

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION**

In the matter of

\_\_\_\_\_ No. \_\_\_\_\_  
Ward/Protectee

**PETITION FOR APPOINTMENT OF SUCCESSOR FIDUCIARY**

Comes now the undersigned petitioner and states:

1. \_\_\_\_\_, the former (guardian – conservator) has (died -- resigned -- been removed).
2. That by reason of respondent's mental and/or physical condition, respondent is still in need of a (limited guardian -- limited conservator).
3. The nature, extent and estimated value of respondent's assets so far as is known to petitioner is set forth in **Exhibit (A)** attached hereto and incorporated herein by this reference.
4. The name and address of respondent's parents, spouse and children and the children's ages are set forth in **Exhibit (B)** attached hereto and incorporated herein by this reference.
5. \_\_\_\_\_, is a suitable person to serve as successor (limited guardian -- limited conservator) for respondent and said person's consent to act, if appointed, is attached hereto and incorporated herein by this reference as **Exhibit (C)**.
6. If the proposed successor (limited guardian -- limited conservator) is a non-resident of Missouri, attached hereto and incorporated herein by this reference as **Exhibit (D)** is the proposed successor fiduciary's designation of resident agent and the resident agent's consent to act.
7. Attached hereto and incorporated herein by this reference as **Exhibit (E)** is a list of the names and addresses of the witnesses who may be called to testify in support of this petition.

Wherefore, petitioner prays that a hearing be held and that the above designated person be appointed successor (limited guardian -- limited conservator) and that letters issue accordingly.

Petitioner(s) state(s) that the foregoing is made on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under oath or affirmation, and its representations are true and correct to the best of petitioner's knowledge and belief, subject to penalties of making a false affidavit or declaration.

Dated: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Telephone Number

Dated: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Telephone Number

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION**

In the matter of

No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/Minor

**EXHIBIT A - FINANCIAL STATEMENT**

**PERSONAL PROPERTY:**

Checking Accounts – Name of Bank and Account Numbers

_____	\$ _____
_____	\$ _____
_____	\$ _____

Savings Accounts – Name of Bank and Account Numbers

_____	\$ _____
_____	\$ _____
_____	\$ _____

Certificates of Deposit – Name of Bank and Account Numbers

_____	\$ _____
_____	\$ _____
_____	\$ _____

Stocks and Bonds

_____	\$ _____
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Vehicles – Year, Make and Model

_____	\$ _____
_____	\$ _____
_____	\$ _____

Other

_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL PERSONAL PROPERTY**

\$ \_\_\_\_\_

**MONTHLY INCOME:**

Social Security  
Payee \_\_\_\_\_ \$ \_\_\_\_\_

Supplemental Security Income  
Payee \_\_\_\_\_ \$ \_\_\_\_\_

Veterans Administration Benefits  
\$ \_\_\_\_\_

Pension  
Source \_\_\_\_\_ \$ \_\_\_\_\_

Interest  
\$ \_\_\_\_\_

Dividends \_\_\_\_\_ \$ \_\_\_\_\_

Other  
Source \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

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

(List location by address and value)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION

In the matter of

No. \_\_\_\_\_

Respondent

**EXHIBIT B - ADULT**

**TRUSTEES:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

**POWER OF ATTORNEY AGENT:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

**PARENTS:**

Mother \_\_\_\_\_  Deceased Date of Death \_\_\_\_\_

Address \_\_\_\_\_

Father \_\_\_\_\_  Deceased Date of Death \_\_\_\_\_

Address \_\_\_\_\_

**SPOUSE:**

Name \_\_\_\_\_  Deceased Date of Death \_\_\_\_\_

Address: \_\_\_\_\_

**CHILDREN:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

**CLOSEST KNOWN RELATIVES:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

**ADULTS LIVING WITH RESPONDENT:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION**

In the matter of \_\_\_\_\_

No. \_\_\_\_\_

Respondent

**EXHIBIT C - 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 has never pled guilty to nor been convicted of a misdemeanor or felony.
2. The undersigned's spouse is: \_\_\_\_\_
3. The undersigned's address and telephone number are listed below.
4. The name and address of undersigned's employer is: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_
5. The following three (3) listed persons (who are not members of your household) will know the whereabouts of the undersigned:  
Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_
6. The undersigned has read and understands the Information for Guardians and Conservators as set out in this packet, and acknowledges receipt of a copy thereof.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian/Conservator

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION**

In the matter of

\_\_\_\_\_ No. \_\_\_\_\_  
Respondent

**EXHIBIT D – DESIGNATION OF RESIDENT AGENT**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
City of \_\_\_\_\_, State of \_\_\_\_\_, desiring to serve as  
guardian and/or conservator of the above named person, pursuant to Section 475.055 RSMo, hereby appoint  
\_\_\_\_\_  
\_\_\_\_\_ my agent for service of process upon me within the State of  
Missouri, concerning said matter.

