

FORM INSERTIONS:

- [petcap] = Petitioner's full name in ALL CAPS
- [pet] = Petitioner's full name
- [capacity] = Guardian, Conservator, or Guardian and Conservator
- [relation] = Petitioner's relationship to ward (husband, wife, child, etc.)
- [petaddress] = Petitioner's address (street, city, state, zip)
- [petemail] = Petitioner's email address
- [petcounty] = Petitioner's home county
- [capward] = Disabled ward's full name in ALL CAPS
- [ward] = Disabled ward's full name
- [wardaddress] = Disabled ward's address (street, city, state, zip)
- [dob] = Ward's date of birth
- [spouse] = Ward's spouse
- [child] = Ward's adult children
- [wardparent] = Parent(s) of ward
- [relative] = Nearest relative of ward for notice
- [doctors] = Names of certifying doctors (e.g., "Dr. Joe Blow and Jim Smith, N.P.")
- [capcounty] = Name of county where filing in ALL CAPS
- [county] = Name of county where filing
- [clerk] = Name of Chancery Clerk
- [clerkaddress] = Chancery Clerk address
- [judge] = Chancellor assigned to case
- [joiner] = Person joining in Petition
- [atty] = Name of Attorney

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE **GUARDIANSHIP AND**
CONSERVATORSHIP OF [capward]

NO. _____

**THE RELIEF SOUGHT IN THIS PETITION MAY AFFECT YOUR LEGAL RIGHTS.
YOU HAVE A RIGHT TO NOTICE OF ANY HEARING ON THIS PETITION, TO
ATTEND ANY HEARING, AND TO BE REPRESENTED BY AN ATTORNEY.**

PETITION FOR APPOINTMENT OF **GUARDIAN AND
CONSERVATOR OF [capward]**

[pet] (“Petitioner”) files this Petition for Appointment as [capacity] of [ward] (“the Ward”) and for other relief, and in support hereof shows:

1. Petitioner is the [relation] of the Ward, whose date of birth is [dob]. Petitioner is a bona fide resident of [petcounty] County, and resides at [petaddress]. The Ward is a bona fide resident of [county] County, and resides at [wardaddress].

2. Petitioner is not and has not been a debtor in a bankruptcy, insolvency or receivership proceeding; has not been convicted of a felony, a crime involving dishonesty, neglect, violence, or use of physical force, or other crime relevant to the functions Petitioner would assume as conservator. (Miss. Code Ann. § 93-20-117).

3. Petitioner is best qualified to serve as **guardian** of the respondent under Miss. Code Ann. § 93-20-308 and as **conservator** of the respondent under Miss. Code Ann. § 93-20-410 in light of Petitioner’s relationship with the respondent and Petitioner’s skills and ability to perform the duties of such office, **and respondent’s expressed wishes in a will, durable power of attorney, or health-care directive.**

[MINOR CONSERVATOR] 4. It is in the best interest of the ward to appoint a conservator for the reasons that: (a) The ward is a minor who owns funds or other property

requiring management or protection that cannot otherwise be provided; (b) The ward has or may have financial affairs that may be put at unreasonable risk or hindered because of the minor ward's age; and/or (c) Such appointment is necessary or desirable to obtain or provide funds or other property needed for the support, care, education, health or welfare of the minor ward. (Miss. Code Ann. § 93-20-401(1)). **[IF APPLICABLE]** The parent(s) of the ward have executed a Parental Waiver of Notice in this action. **[IF FOR MINOR'S SETTLEMENT]** It is necessary to appoint a conservator who may then seek authority from the court to **engage counsel to litigate a claim on behalf of the minor and** seek authority to accept a future settlement and execute a receipt and release for same on behalf of the minor.

[ADULT CONSERVATOR] 4. It is in the best interest of the ward to appoint a conservator for the reasons that: (a) The ward is an adult who is unable to manage property or financial affairs because ward's ability to receive and evaluate information or make or communicate decisions, even with the use of appropriate supportive services or technological assistance, is limited; (b) The ward has or may have financial affairs that may be put at unreasonable risk or hindered because of the minor ward's age; and/or (c) Such appointment is necessary or desirable to obtain or provide funds or other property needed for the support, care, education, health or welfare of the ward. (Miss. Code Ann. § 93-20-401(2)).

[ADULT GUARDIAN] 5. It is in the best interest of the ward to appoint a guardian for the reasons that: (a) The ward is an adult who lacks the ability to meet essential requirements for physical health, safety, or self-care because ward's ability to receive and evaluate information or make or communicate decisions, even with the use of appropriate supportive services or technological assistance, is limited. (Miss. Code Ann. § 93-20-301). **[IF APPLICABLE, ADD]** The ward is a person with a mental illness and/or an intellectual disability as defined in Miss. Code Ann. § 41-21-61 and is unable to care for ward's own person.

[DELETE FOR MINOR] 6. Medical certificates of [doctors], as required by Miss. Code Ann. § 93-20-407(2)-(3), are attached hereto as exhibits and made a part hereof by reference.

[CONSERVATOR NOTICE] 7. The ward is a competent adult and joins in this Petition for conservatorship. **[OR]** Petitioner requests that summons in this proceeding be issued, pursuant to Miss. Code Ann. § 93-20-403(2), to the following person(s): [spouse], the spouse of the ward; [child], the adult child(ren) of the ward who has no spouse; [wardparent], the parent(s) of the ward who has no spouse or child; [sib], the sibling of the ward who has no spouse, adult child or parent; [relative], the adult relative of the ward who has no spouse, child, parent or siblings, said relative being within the third degree of kinship to the ward and resides in Mississippi. Petitioner would show that [joiner] joins in this Petition, and it is not necessary to serve notice on any other person in keeping with the provisions of Miss. Code Ann. § 93-20-403(3).

