

#### **ACKNOWLEDGMENT REGARDING GUARDIANSHIP TUTORIAL**

Client/Ward \_\_\_\_\_

Proposed Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Relation, if any, to ward \_\_\_\_\_

Please identify if petition is being completed by a private attorney or through the assistance of the Outagamie County Department of Health and Human Services:

private attorney  
 Outagamie County Dept. of Health and Human Services

By signing this document, the proposed guardian confirms that he/she has read through and reviewed all of the information contained in the Guardianship Tutorial, which is available through the Outagamie County website or in hard copy, paper form from the Outagamie County Dept. of Health and Human Services or the Outagamie County Register in Probate office. The proposed guardian acknowledges and understands that this Guardianship Tutorial should continue to be referenced and utilized as a guiding resource even after appointment as guardian.

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

Proposed Guardian Signature: \_\_\_\_\_