

## WORKSHEET INFORMATION FOR GUARDIAN/CONSERVATOR PETITIONS

1. Petitioner/Client Full Name: \_\_\_\_\_
2. Spouse Full Name: \_\_\_\_\_
3. Address of Petitioner and Spouse: \_\_\_\_\_  
\_\_\_\_\_
4. Petitioner's Date of Birth: \_\_\_\_\_
5. Petitioner's Place of Employment: \_\_\_\_\_
6. Spouse's Place of Employment: \_\_\_\_\_
7. Other Individuals Living in the Residence (name and relation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Any Felonies/Serious Misdemeanors for ANY individual living in the Residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Respondent's Full Name: \_\_\_\_\_
10. Residence Location of Respondent (if different from Petitioner): \_\_\_\_\_  
\_\_\_\_\_
11. Respondent's Date of Birth and Age: \_\_\_\_\_
12. Diagnosis/Prognosis of Respondent (Reason for Guardianship/Conservatorship): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. If only partially incapacitated/disabled, please describe extent and nature of same: \_\_\_\_\_  
\_\_\_\_\_

14. Assets of the Respondent and Approximate Value:

- a. Real Estate: \_\_\_\_\_
- b. Checking Accounts: \_\_\_\_\_
- c. Savings Accounts: \_\_\_\_\_
- d. Certificates of Deposit: \_\_\_\_\_
- e. Stocks and Savings Bonds: \_\_\_\_\_
- f. Vehicles: \_\_\_\_\_
- g. Household goods and furnishings: \_\_\_\_\_
- h. Other: \_\_\_\_\_
- i. TOTAL VALUE: \_\_\_\_\_

15. Monthly Income of the Respondent:

- a. Social Security Disability Income: \_\_\_\_\_
- b. Supplemental Security Income: \_\_\_\_\_
- c. Veterans Administration Benefits: \_\_\_\_\_
- d. Company Pension: \_\_\_\_\_
- e. Interest: \_\_\_\_\_
- f. Dividends: \_\_\_\_\_
- g. Other: \_\_\_\_\_
- h. TOTAL MONTHLY INCOME: \_\_\_\_\_

16. County Where All Assets Are Located: \_\_\_\_\_

17. County/Countries of Respondent's Residence (past 3 years): \_\_\_\_\_

18. Close Relatives of the Respondent:

a. Name and Address of Respondent's Father: \_\_\_\_\_

\_\_\_\_\_

b. Name and Address of Respondent's Mother: \_\_\_\_\_

\_\_\_\_\_

c. Name and Address of Respondent's Spouse: \_\_\_\_\_

\_\_\_\_\_

d. Name, Age and Address of Respondent's Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Name and Address of Any Other Close Relatives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Name and Address of the Person Having Custody of the Respondent: \_\_\_\_\_

\_\_\_\_\_

20. Name and Address of Respondent's Guardian/Conservator Appointed In This Or Any Other State, If Any:

\_\_\_\_\_

\_\_\_\_\_

21. Name of Any Other Person That The Petitioner Is Serving As Guardian/Conservator For: \_\_\_\_\_

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22. Does Respondent Have a Durable Power of Attorney for Financial and/or Healthcare Decisions ("DPOA")? If so, please provide the name and address of the person appointed and a copy of the DPOA if available.

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23. Petitioner's Telephone Number: \_\_\_\_\_

24. Petitioner's Employer and Address: \_\_\_\_\_

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25. Names, Addresses and Telephone Numbers for THREE (3) Persons Who Are NOT Members of the Petitioner's Household That Will Know The Whereabouts of the Petitioner At Any Given Time:

a. Name/Address/ Telephone Person #1: \_\_\_\_\_

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b. Name/Address/ Telephone Person #2: \_\_\_\_\_

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c. Name/Address/ Telephone Person #3: \_\_\_\_\_

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26. Petitioner's Social Security Number: \_\_\_\_\_