[GUARDIAN NOTICE] 7. The ward is a competent adult and joins in this Petition for guardianship. **[OR]** Petitioner requests that notice of this proceeding be given, pursuant to Miss. Code Ann. § 93-20-303(2), to any conservator currently serving for the ward and to the following person(s): [spouse], the spouse of the ward; [child], the adult child(ren) of the ward who has no spouse; [wardparent], the parent(s) of the ward who has no spouse or child; [sib], the sibling of the ward who has no spouse, adult child or parent; [relative], the adult relative of the ward who has no spouse, child, parent or siblings, said relative being within the third degree of kinship to the ward and resides in Mississippi. Petitioner would show that [joiner] joins in this Petition, and it is not necessary to serve notice on any other person in keeping with the provisions of Miss. Code Ann. § 93-20-303(3).

8. The ward is not entitled to any benefit, estate or income paid or payable by or

through the Veteran's Administration and no notice to said agency is required. [or: The Ward is entitled to certain benefits paid or payable by or through the Veteran's Administration and notice to said agency will be given prior to hearing hereon.]

9. Petitioner requests that a hearing on this Petition shall be set for a date and time so as to allow not less than seven (7) days' service of notice hereof on the ward in compliance with the law prior to such hearing.

10. After hearing on this Petition and entry of a decree appointing conservator, Letters of Guardianship and Conservatorship should be issued to Petitioner by the Clerk.

11. [IF CONSERVATOR IS SPOUSE OF WARD:] Petitioner is the spouse of the ward and would further show that the ward owns certain assets, including but not limited to a joint interest in their residence and automobiles. Petitioner submits that it would be in the best interest of the Ward and in keeping with the dispositive intent of the Ward, and in furtherance of the Ward's obligation of support for Petitioner, to authorize Petitioner, as conservator, to convey the Ward's ownership interest in these and other assets to Petitioner. Such a transfer will permit Petitioner to manage and convey such assets as Petitioner deems in the best interest of both parties and to plan effectively for the parties' intended disposition of assets and long-term care needs. Petitioner would show that, unless such transfer of assets is accomplished, such assets may become solely owned by the Ward in the event Petitioner predeceases the Ward and that the Ward would, due to incapacity, be unable to effectively engage in current estate or long-term care planning or take other actions to deal with such assets in keeping with the parties' dispositive intent.

[IF CONSERVATOR IS NOT SPOUSE OF WARD:] It is the Ward's best interest to allow [pet] to pay the Ward's routine bills and living expenses without requirement of prior court order each month, or alternatively to authorize [pet] to expend from the ward's funds a sum not

to exceed \$ _____ per month in payment of the ward's living expenses, without prior court order approving such disbursements.

[WAIVE BOND – MINOR] 12. Petitioner requests the court to waive requirement of bond for the minor ward, pursuant to Miss. Code Ann. § 93-20-416(1)(c), for the reason that bond or other asset-protection arrangement is not necessary to protect the minor's estate.

Alternatively, Petitioner requests the court to authorize disbursement of the ward's funds to a "special needs trust" or ABLE account in lieu of a conservatorship estate, subject to such terms as the court shall impose on such trust or account as to bond or other protection of said trust estate.

Alternatively, Petitioner requests the court to waive requirement of bond for the minor ward, pursuant to Miss. Code Ann. § 93-20-416(1)(a), for the reason that the ward's **parent(s) has/have waived requirement of bond in a valid holographic will or other instrument** to take effect at said parent's death that is signed by the parent and attested by at least two credible witnesses other than Petitioner. **Alternatively,** Petitioner requests the court to waive requirement of bond to the extent that the conservatorship consists of funds that are deposited in one or more financial institutions (as defined in Miss. Code Ann. § 93-20-416(1)(b)) in this state that are fully insured under the FDIC, which financial institution(s) execute and file with the court an acknowledgment of receipt of such funds in compliance with Miss. Code Ann. § 93-20-416(7), and which funds will remain on deposit until presentation to the financial institution of a further Order of the court for disbursement.

[WAIVE BOND – ADULT] 13. Petitioner requests the court to waive requirement of bond for the ward, pursuant to Miss. Code Ann. § 93-20-416(1)(c), for the reason that bond or other asset-protection arrangement is not necessary to protect the ward's estate. **Alternatively,** Petitioner requests the court to authorize disbursement of the ward's funds to a "special needs trust" or ABLE account in lieu of a conservatorship estate, subject to such terms as the court shall

impose on such trust or account as to bond or other protection of said trust estate. **Alternatively,** Petitioner requests the court to waive requirement of bond to the extent that the conservatorship consists of funds that are deposited in one or more financial institutions (as defined in Miss. Code Ann. § 93-20-416(1)(b)) in this state that are fully insured under the FDIC, which financial institution(s) execute and file with the court an acknowledgment of receipt of such funds in compliance with Miss. Code Ann. § 93-20-416(7), and which funds will remain on deposit until presentation to the financial institution of a further Order of the court for disbursement. **[If appropriate, add:]** Petitioner is the sole devisee and legatee of the Last Will and Testament executed by the Ward prior to said ward's incapacity.

[ADD FOLLOWING TO APPROVE INCOME TRUST]

14. Petitioner would further show that in the event the ward is eligible for or applies for Medicaid assistance, it may be necessary for the conservator to execute an income trust on behalf of the ward whereby that portion of the ward's income not paid for nursing care on a monthly basis will be preserved for annual reimbursement to Medicaid. It is in the best interest of the ward to authorize Petitioner, as conservator, to execute and enter into such an income trust on behalf of the ward.