Dated: \_\_\_\_\_  
Guardian-Conservator

**ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
in \_\_\_\_\_, Missouri, 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.

Dated: \_\_\_\_\_  
Resident Agent



**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION**

In the matter of

\_\_\_\_\_ No. \_\_\_\_\_  
Respondent

**EXHIBIT E  
LIST OF PROSPECTIVE WITNESSES**

Listed below are the names and addresses of witnesses who may be called to testify in support of a Petition for Appointment of a Guardian and/or Conservator.

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

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

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

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

\_\_\_\_\_ City State Zip Code

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



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 checked="" type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req)	<input checked="" type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge)
<input checked="" type="checkbox"/> 2. Family Foster Care Licensing (No charge)	<input checked="" type="checkbox"/> 5. Child Day Care Licensing (No charge)
<input checked="" 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 (\$11.00)

**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 Sandra Oswalt, Boone County Probate Supervisor		REQUESTOR'S TELEPHONE (573) 886-4093	
REQUESTOR'S ADDRESS Probate Division 705 East Walnut	CITY Columbia	STATE MO	ZIP CODE 65201
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 EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>

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

MO 300-1590 (9-13)

Boone County Courthouse  
 Probate Division  
 705 East Walnut  
 Columbia MO 65201

- ◀ 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 Division of Family Services (573) 751-2330
2. Family Foster Care Licensing records, maintained by the Health and Senior Services (573) 522-2449
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) 751-8567
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 \$11 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

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

**INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** The full Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4 if the party is a person; exception can only be granted if the information is not reasonably available. **This is a confidential record due to the SSN and possible confidential addresses. However, this information is used to open a case in the Missouri State Courts Automated Case Management System. Cases deemed public under Missouri Revised 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 access.**

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Style of Case: \_\_\_\_\_  
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: \_\_\_\_\_ Case Type Description: \_\_\_\_\_

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

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_  
Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Organization (if non-person): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB/DOD: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_  
Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_  
Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Organization (if non-person): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB/DOD: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_  
Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_  
Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Organization (if non-person): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB/DOD: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_  
Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_  
Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Organization (if non-person): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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 INFORMATION \*\*\***

**CRIMINAL RECORDS BACKGROUND CHECK**

- \* Petitioner(s) are required to have Criminal Record Background checks.
- \* Petitioner is responsible for contacting the Court Marshal's office to make arrangements for fingerprinting. Contact number is (573) 886-4075.
- \* Their office is located in the Boone County Courthouse.
- \* Receipt of payment for fingerprint must be presented to the Court Marshal at the time of fingerprinting.

**CAREGIVER BACKGROUND SCREENING FORM**

Each petitioner must complete a Caregiver Background Screening Form. Forms are available on the following Missouri State Highway Patrol website:

[dmh.mo.gov/mrdd/new/forms/backgroundscreeningform.pdf](http://dmh.mo.gov/mrdd/new/forms/backgroundscreeningform.pdf)

*To avoid delays make arrangements as soon as possible to allow time for the background checks to be processed and returned to the court before your scheduled court date.*

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION**

**INFORMATION FOR PROPOSED GUARDIANS  
AND/OR CONSERVATORS**

Listed below are the general duties and obligations of being appointed a guardian and/or conservator. We are providing this information to help you understand what will be expected of you as the guardian and/or conservator of an adult or minor.

1. 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 these legal services required of you.
2. Follow the advice of your attorney. Talk to your attorney before taking any action. Consult with your attorney as to the extent of your authority.
3. If you are being appointed as guardian, you will be responsible for the ward's person. If you are being appointed as conservator, you will be responsible for the ward's property. If you are being appointed both guardian and conservator, you will be responsible for the ward's person and property.
4. As guardian, you will 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. It will be your responsibility to:
  - a. Assure that the ward lives in the best and least restrictive environment which is reasonably available;
  - b. Assure that the ward receives medical care and other services that are needed;
  - c. Promote and protect the care, comfort, safety, health and welfare of the ward;
  - d. Provide required consents on behalf of the ward.
5. As guardian, each year you will be required to file with the court a personal status report updating the information regarding the care, welfare and placement of your ward.
6. As conservator, you must take possession of your ward's property to the extent authorized by the court. Missouri State law requires that the property, income and bank accounts of the ward must be kept separate from your own funds.
7. As conservator, 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 authorized by statute or court order.
8. 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.
9. If the ward does not live with you, Missouri law requires that you visit the ward at least once a year.



10. 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.

I/We hereby acknowledge that I/we have read and do understand the above information.

Date: \_\_\_\_\_

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

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

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

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