27. Name and Address of Respondent's Primary Care Physician: \_\_\_\_\_

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\_\_\_\_\_

28. Name and Address of Respondent's Therapist/Psychiatrist (if any): \_\_\_\_\_

\_\_\_\_\_

29. Name and Address of Respondent's Treating Physician (if different from #27 above): \_\_\_\_\_

\_\_\_\_\_

30. Name and Address of Additional Suggested Witnesses (if any): \_\_\_\_\_

\_\_\_\_\_

31. Respondent's Gender: \_\_\_\_\_

32. Respondent's Date of Birth: \_\_\_\_\_

33. Respondent's Social Security Number: \_\_\_\_\_

34. Petitioner's Maiden Name (if applicable): \_\_\_\_\_

\_\_\_\_\_

35. Petitioner's Alias Names (if applicable): \_\_\_\_\_

\_\_\_\_\_

36. Petitioner's Addresses for the Past 3 Years: \_\_\_\_\_

\_\_\_\_\_

37. Petitioner's State of Birth: \_\_\_\_\_

38. Petitioner's Race: \_\_\_\_\_

See Attached INFORMATION FOR GUARDIANS/CONSERVATORS.  
See Attached CAREGIVER BACKGROUND SCREENING  
See Attached APPENDIX 3 – MEDICAL LETTER INFORMATION FORM

Additional Notes or Pertinent Details To Be Considered: \_\_\_\_\_

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**IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI - PROBATE DIVISION**  
**INFORMATION FOR GUARDIANS AND CONSERVATORS**

To help you perform your duties properly, described below are the general duties and obligations of a guardian and conservator.

1. A guardian or conservator is appointed upon the adjudication of an individual (respondent) as incapacitated (guardian) or disabled (conservator). If you have been appointed guardian, the respondent is known as a "ward". If you have been appointed conservator, the respondent is known as a "protectee". If you have been appointed both guardian and conservator, the respondent is known as both a "ward" and "protectee".

2. An incapacitated person lacks the legal ability to make medical or psychiatric treatment decisions, to make placement decisions, to vote, to drive an automobile. A disabled person lacks the legal ability to handle his or her own financial resources. If the respondent is adjudicated to be only partially incapacitated or disabled, the extent to which the respondent's rights are limited will be specified by court order. It is the guardian's and conservator's duty to prevent the ward or protectee from exercising rights limited or rescinded by adjudication.

3. 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; and the powers and duties shall include (a) assuring that the ward resides in the best and least restrictive setting 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 will be required to file a personal status report annually concerning the care, welfare, and placement of your ward.

4. As conservator, you must take possession of your protectee's property to the extent authorized by the court. The property, income and bank accounts must be kept separate from your own funds in your name as conservator for the protectee. You must invest the protectee's funds according to law and you are personally liable for imprudent or unauthorized investments. You may only spend the protectee's funds for purposes authorized by 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 protectee. 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 protectee's property without court approval, even though the protectee is your child or other relative.

5. Your authority as guardian and conservator (described in paragraphs 3 and 4 above) may be limited by the order appointing you. **Consult your attorney as to legal limitations resulting from your ward's or protectee's adjudication and as to the extent of your authority.**

6. In the event the ward or protectee dies or you or the ward or protectee 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.

7. You are under a duty, at all times, to act in the best interests of your ward-protectee and to avoid conflicts of interest which impair your ability so to act. If you fail to perform any of your duties as guardian or conservator, you are liable to be removed from office and may be held personally liable for any loss or damage sustained by the ward or protectee by reason of your failure.

8. In certain cases, expenses of bond and other costs may be saved by placing funds in restricted deposits and/or securing waiver of filing the annual settlement. Consult your attorney.

9. **Under Missouri law, a conservator who is not a licensed attorney cannot represent the protectee's estate in connection with court proceedings, whether appearing in court or preparing pleadings to be filed with the court.** You must retain an attorney to perform those legal services required of you. On order of the court, the attorney may be compensated for services reasonably necessary from the protectee's estate. If only limited funds or public assistance (SSI) is available, you may qualify for free legal aid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



STATE OF MISSOURI  
CAREGIVER BACKGROUND SCREENING

AGENCY USE

**BLOCK I - TO BE COMPLETED BY THE REQUESTOR**

**SECTION A: TYPE OF SCREENING (Check as many as applicable)**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req)                             | <input type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge)                    |
| <input type="checkbox"/> 2. Family Foster Care Licensing (No charge)  | <input type="checkbox"/> 5. Child Day Care Licensing (No charge)   |
| <input type="checkbox"/> 3. Department of Health and Senior Services Employee Disqualified List (No charge) | <input type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$14.00) |