[IF IMMEDIATE ORDER TO PRESERVE PROPERTY] **15.** Petitioner requests, pursuant to Miss. Code Ann. § 93-20-404, that this court issue an order immediately upon filing to preserve and apply property of the ward as required for the support of the ward or an individual who is dependent on the ward, namely: _____

[IF EMERGENCY CONSERVATORSHIP SOUGHT] **16.** Petitioner requests, pursuant to Miss. Code Ann. § 93-20-413, that this court appoint Petitioner as emergency conservator for the ward and would show: (a) appointment of an emergency conservator is necessary and likely to prevent substantial and irreparable harm to the ward's property or financial

interests; (b) no other person appears to have the authority and willingness to act in the circumstances; and (c) there is reason to believe that a basis for appointment of a conservator under Miss. Code Ann. § 93-20-402 as set out above exists.

WHEREFORE, PREMISES CONSIDERED, Petitioner files this Petition for Appointment of [capacity] for [ward] and requests that, after proper notice to the ward and the parties entitled to notice, and a hearing of this Petition, the Court will grant the following relief:

1. Enter its decree finding that it is in the best interest of the Ward to appoint a [capacity] for the Ward and appointing [pet] as [capacity] for [ward];
2. Waive the requirement of bond by Petitioner, as Conservator, pending future order of this Court.
3. Direct the Clerk of this court to issue Letters of **Guardianship and** Conservatorship of [ward] to Petitioner; and
4. Enter its decree authorizing Petitioner to transfer all ownership interests in assets owned by the Ward to Petitioner.
5. Waive requirement of prior court order for disbursements of the Ward's funds by Petitioner; or, alternatively, authorize [pet] to expend from the Ward's funds a sum not to exceed \$_____ per month in payment of ward's living expenses, without prior court order approving such disbursements; and
6. Enter its decree authorizing Petitioner, as [capacity], to execute and enter into a Medicaid income trust on behalf of the Ward, if such trust should be required by the Division of Medicaid.

Petitioner prays for General Relief.

Respectfully submitted this _____ day of _____, 2020.

[petcap]

[atty]

ATTORNEY FOR PETITIONER

[ADDRESS]

STATE OF MISSISSIPPI
COUNTY OF _____

PERSONALLY APPEARED this _____ day of _____, 2020, before me,
the undersigned authority in and for the said jurisdiction, the within named **[pet]**, who after first being
duly sworn, stated on oath that the matters and things set forth in the above and foregoing Petition
are true and correct as therein stated.

[petcap]

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____,
2020.

NOTARY PUBLIC

My Commission Expires:

[Affix Seal]

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ **JUDICIAL DISTRICT**

**IN THE MATTER OF THE:
CONSERVATORSHIP/GUARDIANSHIP
OF [capward]**

CAUSE NO. _____

CERTIFICATE OF ATTORNEY

I, [atty], attorney for fiduciary, [pet], in this cause, do certify as an officer of this Court and member in good standing with the Mississippi State Bar Association, that I have explained the duties and obligations as set forth in the Certificate of Fiduciary required of my client(s) as fiduciary in this action.

Respectfully Submitted,

Signature of Attorney:

Printed name of Attorney:

[atty]
[ADDRESS]

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ **JUDICIAL DISTRICT**

**IN THE MATTER OF THE:
GUARDIANSHIP / CONSERVATORSHIP
OF [capward]**

CAUSE NO. _____

CERTIFICATE OF FIDUCIARY

I, [pet], fiduciary in this cause, have hereby read, understand, and agree to the following:

1. I understand that I, as fiduciary, am required not to receive any personal benefit and to protect and preserve the funds owned by the Ward/Estate, who is the person over whom I have charge.
2. I will not use any funds or make expenditures of the Ward's/Estate's funds without prior Court approval except as otherwise provided by law or Court approval.
3. I understand that the Court can and will find me in contempt if it is proven that I have violated any of this Court's order(s) and that appropriate sanctions will be levied by the Court for any violations.
4. I agree and understand that I must consult with my attorney on any extraordinary expenditure prior to making said expenditure in order to gain appropriate legal advice and court approval regarding those transactions.
5. I understand that unless waived by the Court in advance, I will be required to submit formal, annual accountings and reports to the Court reflecting the well-being and/or expenditures of the Ward's/Estate's funds as required by law in acting as guardian/conservator.
6. My current address and phone numbers are as follows, and I understand that in the event this information changes, I must provide that information to the Clerk of this Court in writing.

NAME: [pet]

ADDRESS: [petaddress]

PHONE NO.: [petphone]

EMAIL ADDRESS: [petemail]

7. I have discussed with my attorney the duties and responsibilities required of my office as fiduciary and as set forth in this document, and I hereby agree to be bound by them.

Respectfully Submitted,

FIDUCIARY

SWORN ACKNOWLEDGMENT

STATE OF MISSISSIPPI
COUNTY OF _____

This day personally appeared before me, the undersigned authority at law in and for the jurisdiction aforesaid, the within named [**pet**] who, having been by me first duly sworn, states on oath that the matters and facts set forth in the above Certificate of Fiduciary are true and correct as therein stated.

FIDUCIARY

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____,
2020.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

date

[clerk]
[county] County Chancery Clerk
[clerkaddress]

Re: In the Matter of the Guardianship & Conservatorship of [ward]
(Our Ref. _____)

Dear Mr. / Ms. [clerk]:

Please find enclosed the original and three (3) copies of the Petition for appointment of [capacity], the original and three (3) copies of the Rule 81 Summons, the original and two (2) copies of the Oath of [capacity], the Civil Cover Sheet, and a check in the amount of \$_____ for the filing fee in the above styled cause.

Please file the original Petition and Oath and return the file-stamped copies to us in the enclosed envelope. Also, please issue the Summons to us in the enclosed envelope for service on [ward] in this matter.

