IN '	THE CHANCERY COURT OFCOUNTY, MISSI	SSIPPI
	JUDICIAL DISTRICT	
IN THE MA	ATTER OF THE CAUSE NO.	
GUARDIAN	NSHIP OF	
	, A MINOR	
BY PETITIO	ONER(S)	
	OATH OF OFFICE OF GUARDIAN OF A MINOR	
I,	, hereby state that I ad	ecept the office
·	dian of the Minor named above, and will fulfill the duties and responsi	_
	quired by law as set forth in the Mississippi Guardianship and Conserv	
INITIAL EA	ACH	
	I have a duty to:	
	Become personally acquainted with the minor and maintain sufficient with the minor to know and report to the court the minor's abilities, needs, opportunities, and physical and mental health	
	Take reasonable care of the minor's personal effects and bring a proconservatorship if necessary to protect other property of the minor	oceeding for a
	Expend funds of the minor that have been received by the guardian current needs for support, care, education, health, safety, and welfa below)	
	Conserve any funds of the minor not expended for the minor's future a conservator is appointed for the minor, pay the funds as directed the conservator to be conserved for the minor's future needs	
	Report the condition of the minor and account for funds and other prince in the guardian's possession or subject to the guardian's contribute by court rule or ordered by the court on application of a person interminor's welfare. First report due:	rol, as required
	Inform the court of any change in the minor's dwelling or address; determining what is in the minor's best interest, take into account the preferences to the extent actually known or reasonably ascertainable guardian.	ne minor's

INITIAL EACH IF MARKED:	
I am empowered with the powers enumerate exception(s):	d in § 93-20-209, with the following
[ ] Apply for and receive funds up to the amount (\$25,000.00) and benefits otherwise payable minor's parent, guardian, or custodian under insurance or any private contract, devise, tru (A mark in this box means that the Guardian by the minor from any source to the Court are spend said funds without further Court Order	for the support of the minor to the a statutory system of benefits or st, conservatorship, or custodianship. I must immediately report any income and may not dispose, disburse, or
[ ] Other exception:	
I am bound to the People of the State of Mississippi this office.	to faithfully discharge the duties of
	GUARDIAN
Prepared by:	
Name:	
Address:	
City: State	
Phone: Zip:	
Email address:	
Eman address.	
ATTESTATION	
STATE OF MISSISSIPPI	
COUNTY OF	
Personally appeared before me, the undersigned autijurisdiction,, who having been by noath that the matters and things stated in the above foregoin therein stated.	ne first duly sworn stated on his/her
	(Type/Print Name Here)
	, · · · ·
SWORN TO AND SUBSCRIBED before me this the	neday of, 20
	NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_