHSS). It is current as of 04-22-2025.

DHSS created an electronic interface with the data systems maintained by the Missouri State Highway Patrol, Department of Social Services, Department of Mental Health, and various units within the Department of Health and Senior Services. It is called the Family Care Safety Registry.

THE FAMILY CARE SAFETY REGISTRY (FCSR) WEB SITE IS LOCATED AT:

<https://health.mo.gov/safety/fcsr/>

How to Register with FCSR:

A person may register with the FCSR two ways:

1. Online Registration with the FCSR is quick and easy. All an individual needs is Internet access, their social security number and email address, and a valid credit or debit card for payment of the fee. The fee to register online is \$15.00 plus a \$.55 processing fee.

2. Mail a Registration Form, a photocopy of the social security card, and a check or money order for the \$15.00 registration fee (if applicable) to the Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102. Mailed forms are processed in the order received.

Background Screenings can be obtained in two ways:

1. Approved FCSR Internet Users may request screenings via the Internet, by clicking on Internet Background Screening Login.

2. The FCSR maintains a toll-free call center to request background screenings. The toll free number is (866) 422-6872 and is open between 9 am and 3 pm.

The Background Screening Request form allows an inquiry. Forms are processed in the order received.



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

Serve Respondent at:

E RESPONDENT IS CURRENTLY LOCATED

**PETITION FOR APPOINTMENT OF A GUARDIAN  
AND/OR CONSERVATOR**

Petitioner, \_\_\_\_\_, is an adult who is the \_\_\_\_\_ of the above-named Respondent. Petitioner moves this Court for issuance of Letters of Guardianship and/or Conservatorship and states to the Court as follows:

1. \_\_\_\_\_ is \_\_\_\_\_ and domiciled in Saint Louis County, Missouri.
2. Respondent’s present address is \_\_\_\_\_
3. Respondent’s address(es) for the three (3) years prior to the filing of this Petition:
  - a. DOMICILE ADDRESS \_\_\_\_\_
  - b. PRIOR ADDRESS OR MARK N/A \_\_\_\_\_
  - c. PRIOR ADDRESS 2 or MARK N/A \_\_\_\_\_
4. Does the Respondent have a driver’s license?  Yes  No
5. Is the Respondent registered to vote?  Yes  No
6. Respondent is unable by reason of physical, mental and/or cognitive condition to receive and evaluate information or to communicate decisions to such an extent that Respondent, even with appropriate services and assistive technology, lacks capacity ( in full or  in part) to meet essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness or disease is likely to occur.

Respondent is also unable by reason of Respondent's physical, mental, or cognitive condition to receive and evaluate information or to communicate decisions to such an extent that Respondent lacks ability ( in full or  in part) to manage financial resources. The factual basis that supports the Petitioner's conclusions set forth above are as follows:

(Briefly list the **reasons, incidents, and specific behaviors** demonstrating why the appointment of a guardian, conservator, limited guardian or limited conservator is sought. If additional room is needed, please attach the allegations in numbered paragraphs as Exhibit \_\_\_\_\_. Such Exhibit shall be signed under oath or affirmation and incorporated herein.)

6. Respondent, by reason of the behaviors and incidents described above, is unable to meet Respondent's essential daily needs of living and/or manage Respondent's financial resources without supervision and that there are no less intrusive alternatives to  guardianship  limited guardianship and/or  conservatorship  limited conservatorship available to provide for Respondent's care and financial needs.
7. If Respondent is alleged to be only partially incapacitated or disabled, the nature and extent of Respondent's partial (incapacity/disability) is:
8. The nature, extent and estimated value of Respondent's assets so far as is known to Petitioner is set forth in Exhibit A and incorporated herein by this reference.
9. The names and addresses of all persons or entities required to be identified or provided notice in Section 475.060.2 (4) and (5) RSMo. are set forth in Exhibit B, attached hereto and incorporated herein by this reference. Petitioner has already obtained the written consent and waiver of notice from the following persons:
10. Attached hereto and incorporated herein by this reference as Exhibit C is a list of the names and addresses of the witnesses who may be called to testify in support of this Petition.
11. Attached hereto and incorporated herein by this reference as Exhibit F is the consent of the proposed guardian/conservator to act if appointed.

12. If the proposed guardian/conservator is a non-resident of Missouri, attached hereto and incorporated herein by this reference as Exhibit E is the proposed guardian/conservator's designation of resident agent and the agent's consent to act.