If you have any questions, please do not hesitate to contact me. With kindest regards, I am

Sincerely yours,

[atty]

Enclosures

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI

_____ **JUDICIAL DISTRICT**

**IN THE MATTER OF THE GUARDIANSHIP/
CONSERVATORSHIP
OF [capward]**

NO. _____

RULE 81 SUMMONS
(by Process Server)

THE STATE OF MISSISSIPPI

TO: [ward]
[wardaddress]

NOTICE TO RESPONDENT

The Petition for Appointment of [capacity] which is attached to this summons is important and you must take immediate action to protect your rights.

You are hereby notified that a hearing will be conducted upon said motion before The Honorable [judge], Chancellor, at the [county] County Chancery Building in _____, Mississippi, at _____ o'clock _____.M. on _____, _____, 2020, or as soon thereafter as said matter can be heard. You are directed to then and there appear to show cause, if any you can, why the relief sought by such motion should not be granted. Your failure to so appear may result in a judgment or order by default granting the relief sought by the motion attached to this summons. If such matter is not heard on the day set for hearing, it may by order entered on that day be continued to a later date for hearing without additional summons.

Issued under my hand and the seal of said Court, this the _____ day of _____, 2020.

[clerk]
Chancery Clerk of [county] County
[clerkaddress]

(Seal)

By: _____
Deputy Clerk

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE **GUARDIANSHIP AND**
CONSERVATORSHIP OF [capward]

NO. _____

LETTERS OF GUARDIANSHIP AND CONSERVATORSHIP

STATE OF MISSISSIPPI
COUNTY OF [capcounty]
BY THE CHANCERY COURT OF SAID COUNTY:

WHEREAS, [pet] has been appointed by the Court as [capacity] of [ward] and the said [pet],
having entered into bond with sufficient surety (or bond having been waived) and having executed the
oath as Conservator;

WE, THEREFORE, by these Letters, authorize [pet] as [capacity] as aforesaid, to discharge
all the duties required by law or by the order of this Court.

WITNESS, Honorable [judge], Chancellor of the Chancery Court of [county] County,
Mississippi, on the ____ day of _____, 2020, and the seal of said Court hereunto
affixed.

Issued the ____ day of _____, 2020.

[clerk], Chancery Clerk

By: _____, D.C.

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE **GUARDIANSHIP AND**
CONSERVATORSHIP OF [capward]

NO. _____

LETTERS OF GUARDIANSHIP AND CONSERVATORSHIP

STATE OF MISSISSIPPI
COUNTY OF [capcounty]
BY THE CHANCERY COURT OF SAID COUNTY:

WHEREAS, [pet] has been appointed by the Court as [capacity] of [ward] and the said [pet],
having entered into bond with sufficient surety (or bond having been waived) and having executed the
oath as Guardian;

WE, THEREFORE, by these Letters, authorize [pet] as [capacity] as aforesaid, to discharge
all the duties required by law or by the order of this Court.

WITNESS, Honorable [judge], Chancellor of the Chancery Court of [county] County,
Mississippi, on the ____ day of _____, 2020, and the seal of said Court hereunto
affixed.

Issued the ____ day of _____, 2020.

[clerk], Chancery Clerk

By: _____, D.C.

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE CONSERVATORSHIP
OF [capward]

NO. _____

**CONSENT AND JOINDER IN PETITION
FOR APPOINTMENT OF **GUARDIAN AND** CONSERVATOR**

Comes now [joiner], the _____ of [ward] and files this Consent and Joinder in Petition for Appointment of [capacity] for [ward] and for other relief, and respectfully shows unto the Court that the undersigned has received and reviewed a copy of the Petition filed in this cause and believes it is in the best interest of [ward] and hereby joins in said Petition, waives requirement of process, and consents to the entry of any decree by the Court in this cause.

WHEREFORE, PREMISES CONSIDERED, the undersigned hereby joins in the Petition for Appointment of [capacity] in this cause and consents to the relief sought therein.

[joiner]

PREPARED BY:

[atty]

[ADDRESS]

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY CAME AND APPEARED BEFORE ME, the undersigned authority in and for the aforesaid jurisdiction, the within named [joiner], who first being duly sworn by me, stated on oath that s/he signed the above and foregoing instrument on the day and year therein mentioned as his/her voluntary act and deed.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this _____ day of _____, 2020.

NOTARY PUBLIC

My Commission Expires:

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE
GUARDIANSHIP/CONSERVATORSHIP OF
[capward], AN ADULT

NO. _____

[petcap],
PETITIONER

HEARING DATE: _____

ORDER OF APPOINTMENT OF
GUARDIAN(S)/CONSERVATOR(S) OF AN ADULT

THE COURT, having considered the sworn Petition for Appointment of

Limited **Full**
 Guardian **Conservator** **Both**

of an Adult, filed by Petitioner(s) [pet], the written certificates of two (2) medical examiners under §§ 93-20-305 or 93-20-407,

_____ [Examiner One]

_____ [Examiner Two]

and the testimony and other evidence presented at a hearing held regarding the Petition,

THE COURT FINDS:

- A. Petitioner(s) is/are entitled to file the Petition under §§ 93-20-302 or 93-20-402;
- B. Petitioner(s) has/have given Notice of Hearing to all interested parties as required by law except those interested parties who signed a Waiver of Notice of Hearing and any Waivers have been filed with this Court;
- C. Venue in this county is proper;
- D. The above captioned person is an adult born on [dob];
- E. The Court is satisfied by clear and convincing evidence that the ward, [ward], is a person incapable of managing his or her person or financial affairs under §§ 93-20-301 or 93-20-401, and that the appointment of a guardian/conservator is necessary to provide for the person's demonstrated needs;

F. The Court is satisfied by clear and convincing evidence that the above named ward's limitations are primarily **Physical** **Mental** **Both**

G. Pursuant to §§ 93-20-308 and 93-20-410, _____ is qualified to serve as the

Limited **Full**
 Guardian **Conservator** **Both**

H. Based on the current mental and physical condition of the ward, said person's right to retain or obtain a driver's license **Should** **Should Not** be affected by the appointment of a Guardian or Conservator of said person.

