STATE	E OF WISCONSIN, CIRCUIT COURT,	COUNTY	For Official Use
IN THE MATTER OF		☐ Amended	
		Petition for Termination of Guardianship of the Person Estate	
	Date of Birth	_ Case No	
		_	
JNDER	OATH, I STATE:		
1.	I am ☐ the ward who is 18 years of age or o ☐ a person acting on the ward's behalf ☐ the ward's ☐ guardian of person.	older. f: ☐ guardian of estate.	
2.	This is a petition to terminate guardianship of ☐ person. ☐ estate.		
3.	This petition is filed more than 180 days after for receipt and acceptance of a foreign guard of new evidence, that require a review at any	ianship, or there are exigent circumstances,	including presentation
4.	At a hearing held on (Date), the in Wisconsin (County) out-of-state (State where determined)	ward was determined to be incompetent an (Certified copy of ord	
<u> </u>	A report of examination of ward by a physicia hearing.	n or psychologist is filed with this petition or	will be filed before the
6.	 The basis for terminating guardianship of the person is as follows: A. I believe that the ward formerly found to be incompetent is no longer incompetent. B. The ward found to be incompetent has married a person who is not subject to a guardianship. C. The ward changed residence from this state to another state and a guardian was appointed in the new state of residence. 		-
	☐ E. A parent of the ward is suitable and will guardianship is in the best interest of the	ne minor. of the guardianship is in the best interest of	nination of the
7.	state of residence.	be incompetent is no longer incompetent. state to another state and a guardian was a as not ordered on the grounds of incompete	

I REQUEST THE COURT:

1. Order a hearing on the	nis petition.				
2. Designate persons e	2. Designate persons entitled to notice of hearing and the manner in which notice shall be given.				
3. Make a finding and a	3. Make a finding and adjudicate the ward to be competent.				
4. Terminate guardianship of person.					
5. Terminate guardians	hip of estate.				
☐ 6. Award appropriate fe	es and costs.				
Subscribed and sworn to before me					
on		Petitioner			
Notary Public/Court	Official				
My commission expires:		Name Printed or Typed			
Name of Attorney/Petitioner		Address			
Address					
Telephone Number	Bar Number	-			