**SECTION B: REQUESTOR INFORMATION**

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME		REQUESTOR'S TELEPHONE	
REQUESTOR'S ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

**BLOCK II - TO BE COMPLETED BY THE CAREGIVER**

**SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING**

CAREGIVER NAME( LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

**ADDRESSES FOR THE LAST 3 YEARS**

STREET	CITY	STATE	STREET	CITY	STATE
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**SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK)	DATE
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**SECTION E: NOTARY INFORMATION (Required for screening type 1. See Section A above)**

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW**

MO 300-1590 (11-18)

- ◀ ATTN (REQUESTOR'S NAME)
- ◀ ADDRESS 1
- ◀ ADDRESS 2 (IF APPLICABLE)
- ◀ CITY, STATE, ZIP CODE



## MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

### INSTRUCTIONS

This service allows the public to receive background information on people who provide daycare or healthcare services to children, the elderly and persons with disabilities.

The State, through various departments, offers several resources to screen caregivers:

1. Child abuse/neglect records, maintained by the Department of Social Services (573) 526-1438
2. Family Foster Care Licensing records, maintained by the Department of Social Services (573) 526-1438
3. The Employee Disqualification List, maintained by the Health and Senior Services (573) 522-2449
4. The Disqualified Registry, maintained by the Department of Mental Health (573) 751-4991
5. Child Daycare Licensing, maintained by the Department of Health (573) 751-2450
6. State criminal background checks, sexual offender registry, conducted by the Missouri State Highway Patrol (573) 526-6153

The Caregiver Background Screening Request form allows the public to obtain information from these databases through a single request. The form must be completed and signed by both the requestor and the caregiver. The requestor will receive separate responses from each agency database that is selected.

1. Once completed, send the form to the appropriate address below.
2. **If you have a question about a particular response, please call the agency that sent you the response at the phone number above.**

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

#### **BLOCK I (To be completed by the requestor, or person obtaining information)**

##### **Section A: Type of Screening**

Section A contains the resources available to screen potential caregivers. The requestor must indicate the resources to be included in the background screening. All screenings, except for the state criminal background check, are free of charge. Requests for state criminal background checks must be accompanied by a check for \$14 payable to the Missouri State Highway Patrol. In addition, screenings for option 1, the child abuse or neglect file, require a notary public to witness the caregiver's signed authorization to release information (See Section D and E). All other screenings are considered open information under state statute and do not require a notary's verification.

##### **Section B: Requestor's Information**

The requestor must complete Section B.

#### **BLOCK II (To be completed by the caregiver, or person being screened)**

##### **Section C: Identifying Data for Background Screening**

The caregiver, or person being screened for potential employment, must complete Section C. This section consists of identifying information that is needed to conduct background screenings.

##### **Section D: Authorization to Release Background Check Information**

The caregiver must sign Section D to authorize the State to conduct the screening and to provide the information to the requestor. The caregiver must sign Section D in the presence of a notary public if screening 1 is selected.

##### **Section E: Notary Information**

A notary public must complete Section E after witnessing the caregiver's signed authorization for release of information in Section D.

#### **BLOCK III (To be completed by the requestor, or person obtaining information)**

The requestor must complete Block III by providing return address information.

**Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.**

##### **SCREENINGS 1, 2, 3, 5 AND 6 SHOULD BE SENT TO:**

Missouri State Highway Patrol  
Criminal Justice Information Services Division  
P.O. Box 9500  
Jefferson City, MO 65102

##### **SCREENING 4 SHOULD BE SENT TO:**

Department of Mental Health  
Central Office  
1706 East Elm  
Jefferson City, MO 65101  
or Fax - (573) 526-4561

DATE \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
SS# \_\_\_\_\_

DOB \_\_\_\_\_

SEX \_\_\_\_\_

A Guardianship Petition is being initiated through my office for the above-identified person. A current medical letter of evaluation is needed for the proceedings in Probate Court. Attached is a memorandum outlining the requirements for such a letter. Please provide me with a current medical letter at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

MICHAEL A. WELLS  
Mental Health Claims Examiner/Investigator

Jackson County Courthouse  
415 East 12th Street, Room 101  
Kansas City, Missouri 64106