13. If the appointment of Co-Guardians is requested, the Co-Guardians desire to serve:  independently or  jointly. The reason such appoint is sought is because

14. Has a guardian and/or conservator for Respondent been appointed by any other Court?  Yes  No If yes, please list below:

Name: NAME OF GUARDIAN Cause Case Number  
Address: GUARDIAN'S ADDRESS Number:  
State: State in which Judgment

15. Has the proposed guardian been appointed by a Court as guardian and/or conservator of any other persons?  Yes  No If yes, please list below:

Name: NAME OF Cause Guardianship/Conserva  
Number:

16. State the name and address of the person(s) or facility having physical custody of Respondent:

Name: NAME OF FACILITY OR PERSON  
Address: ADDRESS OF FACILITY OR PERSON

WHEREFORE, Petitioner prays that a hearing be held and if the Court finds Respondent to be  incapacitated  partially incapacitated and/or  disabled  partially disabled, the Court appoint: PETR AND/OR CO as  guardian  limited guardian and/or  conservator  limited conservator of the estate of Respondent.

The undersigned swear(s) that the matters set forth above are true and correct according to the best knowledge and belief, of the undersigned subject to penalty for making a false affidavit or declaration.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Co-Petitioner's Signature

\_\_\_\_\_  
Petitioner's Name (Typed)

\_\_\_\_\_  
Co-Petitioner's Name (Typed)

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

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

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

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

\_\_\_\_\_  
Petitioner's Email

\_\_\_\_\_  
Co-Petitioner's Email

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Attorney's Name & Bar Number (Typed)

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

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

\_\_\_\_\_  
Phone Number with Area Code

\_\_\_\_\_  
E-mail Address

Serve notice on Respondent's spouse at:

**NAME OF SPOUSE OR N/A**

**SPOUSE'S ADDRESS**

Serve notice on Respondent's attorney in fact at:

**NAME OF POWER OF ATTORNEY**

**POWER OF ATTORNEY ADDRESS**



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**EXHIBIT A  
FINANCIAL STATEMENT  
(Assets of the Respondent only)**

**PERSONAL PROPERTY:**

\$

Name of Bank	Type of Account (Checking, Savings, CD)	Current Value of Account
		\$
		\$
		\$
Name of Financial Institution	Type of Account (Brokerage, 401(k), IRA, etc.)	Current Value of Account
		\$
		\$
List All Vehicles – Year, Make, and Model For value use NADA Average Trade-in Value		Value of Vehicle
		\$
		\$
Other – Identify Property and Location		Value of Personal Property
		\$
		\$
	Total Personal Property	\$

**MONTHLY INCOME:**

Social Security (SSI & SSDI)	\$
Name of Representative Payee	
Veterans Benefits	\$
Name of Representative Payee	
Pension	\$
Source of Pension:	
Interest and Dividends	\$
Other Income	\$
Source of Other Income:	
<b>Total Monthly Income</b>	

**REAL PROPERTY – MISSOURI AND OUT OF STATE:**

(List location by address and value)

	\$
	\$
	\$



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**EXHIBIT B**  
**INTERESTED PERSONS**

**1. TRUSTS:**

Is there a trust of which Respondent is the grantor, qualified beneficiary or trustee or co-trustee?  Yes  No

If so, the purpose of the trust is: \_\_\_\_\_ and the name(s) and address(es) of the presently acting trustee(s) is/are:

Name NAME OF ACTING TRUSTEE  
Address: ACTING TRUSTEE ADDRESS

Name NAME OF ACTING TRUSTEE  
Address: ACTING TRUSTEE ADDRESS

**2. POWER OF ATTORNEY:**

Has Respondent executed a durable power of attorney?  Yes  No  
The name(s) and address(es) of any agent appointed in said durable power of attorney is/are:

Name NAME OF POWER OF ATTORNEY  
Address: POWER OF ATTORNEY ADDRESS

Name NAME OF POWER OF ATTORNEY  
Address: POWER OF ATTORNEY ADDRESS

**Please file a copy of said durable power of attorney with the Court. In the event the agent appointed in the durable power of attorney is not the proposed guardian or Petitioner, the agent will need to be personally served with notice of the hearing or file a notarized waiver.**

**3. CO-OWNERS OF PROPERTY:**

Is Respondent the co-owner of any property?  Yes  No

If so, please list co-owners below:

Name NAME OF CO-OWNER

Address: CO-OWNER ADDRESS

Name NAME OF CO-OWNER

Address: CO-OWNER ADDRESS

**4. PARENTS OF RESPONDENT:**

Mother: NAME OF MOTHER

Deceased

Address: MOTHER'S ADDRESS

Date of Death

Father: NAME OF FATHER

Deceased

Address: FATHER'S ADDRESS

Date of Death

**5. SPOUSE OF RESPONDENT:**

Name: NAME OF SPOUSE OR N/A

Deceased

Address: SPOUSE'S ADDRESS

Date of Death

**6. CHILDREN OF RESPONDENT:**

Name: NAME OF CHILD

MINOR\*

Address: CHILD'S ADDRESS

Name: NAME OF CHILD

MINOR\*

Address: CHILD'S ADDRESS

Name: NAME OF CHILD

MINOR\*

Address: CHILD'S ADDRESS

Name: NAME OF CHILD

MINOR\*

Address: CHILD'S ADDRESS

Name: NAME OF CHILD

MINOR\*

Address: CHILD'S ADDRESS

**7. LIVING SIBLINGS OF RESPONDENT:**

Name: NAME OF SIBLING  MINOR\*

Address: SIBLING'S ADDRESS

Name: NAME OF SIBLING  MINOR\*

Address: SIBLING'S ADDRESS

Name: NAME OF SIBLING  MINOR\*

Address: SIBLING'S ADDRESS

Name: NAME OF SIBLING  MINOR\*

Address: SIBLING'S ADDRESS

\* In the event a minor attains the age of eighteen years prior to the disposition of the Petition, Petitioner shall submit a supplemental memo to the Court.

**8. CLOSEST KNOWN RELATIVE:**

Complete this paragraph only if (1) no family information is stated above or (2) only Petitioner is listed above. If there are no parents, children, or siblings of Respondent (other than Petitioner) at least one closest living adult relative must receive notice of the hearing.

Name: NAME OF CLOSEST KNOWN Relationship to Respondent:

Address: RELATIVE'S ADDRESS

**9. ADULTS RESIDING WITH RESPONDENT:** List the names of any adults who reside in the same home as Respondent, if known.

Name: NAME OF RESIDENT

Name: NAME OF RESIDENT

Name: NAME OF RESIDENT

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**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**EXHIBIT C  
LIST OF PROSPECTIVE WITNESSES**

Listed below are the names and addresses of witnesses who may be called to testify in support of the Petition for Appointment of a Guardian and/or Conservator. The list must contain the name(s) of Petitioner(s), proposed guardian and/or conservator, and name of medical professional completing the medical affidavit.

Name of Witness:	Address of Witness:



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTRY  
STATE OF MISSOURI**

**EXHIBIT D**

**INFORMATION FOR PROPOSED GUARDIANS AND CONSERVATORS**

To help you perform your duties properly, please review the below information, which is not exhaustive or legal advice.

1. Speak with your attorney before taking any action.
2. If you have been appointed Guardian, you are responsible for the ward's person. As Guardian, you 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. Your powers and duties include *but are not limited to*: a) assuring that the ward lives in the best and least restrictive environment which is reasonably available; b) assuring that the ward receives medical care and other services that are needed; c) promoting and protecting the care, comfort, safety, health and welfare of the ward; and d) providing required consents on behalf of the ward. You must maintain regular contact with the ward and visit the ward no less than once a year. You will be required to file with the Probate Court a personal status report each year updating the information regarding the care, welfare and placement of your ward. The Court will mail or email you a Notice to File Annual Status Report and a blank copy of the Report on the anniversary of your appointment as Guardian. Even if you do not receive the court's notice, the completed Annual Status Report must be filed with the Court on the anniversary date of which you are issued letters. You may file the completed Report by email, postal mail or electronic filing through Missouri Case.net. If you do not have an email address, the Notice to File Annual Report and the copy of the Report will be sent to your last known home address. **It is your responsibility to maintain a valid email address and/or home address on file with the Probate Court. Failure to file the Report on time may result in your removal as Guardian.**
3. If you have been appointed Conservator, you are responsible for the ward's property. As Conservator, you must take possession of your ward's property to the extent authorized by the Court. Missouri law requires that the property, income and bank accounts of the ward be kept separate from your own funds. If you are Conservator for more than one person, you must maintain a separate account for each ward, even if they are your own children. You must invest the ward's funds according to law and you are personally liable for any imprudent or unauthorized investments. You may only spend the ward's funds for purposes authorized by state statute or Court order. You may apply

for an order of continuing support and maintenance authorizing you to spend a budgeted sum each month for the ward. 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 must be authorized by statute or Court order. You may not sell, trade, lease, mortgage, transfer or discard your ward's property without Court approval, even if the ward is your child or other relative.

4. If you have been appointed both Guardian and Conservator, you are responsible for the ward's person and property. Your authority as Guardian and/or Conservator may be limited by the Court Order appointing you. You should consult with your attorney as to the extent of your authority.
5. 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.
6. If the ward does not live with you, Missouri law requires that you visit the ward at least once a year.
7. 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.