IT IS ORDERED AND ADJUDGED:

1. APPOINTMENT OF Guardian(s) / Conservator(s)

The Court appoints [pet] as

Limited **Full**
 Guardian **Conservator** **Both**

of the adult named in the caption above, with the powers indicated below:

(If Full is indicated above, move to (2).)

- | | |
|---|--|
| <input type="checkbox"/> Execute Contracts | <input type="checkbox"/> Apply for Government Benefits |
| <input type="checkbox"/> Manage Assets | <input type="checkbox"/> Consent for Medical Counseling |
| <input type="checkbox"/> Manage Property | <input type="checkbox"/> Consent for Medical Treatment |
| <input type="checkbox"/> Travel Decisions | <input type="checkbox"/> Lending Money |
| <input type="checkbox"/> Borrowing Money | <input type="checkbox"/> Paying Bills / Collecting Debts |
| <input type="checkbox"/> Manage a Business | <input type="checkbox"/> Making Educational Decisions |
| <input type="checkbox"/> Determine Daily Dress / Routine | <input type="checkbox"/> Shop for Food |
| <input type="checkbox"/> Shop for Necessities | <input type="checkbox"/> Maintain Credit Card |
| <input type="checkbox"/> Convey Property | <input type="checkbox"/> Surrender / Purchase Insurance |
| <input type="checkbox"/> Revoke POA, DNR, or other Directives | <input type="checkbox"/> Create / Amend a Will or Trust |

Provide Financial Support To: _____

OTHER: _____

2. **BOND (Conservator only):** The Conservator(s) will furnish bond with a surety specified by the court in the amount of \$ _____, or other asset-protection arrangement as provided for under § 93-20-416, subject to the recitation of the Conservator's oath, upon his/her acceptance of the appointment. (The court may waive the requirement if the court finds that a bond or other asset-protection arrangement is not necessary to protect the interests of the ward.)

3. **RESTRICTED APPOINTMENT:** Upon entrance of this Order, letters of Guardianship/Conservatorship of an Adult shall be issued by the Clerk of the Chancery

Court, **SUBJECT TO THE FOLLOWING RESTRICTIONS:**

4. **ACCEPTANCE OF APPOINTMENT:** The petitioner(s) accept his/her appointment upon his/her taking of the Oath as prescribed by law and the Court's entrance of this Order.
5. **ANNUAL REPORT OF GUARDIAN(S) / CONSERVATOR(S):** The Guardian(s)/Conservator(s) shall report to the Court on the status of the Adult and the need to continue the appointment on the anniversary of appointment, as required by § 93-20-423, by filing the required form with the Clerk of Court.
6. **DRIVER'S LICENSE:** The right of the ward to retain or obtain a driver's license [] is [] is not suspended by the appointment of a Guardian/Conservator.
7. **OTHER DUTIES UNDER THE LAW:** The duties of the Guardian(s)/Conservator(s) as required by §§ 93-20-312 and 93-20-418 and as set forth in this Order shall continue until the Guardian(s)/Conservator(s) is/are discharged from these duties by order of this Court.
8. **NOTICE:** The following individuals are entitled to notice of this order and any attachments under §§ 93-20-309 and 93-20-411:

_____	_____
_____	_____
_____	_____

9. **POST-APPOINTMENT REVIEW:** This matter is set for hearing on _____, 2020 at _____, ____ M. to determine compliance by the person(s) appointed by this Order.

10. OTHER:

SO ORDERED AND ADJUDGED, in open court, this the _____ day of _____, 2020.

Chancellor
Chancery Court of [county] County, Mississippi

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

**IN THE MATTER OF THE
GUARDIANSHIP OF [capward],
A MINOR
[petcap], PETITIONER(S)**

CAUSE NO. _____

**ORDER FOR APPOINTMENT OF GUARDIAN(S) OF A MINOR
UNDER §93-20-202**

THE COURT, having considered the sworn Petition for Appointment of Guardian(s) of a Minor under § 93-20-202, filed by Petitioner, **[pet]**, and the testimony and other evidence presented at a hearing on said Petition,

THE COURT FINDS:

- A. Petitioner(s) is/are entitled to file the Petition under § 93-20-202;
- B. Petitioner(s) has/have given Notice of Hearing to all interested parties as required by law except those interested parties who signed a Waiver of Notice of Hearing and any and all Waivers have been filed with this Court;
- C. Venue is proper in this county;
- D. The above captioned person is a minor born on [dob].
- E. The Court is satisfied that the appointment is in the minor's best interest, and each parent of the minor, after being fully informed of the nature and consequences of guardianship, consents;
- F. Petitioner(s), [pet], is/are qualified to serve as the Guardian for the minor.

IT IS ORDERED AND ADJUDGED:

1. APPOINTMENT OF GUARDIAN(S):

The Court appoints **[pet]** as Guardian(s) of the minor captioned above, subject to the following duties and limitations pursuant to §§ 93-20-206 and 93-20-209:

A. Duties of the Guardian(s): Pursuant to § 93-20-208, the Guardian(s) has/have the duties and responsibilities of a parent regarding the minor's support, care, education, health, safety, and welfare. A guardian must act in the minor's best interest and exercise reasonable care, diligence and prudence.

