

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

Amended

**Letters of  
Temporary Guardianship  
of the Person**

\_\_\_\_\_

\_\_\_\_\_ Date of Birth

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

To:

You are appointed temporary guardian of the person of the above named individual.

You are issued Letters of Temporary Guardianship of the Person with the following powers:  **See attached**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Co-Guardians must agree when making decisions on behalf of the ward  unless otherwise ordered by the court as follows: \_\_\_\_\_.

These Letters of Temporary Guardianship of the Person expire at the end of **60 days** on \_\_\_\_\_ (unless further **extended for an additional 60 days** by an order of this court).

These Letters of Temporary Guardianship of the Person are issued after conversion of this proceeding from Chapter 51 to Chapter 54/55 and are in effect pending the hearing for a permanent guardianship and protective placement or services but not more than **30 days** ending on \_\_\_\_\_.

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner  
\_\_\_\_\_  
Name Printed or Typed  
\_\_\_\_\_  
Date

Letters of Temporary Guardianship of the person **are extended for an additional 60 days** to \_\_\_\_\_.

**BY THE COURT:**

Name of Attorney/Petitioner	
Address	
Telephone Number	Bar Number

\_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner  
\_\_\_\_\_  
Name Printed or Typed  
\_\_\_\_\_  
Date