The undersigned has read and understands the **Information for Proposed Guardians and Conservators** as set out in this packet, and acknowledges receipt of a copy thereof.

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IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**EXHIBIT F  
CONSENT TO APPOINTMENT**

The undersigned hereby consents to serve as Guardian and/or Conservator of the above-named Respondent if appointed by the Court and in support thereof states:

1. The undersigned's spouse is \_\_\_\_\_.
2. The undersigned resides at \_\_\_\_\_.
3. Telephone number: \_\_\_\_\_.
4. The name and address of the undersigned's employer is: \_\_\_\_\_  
\_\_\_\_\_.
5. The following three listed persons (who are not members of the undersigned's household and each reside at different addresses) will know the whereabouts of the undersigned:

Name: NAME OF INDIVIDUAL

Phone Number: **INDIVID**

Address: INDIVIDUAL'S ADDRESS

Name: NAME OF INDIVIDUAL

Phone Number: **INDIV NU**

Address: INDIVIDUAL'S ADDRESS

Name: NAME OF INDIVIDUAL

Phone Number: **INDIVIDUAL**

Address: INDIVIDUAL'S ADDRESS

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**NAME OF PETITIONER**

**No Consent to Appointment needed – The Public Administrator has been nominated to serve.**



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**EXHIBIT E – DESIGNATION OF NON-RESIDENT GUARDIAN’S AGENT**

I, \_\_\_\_\_, residing at \_\_\_\_\_, desiring to serve as guardian, co-guardian and/or conservator of the above-named Respondent, pursuant to section 475.055.4, hereby appoint \_\_\_\_\_ as my agent for service of process upon me within the State of Missouri, concerning said matter.

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

\_\_\_\_\_

**ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT**

I, \_\_\_\_\_, residing at \_\_\_\_\_, 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 matter, hereby acknowledge such appointment and consent to act as such agent and I will accept all service of process brought against \_\_\_\_\_, within the State of Missouri.

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

\_\_\_\_\_



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**MEDICAL AFFIDAVIT**

COMES NOW, \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and states to the Court as follows:

**NO. 1:** Please state your full name, job title, and employer:

Name: NAME OF PERSON COMPLETING MEDICAL AFFIDAVIT

Title:

Employer:

**NO. 2:** Please state whether or not Respondent has ever been your patient, and if so please specify the following:

- A. Date of First Examination:
- B. Date of Last Examination:
- C. Diagnosis and Prognosis of Patient's Present Physical, Mental and Cognitive Condition: PHOSES AS WELL AS \_\_\_\_\_ NGTERM PROGNOSIS

**NO. 3:** Please state the medications that are currently prescribed for Respondent:

**NO. 4:** Please state your medical opinion of the following:

A. Is Respondent unable to receive and evaluate information or to communicate decisions to such an extent that he or she lacks the capacity to meet the essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness or disease is likely to occur?

Yes       No       Partially

*\*If the answer is partially, describe the abilities and challenges of Respondent in receiving, evaluating, and communicating decisions.*

B. Is the Respondent unable to receive and evaluate information or to communicate decisions to such an extent that Respondent lacks the ability to manage Respondent's financial resources?

Yes       No       Partially

*\*If the answer is partially, describe the abilities and challenges of Respondent in managing financial resources.*

**NO. 5:** Does Respondent have the capacity to participate in the voting process?

YES                       NO

**NO. 6:** Does Respondent have the capacity to drive a motor vehicle?

YES                       NO

**NO. 7:** Does Respondent have the ability to understand and enter into a marriage?

YES                       NO

**NO. 8:** In your medical opinion, what is the least restrictive placement for Respondent?

- Independent living with assistance
- Assisted Living Facility/Group Home
- 24/7 In-home Care or Skilled Nursing Facility
- Other: \_\_\_\_\_

**NO. 9:** Please state any additional information the Court should consider in determining the incapacity and/or disability of Respondent.

I am aware that the information provided herein will be used solely in the course of a judicial proceeding and therefore constitutes an exception to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) under the provisions of 45CFR164.512.

The undersigned swear(s) that the matters set forth above are true and correct according to the best knowledge and belief of the undersigned subject to penalty for making a false affidavit or declaration.

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**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**REQUEST FOR SPECIAL PROCESS SERVER**

Comes Now, **NAME OF PETITIONER**, pursuant to Local Rule 28, and at his/her/its own risk requests the Circuit Clerk to appoint:

NAME OF PROCESS SERVER	ADDRESS	TELEPHONE

natural person(s) of lawful age, to serve the summons and Petition in this cause on the below named parties. This appointment as special process server does not include the authorization to carry a concealed weapon in the performance thereof.