Specifically, a guardian for a minor must:

1. Become personally acquainted with the minor and maintain sufficient contact with the minor to know and report to the court the minor's abilities, limitations, needs, opportunities, and physical and mental health;
2. Take reasonable care of the minor's personal effects and bring a proceeding for a conservatorship if necessary to protect other property of the minor;
3. Expend funds of the minor that have been received by the guardian for the minor's current needs for support, care, education, health, safety, and welfare;

4. Conserve any funds of the minor not expended for the minor's future needs, but if a conservator is appointed for the minor, pay the funds as directed by the court to the conservator to be conserved for the minor's future needs;

5. Report the condition of the minor and account for funds and other property of the minor in the guardian's possession or subject to the guardian's control, as required by court rule or ordered by the court on application of a person interested in the minor's welfare;

6. Inform the court of any change in the minor's dwelling or address; and

7. In determining what is in the minor's best interest, take into account the minor's preferences to the extent actually known or reasonably ascertainable by the guardian.

B. Limitations: The Guardian is empowered with the powers enumerated in § 93-20-209, with the following exception(s):

Apply for and receive funds up to the amount set forth in § 93-20-431 (\$25,000.00) and benefits otherwise payable for the support of the minor to the minor's parent, guardian, or custodian under a statutory system of benefits or insurance or any private contract, devise, trust, conservatorship, or custodianship. (A mark in this box means that the Guardian must immediately report any income by the minor from any source to the Court and may not dispose, disburse, or spend said funds without further Court Order.)

Other exception: _____

2. BOND: No bond shall be required of the guardian(s) until further Court Order.

3. ACCEPTANCE OF APPOINTMENT: The petitioner(s) accept his/her appointment upon his/her taking of the Oath as prescribed by law and the Court's entrance of this Order. The Clerk of the Court shall issue Letters of Guardianship to the Guardian(s) as directed herein, to include any limitations as set. The Guardian(s) shall file a customary Certificate of Fiduciary in accordance with § 93-20-108, but is permitted to omit the averment of having discussed the duties and responsibilities of his/her office as fiduciary, but shall instead aver that he/she has read and reviewed said duties and responsibilities.

4. ANNUAL REPORT OF GUARDIAN(S): The Guardian(s) shall report every _____ years/months to the Court on the status of the minor and need to continue the appointment, as required by § 93-20-208(2)(e).

5. RIGHTS RETAINED BY NATURAL PARENTS:

6. Required Notices: Each parent of the minor is entitled to, and the Guardian(s) shall provide, notice that:

(a) The location of the minor's residency has changed;

- (b) The Court has modified or limited the powers of the guardian(s); or
- (c) The Court has removed the guardian(s).

7. OTHER ORDERS OF THE COURT:

SO ORDERED AND ADJUDGED, in open Court, this the _____ day of 20_____.

CHANCELLOR
Chancery Court of [county] County,
Mississippi

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE CONSERVATORSHIP
OF [capward]

NO. _____

OATH OF CONSERVATOR

STATE OF MISSISSIPPI

COUNTY OF _____

I, [pet] do swear that I, if and when appointed, will faithfully discharge all the duties of
Conservator of [ward] according to law. So help me God.

[pet]

SWORN to and subscribed before me this the _____ day of _____, 2020.

NOTARY PUBLIC

My Commission Expires:

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP
AND CONSERVATORSHIP OF
[capward]

NO. _____

OATH OF GUARDIAN AND CONSERVATOR

STATE OF MISSISSIPPI

COUNTY OF _____

I, [pet] do swear that I, if and when appointed, will faithfully discharge all the duties of
Guardian **and Conservator** of [ward] according to law. So help me God.

[pet]

SWORN to and subscribed before me this the _____ day of _____, 2020.

NOTARY PUBLIC

My Commission Expires:

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE
CONSERVATORSHIP OF
[capward], AN ADULT/A MINOR

NO. _____

INVENTORY REPORT

On _____, the Court appointed [pet] to serve as conservator for [ward]. The

attached **Exhibit A** is an inventory of the estate. The inventory totals are as follows:

Total Assets	\$ _____
Total Debts and Liabilities	\$ _____
Total Estimated Annual Receipts and Income	\$ _____
Total Estimated Annual Expenses	\$ _____

Unless waived by the Court, an inventory is due on or before _____

(one year from the date of the order appointing the conservator).

Respectfully submitted,

[atty]

Conservator's Name

[ADDRESS]

CERTIFICATE OF SERVICE

I certify that on this _____ day of _____, 2020, I served a copy of this inventory report as set forth in § 93-20-420(2) to the persons listed below, by the method of service indicated for each.

[ward] **By Personal service / U.S. Mail, Postage Prepaid**
[wardaddress]

_____ **By Personal service / U.S. Mail, Postage Prepaid**

_____ **By Personal service / U.S. Mail, Postage Prepaid**

Attorney's Signature

GENERAL INFORMATION

Ward's Contact Information

Name: _____ Date of Birth: _____

Address: _____

(Include name of living center or nursing home, if applicable)

City: _____ State: _____ Zip Code: _____

Phone: Residence _____ Work _____ Cell _____

Email: _____

Last four digits of Social Security No. _____

Spouse and Family Contact Information

Spouse's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Residence _____ Work _____ Cell _____

Email: _____

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

EXHIBIT A

Conservator's Contact Information

Name: _____ Date of Birth: _____
Occupation: _____ Relationship to Ward: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: Residence _____ Work _____ Cell _____
Email: _____
Last four digits of Social Security No. _____

Other Information

Please provide the following:

- (1) Has a conservator been appointed for the estate? Yes No
If yes, provide the conservator's name, address, and phone number. (same as above)

- (2) Do you believe the estate's assets are sufficient to provide for the ward's present and future care? Yes No
Please explain as needed.

- (3) Please list anything of significant value which the conservator, any individual who resides with the conservator, or the spouse, parent, child, or sibling of the conservator has received from a person providing goods or services to the ward.

- (4) Please disclose any business dealings the conservator has with a person the conservator has paid or that has benefitted from the property of the ward.

