

Institute on Guardianship and Conservatorship: *Petition for Appointment of Guardian for Adult Respondent*

In the Iowa District Court for _____ County

In the Matter of the Guardianship of:

Probate no. _____

Full name: first, middle, last

Protected Person.

**Petition for Appointment of Guardian
for Adult Respondent**

Iowa Code § 633.556

Guardian states as follows:

1. I am a person with an interest in the welfare of the above-named respondent.

A. My name, address and relationship to the respondent are:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

B. I am respondent's: *Check one*

Spouse

Adult child

Parent

Adult Sibling

Other: _____

2. The respondent's name and address are:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

C. The name and address, to the extent known, of any parents of the respondent are:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____

Phone number

Email address

Additional email address, if applicable

D. The name and address, to the extent known, of any person designated as an attorney in fact in a durable power of attorney for health care which is valid under Iowa Code Chapter 144B, or any person designated as an agent in a durable power of attorney which is valid under Iowa Code Chapter 633B, are:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____

Phone number

Email address

Additional email address, if applicable

E. The name and address, to the extent known, of any legal representative or representative payee are:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____

Phone number

Email address

Additional email address, if applicable

F. The name and address, to the extent known, of any adult who has had the primary care of the respondent or with whom the respondent has lived for at least six months prior to the filing of the petition, or any institution or facility where the respondent has resided for at least six months prior to the filing of the petition, is:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____

Phone number

Email address

Additional email address, if applicable

Check this box if you have attached a sheet with additional information.

7. Attachments

A. Additional persons who may have an interest in this proceeding (are/are not) listed in an affidavit attached to this Petition.

Yes No

B. Additional information relevant to this proceeding (is/is not) listed in an affidavit attached to this Petition.

Yes No

8. A professional evaluation is being filed in this proceeding.

Yes No

9. The respondent who is an adult is hereby notified as follows: IN A PROCEEDING FOR THE APPOINTMENT OF A GUARDIAN FOR YOU, YOU HAVE A RIGHT TO BE REPRESENTED BY AN ATTORNEY AND YOU HAVE THE RIGHT TO BE NOTIFIED OF THE ACTIONS THAT A COURT-APPOINTED GUARDIAN CAN TAKE ON YOUR BEHALF SINCE THIS ACTION INVOLVES A POTENTIAL DEPRIVATION OF YOUR CIVIL RIGHTS. FOR FURTHER INFORMATION CONCERNING YOUR RIGHT TO BE REPRESENTED BY AN ATTORNEY AND POTENTIAL DEPRIVATION OF CIVIL RIGHTS, PLEASE REFER TO THE ORIGINAL NOTICE WHICH ACCOMPANIES THIS PETITION.

10. Wherefore, I respectfully request that the Court enter an Order setting a hearing on this Petition and prescribing notice of this Petition and notice of the hearing, and upon the hearing, enter a further Order appointing the above-named proposed guardian as guardian for the respondent.

11. Oath and signature

I, _____, have read this petition, and I certify

Print Petitioner's name

under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding statements made in this petition are true and correct.

_____, 20_____
*Month Day Year Guardian's signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address, if applicable

**Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*