Serve:

\_\_\_\_\_

\_\_\_\_\_

Serve:

\_\_\_\_\_

\_\_\_\_\_

Street Address

Appointed as Requested:  
Joan Gilmer, Circuit Clerk

\_\_\_\_\_

Attorney's Signature

By: \_\_\_\_\_

Deputy Clerk

\_\_\_\_\_

Attorney's Name & Bar Number



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**WAIVER AND CONSENT OF INTERESTED PERSON**

I, \_\_\_\_\_, am entitled to notice of this guardianship/conservatorship proceeding under § 475.075.2. By execution of this Waiver and Consent, I do hereby state the following:

- I have received a copy of the Petition for Appointment of Guardian/Conservator.
- I waive my right to a Notice of Hearing on the Petition for Appointment of Guardian/Conservator.
- I consent to the appointment of \_\_\_\_\_, as the guardian/conservator of **NAME OF RESPONDENT**.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

**CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE  
21<sup>ST</sup> JUDICIAL CIRCUIT, ST. LOUIS 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.

Case Type:  PR – Guardianship – Adult;  PT – Limited Guardianship – Adult;  
 PN – Conservatorship – Adult;  PP- Limited Conservatorship – Adult;  
 PU – Guardian/Conservator – Adult;  PW – Limited Guardian/Conservator – Adult;

<p><b>Party Type Code:</b> <input type="checkbox"/> Petitioner</p> <p>Name (if a person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
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<p><b>Party Type Code:</b> <input type="checkbox"/> Co-Petitioner</p> <p>Name (if a person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
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**Party Type Code:**  Respondent

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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.\*



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**SAMPLE NOTICE OF HEARING IN DIVISION 66 or DIVISION 5**

Please take notice that the hearing of the enclosed Petition for Appointment of Guardian and/or Conservator for the above-referenced Respondent will be heard on DATE \_\_\_\_\_ at TIME \_\_\_\_\_ or as may be continued at the Probate Division of St. Louis County, Circuit Court located at 105 S. Central Avenue, Clayton, MO 63105.

By: \_\_\_\_\_  
**ATTORNEY NAME & BAR NUMBER**

**AFFIDAVIT OF SERVICE**

Comes Now, ATTORNEY FOR PETITIONER, and being duly sworn upon his/her oath, states that s/he has caused a copy of the foregoing Notice of Hearing, Petition for Appointment of Guardian and/or Conservator, and the Order Appointing Respondent’s Attorney to be deposited into the U.S. First Class Regular Mail, postage prepaid, in a sealed envelope bearing the name and return address of the sender, to all of the parties listed in Exhibit B of said Petition along with any persons having an interest in the assets stated in Exhibit A on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
**ATTORNEY NAME & BAR NUMBER**

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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



**IN THE PROBATE DIVISION  
CIRCUIT COURT OF ST. LOUIS COUNTY  
STATE OF MISSOURI**

In the Matter of:

**NAME OF RESPONDENT**

Respondent.

**SAMPLE NOTICE OF HEARING IN DIVISION 67 ONLY**

Please take notice that the hearing of the enclosed Petition for Appointment of Guardian and/or Conservator for the above-referenced Respondent will be heard on DATE at TIME or as may be continued at the Probate Division of St. Louis County, Circuit Court located at 105 S. Central Avenue, Clayton, MO 63105.

The hearing has been noticed for a virtual hearing via WebEx on DATE at TIME. All parties must attend by video and the link to attend the hearing by video is <http://mocourts.webex.com/meet/vcdiv67mtg>. If this matter is an evidentiary hearing or any party objects to the hearing of this matter by WebEx, the Court will reset the matter for an in-person hearing. The Court strongly encourages parties to make any objections to WebEx hearings in writing, prior to the hearing, at the earliest possible time.

By: \_\_\_\_\_  
**ATTORNEY NAME & BAR NUMBER**

**AFFIDAVIT OF SERVICE**

Comes Now, ATTORNEY FOR PETITIONER, and being duly sworn upon his/her oath, states that s/he has caused a copy of the foregoing Notice of Hearing, Petition for Appointment of Guardian and/or Conservator, and the Order Appointing Respondent’s Attorney to be deposited into the U.S. First Class Regular Mail, postage prepaid, in a sealed envelope bearing the name and return address of the sender, to all of the parties listed in Exhibit B of said Petition along with any persons having an interest in the assets stated in Exhibit A on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_  
**ATTORNEY NAME & BAR NUMBER**

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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