(5) Is any co-conservator or successor conservator appointed to serve when a designated event occurs alive and able to serve? Yes No
If yes, please state that person's name.

(6) Unless bond either has been waived or is not required, state the amount and attach a copy of the bond to the inventory.

(7) Do you anticipate filing a supplemental inventory? Yes No

(8) Please provide any other information you believe the Court should know.

ASSETS

Real Property

	<u>Description</u>	<u>County</u>	<u>State</u>	<u>Joint Owner (if any)</u>	<u>Estimated Value</u>
Parcel 1	_____	_____	_____	_____	_____
Parcel 2	_____	_____	_____	_____	_____
Parcel 3	_____	_____	_____	_____	_____
					Total \$ _____

Automobiles

	<u>Year/Make/Model</u>	<u>V.I.N.</u>	<u>Joint Owner (if any)</u>	<u>Estimated Value</u>	
Auto 1	_____	_____	_____	_____	
Auto 2	_____	_____	_____	_____	
Auto 3	_____	_____	_____	_____	
					Total \$ _____

Checking Accounts/Savings Accounts/Money Market Accounts/Certificates of Deposit

	<u>Bank/Financial Institution/Broker</u>	<u>Acct No.</u>	<u>Joint Owner (if any)</u>	<u>Estimated Value</u>	
Account 1	_____	_____	_____	_____	
Account 2	_____	_____	_____	_____	
Account 3	_____	_____	_____	_____	
					Total \$ _____

Stocks/Bonds/Investments (including retirement and profit-sharing accounts)

	<u>Firm/Institution/Company/Issuer</u>	<u>Acct No./ Shares</u>	<u>Joint Owner (if any)</u>	<u>Estimated Value</u>
Account 1	_____	_____	_____	_____
Account 2	_____	_____	_____	_____
Account 3	_____	_____	_____	_____
				Total \$ _____

LIFE INSURANCE / ANNUITIES

	<u>Company</u>	<u>Type of Policy</u>	<u>Joint Owner (if any)</u>	<u>Cash Value</u>
Account 1	_____	_____	_____	_____
Account 2	_____	_____	_____	_____
Account 3	_____	_____	_____	_____
				Total \$ _____

Other Property (if worth more than \$1,000)

	<u>Detailed Description</u>	<u>Estimated Value</u>
Item 1	_____	_____
Item 2	_____	_____
Item 3	_____	_____
		Total \$ _____

Total Assets \$ _____

DEBTS AND LIABILITIES

Secured Debts

	<u>Obligor/Payee</u>	<u>Collateral</u>	<u>Joint Owner (if any)</u>	<u>Approx. Balance</u>
Debt 1	_____	_____	_____	_____
Debt 2	_____	_____	_____	_____
Debt 3	_____	_____	_____	_____
			Total \$	_____

Unsecured Debts

	<u>Obligor/Payee</u>	<u>Acct No.</u>	<u>Joint Owner (if any)</u>	<u>Approx. Balance</u>
Debt 1	_____	_____	_____	_____
Debt 2	_____	_____	_____	_____
Debt 3	_____	_____	_____	_____
			Total \$	_____
			Total Debts and Liabilities \$	_____

ESTIMATED ANNUAL RECEIPTS AND INCOME

Wages	_____
Social Security	_____
Interest/Dividends	_____
Pensions/Retirement Distributions	_____
Annuity/Annuities	_____
Tax Refunds	_____
Alimony	_____
Trust Distributions	_____
Proceeds from Sale of Assets	_____
Rental Income	_____
Gifts	_____
Disability, Unemployment, or Worker's Compensation	_____
Other Public Assistance	_____
Other Receipts/Income (please describe)	_____
Total Estimated Annual Receipts and Income	\$ _____

ESTIMATED ANNUAL EXPENSES

Legal and Professional Fees	_____
Conservator Fees*	_____
Income Taxes	_____
FICA and Medicare Taxes	_____
Health Insurance	_____
Other Insurance	_____
Care Facility/Rent/Mortgage	_____
Property Taxes	_____
Home Repairs and Maintenance	_____
Utilities	_____
Food and Household Supplies	_____
Clothing	_____
Health Care	_____
Personal Care	_____
Child Care	_____
Auto Expenses	_____
Education	_____
Entertainment, Vacation, Travel	_____
Gifts	_____

Total Estimated Annual Expenses \$ _____

*** Conservator estimates s/he will incur charges for the following:**

- \$ _____ for preparing accountings
- \$ _____ for counseling/visits with the ward
- \$ _____ for paying bills and handling financial affairs for the ward
- \$ _____ for _____

AFFIRMATION

Under penalties of perjury, the undersigned conservator(s) declare(s) that I (we) have read and examined this inventory and that the facts and figures set forth in the summary and attached schedules are true, to the best of my (our) knowledge and belief, and that it is believed to be complete and accurate as far as information permits.

Signed on _____, 2020.

Conservator's Signature

[atty]
[ADDRESS]

CERTIFICATE OF SERVICE

I certify that on this _____ day of _____, 2020, I served a copy of this inventory report as set forth in § 93-20-420(2) to the persons listed below, by the method of service indicated for each.