Phone: (816) 881-3146

## IMPORTANT INFORMATION

TO: TREATING PHYSICIANS  
FROM: OFFICE OF THE COUNTY COUNSELOR  
RE: MEDICAL REPORTS FOR THE GUARDIANSHIP PROCEEDING

Please provide us with a medical report on your patient for a guardianship proceeding pending in the Jackson County Probate Court. As no petition will be considered by the Court without this report, your report is one of the most important pieces of evidence the Court and the attorneys in the case consider in determining the incapacity and disability of your patient. It is essential that your evaluation of the patient's mental status be as detailed as possible.

Your conclusions regarding the patient's condition must be factually substantiated and explained. Otherwise the Court may reject your report as legally insufficient, or at best, accord it little weight in its deliberation. The likely result would be the case's dismissal or continuance to a later date. In the latter case, you would be asked to amend your report or to appear in person to testify. Obviously, there will be cases where, in addition to your report, your testimony at Court may be needed in order to permit defense attorneys to cross-examine you before the court as to your opinions and various alternatives.

In order to facilitate your preparation of a legally sufficient evaluation, we have attached for your convenience an information sheet which outlines the information the Court requires. With your cooperation and assistance, we will be able to provide for the legal protection of your patient without undue delay or inconvenience.

Thank you for your help.

Enc.

### MEDICAL REPORTS FOR GUARDIANSHIP PROCEEDINGS

Missouri law provides for the appointment of a guardian of the person for people who are incapacitated as defined by law. It also provides for a conservator of the estate for persons determined to be disabled as defined by law. The statutes also provide for the appointment of limited guardians and conservators for persons who retain the ability to make reasonable choices in certain areas of their life. Incapacity and disability are defined as follows:

An "incapacitated person" is one who is unable, by reason of any physical or mental condition, to receive and evaluate information or to communicate decisions to such an extent that the person lacks capacity to meet essential requirements for food, clothing, shelter, safety or other care, such that serious physical injury, illness or disease is likely to occur.

A "disabled person" is one who is unable, by reason of any physical or mental condition, to receive and evaluate information or to communicate decisions to such an extent that the person lacks ability to manage his financial resources.

A "partially incapacitated person" is one who is unable, by reason of any physical or mental condition, to receive and evaluate information or to communicate decisions to the extent that the person lacks capacity to meet, in part, essential requirements for food, clothing, shelter, safety or other care without court-ordered assistance.

A "partially disabled person" is one who is unable, by reason of any physical or mental condition, to receive and evaluate information or to communicate decisions to such an extent that the person lacks capacity to manage, in part, his financial resources.

Your report should include the following:

1. Identifying information: Include the patient's name, age, sex, race, dates of admission to and discharge from the hospital (if any), and reason for admission (if known).
2. Dates and Places of Examination.
3. Diagnosis of Mental Condition: State your opinion as to whether the patient is incapacitated, disabled, or both, and the reasons for your conclusion.
4. Narrative of the Facts Supporting Your Diagnosis: State any observations, including the results of tests, which you personally have made regarding the patient's orientation as to time, place or person, appearance, speech, memory, thought processes, insight and judgment, attention span, intelligence, mood and affect, alertness and examples of abnormal or inappropriate behavior including the patient's handling of financial matters. Please remember that while the Court is interested in knowing if your patient has a chronic condition, we must establish that the patient is presently incapacitated, disabled or both. Therefore, examples of recent behavior are very important.
5. Physical Condition: Give a description of the patient's physical health. Please comment on any health problems or disability which may either cause or contribute to patient's inability to care for himself or his property.
6. Prognosis and Recommendation: Please state your prognosis for the patient. Please state whether, in your professional opinion, you believe a guardian should be appointed to care for the patient, a conservator appointed to manage

his affairs, or both. Please make recommendations for treatment and placement, e.g., patient should be transferred to a boarding home, mental health institution or long term care facility.

This letter must be signed by an M.D. or D.O. The Probate Court requires a typed original. Please mail to Michael A. Wells, Mental Health Claims Examiner/Investigator, Jackson County Counselor's Office, Jackson County Courthouse -- Room 101, 415 East 12th Street, Kansas City, Missouri 64106.