[ward] **By Personal service / U.S. Mail, Postage Prepaid**
[wardaddress]

_____ **By Personal service / U.S. Mail, Postage Prepaid**

_____ **By Personal service / U.S. Mail, Postage Prepaid**

Attorney's Signature

IN THE CHANCERY COURT OF [capcounty] COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

**IN THE MATTER OF THE
CONSERVATORSHIP OF
[capward], AN ADULT/A MINOR**

NO. _____

CONSERVATOR'S PLAN

Comes now **[pet]**, as Conservator of **[ward]**, and files this plan pursuant to MISS. CODE ANN. § 91-20-419 and to the prior order of this court. The plan includes a budget containing projected expenses and resources, including an estimate of the total amount of fees the conservator anticipates charging per year and a statement or list of the amount the conservator proposes to charge for each service the conservator anticipates providing to the individual, all as reflected on the attached **Exhibit A**. In addition:

1. Petitioner will not likely involve the ward in decisions about management of the estate due to the ward's cognitive or intellectual inability to participate in such decisions. **[OR]** Petitioner will involve the individual in the following decisions about management of the conservatorship estate:

2. Petitioner does not believe the ward's ability to manage the estate can be restored due to cognitive and/or intellectual disability or disease. **[OR]** Petitioner plans to take the following steps to develop or restore the ability of the ward to manage the conservatorship estate:

3. Petitioner estimates that the duration of the conservatorship will be indefinite / **[REDACTED]**.

AFFIRMATION

Under penalties of perjury, the undersigned conservator(s) declare(s) that the facts and figures set forth in the foregoing Plan and attached schedules are true, to the best of my (our) knowledge and belief, and that it is believed to be complete and accurate as far as information permits.

Signed on _____, 2020.

Conservator's Signature

[atty]
[ADDRESS]

CERTIFICATE OF SERVICE

I certify that on this ____ day of _____, 2020, I served a copy of this Conservator's Plan as set forth in § 93-20-419 to the persons listed below, by the method of service indicated for each.

[ward] **By Personal service / U.S. Mail, Postage Prepaid**
[wardaddress]

_____ **By Personal service / U.S. Mail, Postage Prepaid**

_____ **By Personal service / U.S. Mail, Postage Prepaid**

Attorney's Signature

**EXHIBIT A
ASSETS**

Real Property

<u>Description</u>	<u>County</u>	<u>State</u>	<u>Joint Owner (if any)</u>	<u>Estimated Value</u>
Parcel 1	_____	_____	_____	_____
Parcel 2	_____	_____	_____	_____
Parcel 3	_____	_____	_____	_____
Total \$				_____

Automobiles

<u>Year/Make/Model</u>	<u>V.I.N.</u>	<u>Joint Owner (if any)</u>	<u>Estimated Value</u>
Auto 1	_____	_____	_____
Auto 2	_____	_____	_____
Auto 3	_____	_____	_____
Total \$			_____

Checking Accounts/Savings Accounts/ Money Market Accounts/ Certificates of Deposit

<u>Bank/Financial Institution/Broker</u>	<u>Acct No.</u>	<u>Joint Owner (if any)</u>	<u>Estimated Value</u>
Account 1	_____	_____	_____
Account 2	_____	_____	_____
Account 3	_____	_____	_____
Total \$			_____

Stocks/Bonds/Investments (including retirement and profit-sharing accounts)

<u>Firm/Institution/Company/Issuer</u>	<u>Acct No./ Shares</u>	<u>Joint Owner (if any)</u>	<u>Estimated Value</u>
Account 1	_____	_____	_____
Account 2	_____	_____	_____
Account 3	_____	_____	_____
Total \$			_____

LIFE INSURANCE/ANNUITIES

	<u>Company</u>	<u>Type of Policy</u>	<u>Joint Owner (if any)</u>	<u>Cash Value</u>
Account 1	_____	_____	_____	_____
Account 2	_____	_____	_____	_____
Account 3	_____	_____	_____	_____

Total \$ _____

Other Property (if worth more than \$1,000)

	<u>Detailed Description</u>	<u>Estimated Value</u>
Item 1	_____	_____
Item 2	_____	_____
Item 3	_____	_____

Total \$ _____

Total Assets \$ _____

DEBTS AND LIABILITIES

Secured Debts

	<u>Obligor/Payee</u>	<u>Collateral</u>	<u>Joint Owner (if any)</u>	<u>Approx. Balance</u>
Debt 1	_____	_____	_____	_____
Debt 2	_____	_____	_____	_____
Debt 3	_____	_____	_____	_____
			Total \$	_____

Unsecured Debts

	<u>Obligor/Payee</u>	<u>Acct No.</u>	<u>Joint Owner (if any)</u>	<u>Approx. Balance</u>
Debt 1	_____	_____	_____	_____
Debt 2	_____	_____	_____	_____
Debt 3	_____	_____	_____	_____
			Total \$	_____
			Total Debts and Liabilities \$	_____

ESTIMATED ANNUAL RECEIPTS AND INCOME

Wages	_____
Social Security	_____
Interest/Dividends	_____
Pensions/Retirement Distributions	_____
Annuity/Annuities	_____
Tax Refunds	_____
Alimony	_____
Trust Distributions	_____
Proceeds from Sale of Assets	_____
Rental Income	_____
Gifts	_____
Disability, Unemployment, or Worker's Compensation	_____
Other Public Assistance	_____
Other Receipts/Income (please describe)	_____
Total Estimated Annual Receipts and Income	\$ _____

ESTIMATED ANNUAL EXPENSES

Legal and Professional Fees	_____
Conservator Fees*	_____
Income Taxes	_____
FICA and Medicare Taxes	_____
Health Insurance	_____
Other Insurance	_____
Care Facility/Rent/Mortgage	_____
Property Taxes	_____
Home Repairs and Maintenance	_____
Utilities	_____
Food and Household Supplies	_____
Clothing	_____
Health Care	_____
Personal Care	_____
Child Care	_____
Auto Expenses	_____
Education	_____
Entertainment, Vacation, Travel	_____
Gifts	_____

Total Estimated Annual Expenses \$ _____

*** Conservator estimates s/he will incur charges for the following:**

- \$ _____ for preparing accountings
- \$ _____ for counseling/visits with the ward
- \$ _____ for paying bills and handling financial affairs for the ward and any dependents
- \$ _____ for _____