

IN RE:

Case No.: \_\_\_\_\_ - G -

\_\_\_\_\_  
AN ALLEGED PROTECTED PERSON

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

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**PETITION FOR THE APPOINTMENT OF A GUARDIAN/CONSERVATOR**

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*West Virginia Code: § 44A-1-1, et seq.*

**INSTRUCTIONS TO APPLICANT**

- A. All information must be printed or typed and be clearly readable.
- B. All information requested *MUST* be provided, if known. If unknown, you must state it is unknown.
- C. Any petition which does not provide the necessary information, or is unreadable, may be dismissed for incompleteness. Please be sure you read and answer all questions.
- D. In this document, the PROTECTED PERSON is the person for whom a guardian or conservator is sought. The person requesting the appointment is the PETITIONER. (Two or more petitioners may apply to serve as co-guardians or co-conservators. If so, the required information must be completed for all petitioners.)
- E. Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response of such page(s) with the number of the applicable question. *[If completing this form on the computer, continuation sheets are provided for you at the end of this form (following the filing notes).]*
- F. Additional guidelines and instructions are contained on Pages 8 and 9. Please read these instructions carefully since substantial delays may result from failure to perform all the requirements of law.
- G. **WARNING: If a guardian or conservator is appointed for an individual who is unable to handle their affairs due to mental illness or insanity, the individual will be:**  
(1) prohibited from possessing and receiving firearms and ammunition, in some cases for his or her entire life,  
(2) required to immediately surrender ANY firearms owned or in his or her possession,  
(3) reported to both federal and state database registries used for firearm purchases and permits/licenses to carry concealed weapons, and  
(4) subject to future criminal charges for possession or receipt of firearms or ammunition.  
Conviction in West Virginia can result in a fine up to \$1,000.00 or jail time of up to one year.  
Federal conviction is a FELONY and can result in fines and jail time up to TEN years. (See, W.Va. Code § 61-7-7 and 18 U.S.C.A. § 924(a)(2))
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**PART I**  
**INFORMATION ABOUT THE PETITIONER**

1. PETITIONER'S [your] FULL NAME: \_\_\_\_\_
2. PETITIONER'S [your] PLACE OF RESIDENCE: \_\_\_\_\_
3. PETITIONER'S [your] POST OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
- TELEPHONE NUMBER: WORK: \_\_\_\_\_ HOME: \_\_\_\_\_
4. WHAT IS YOUR RELATIONSHIP TO THE PROTECTED PERSON: \_\_\_\_\_

**PART II**  
**INFORMATION ABOUT THE PROTECTED PERSON**

5. FULL NAME OF PROTECTED PERSON: \_\_\_\_\_
6. PROTECTED PERSON'S DATE OF BIRTH [MM/DD/YYYY]: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. PROTECTED PERSON'S PLACE OF BIRTH [state or country]: \_\_\_\_\_
8. PROTECTED PERSON'S RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
9. PROTECTED PERSON'S CURRENT LOCATION: \_\_\_\_\_
10. PROTECTED PERSON'S POST OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
11. PROTECTED PERSON'S GENDER [initial one]: \_\_\_\_\_ male or \_\_\_\_\_ female
12. PROTECTED PERSON'S RACE [initial one]: \_\_\_\_\_ American Indian or Alaska Native,  
\_\_\_\_\_ Asian, \_\_\_\_\_ Black or African American, \_\_\_\_\_ Hispanic or Latino,  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander, or \_\_\_\_\_ White
13. PROTECTED PERSON'S HEIGHT: \_\_\_\_\_ feet, and \_\_\_\_\_ inches
14. PROTECTED PERSON'S NATURAL EYE COLOR [initial one]: \_\_\_\_\_ black, \_\_\_\_\_ blue,  
\_\_\_\_\_ brown, \_\_\_\_\_ gray, \_\_\_\_\_ green, \_\_\_\_\_ hazel, \_\_\_\_\_ maroon,  
\_\_\_\_\_ multicolored, or \_\_\_\_\_ pink

### PART III

#### INFORMATION ABOUT THE PROTECTED PERSON'S RELATIVES

*You are required to provide information about the Protected Person's nearest relatives. You must answer each question fully and completely. If additional space is needed, attach additional page(s) as necessary.*

15. DOES THE PROTECTED PERSON HAVE A SPOUSE AND/OR CHILDREN? YES NO  
*If you have answered "YES," complete the following and then go to PART IV. If you have answered "NO," go to question 16.*

SPOUSE'S FULL NAME: \_\_\_\_\_

SPOUSE'S POST OFFICE ADDRESS: \_\_\_\_\_

FULL NAME(S) AND POST OFFICE ADDRESSES OF EACH OF PROTECTED PERSON'S CHILDREN:

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16. DOES THE PROTECTED PERSON HAVE PARENTS, BROTHERS AND/OR SISTERS? YES NO  
***IMPORTANT NOTE:*** *Provide the following information ONLY if you have answered "NO" to question 15 above. If you have answered "YES," to this question, complete the information requested below and go to PART IV. If you have answered "NO," go to question 17 below.*

FULL NAME(S) AND POST OFFICE ADDRESSES OF EACH OF PROTECTED PERSON'S PARENTS AND BROTHERS AND SISTERS:

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17. ***IMPORTANT NOTE:*** *Provide the following information ONLY if you have answered "NO" to BOTH questions 15 and 16 above.*

LIST THE PROTECTED PERSON'S NEAREST KNOWN RELATIVES, AND THE POST OFFICE ADDRESS(ES) FOR EACH, WHO WOULD BE ENTITLED TO SUCCEED TO THE PROTECTED PERSON'S ESTATE BY INTESTATE SUCCESSION AS SET FORTH IN **WEST VIRGINIA CODE: §42-1-11, et. seq.:**

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**PART IV**  
**OTHER REQUIRED INFORMATION**

18. LIST ANY INDIVIDUAL AND/OR FACILITY, INCLUDING ANY PERSON ACTING AS A DE FACTO GUARDIAN, DE FACTO CONSERVATOR, MEDICAL POWER OF ATTORNEY, REPRESENTATIVE, OR APPOINTED SURROGATE, THAT IS RESPONSIBLE FOR THE PROTECTED PERSON'S CARE OR CUSTODY.

NAME OF THE INDIVIDUAL OR FACILITY: \_\_\_\_\_

INDIVIDUAL'S OR FACILITY'S PLACE OF RESIDENCE OR LOCATION: \_\_\_\_\_

INDIVIDUAL'S OR FACILITY'S POST OFFICE ADDRESS: \_\_\_\_\_

**IMPORTANT NOTE:** If you have named any individual and/or facility in this question, you **MUST** provide a detailed listing of the acts performed by any and all such persons and/or facilities on behalf of the protected person on a separate sheet which **MUST** be attached to this petition.

19. HAS ANY PERSON BEEN DESIGNATED AS A SURROGATE DECISION MAKER FOR THE PROTECTED PERSON? A *"surrogate decision maker"* is an adult individual or individuals who are reasonably available, are willing to make health care decisions on behalf of an incapacitated person, and are identified as such by the person's attending physician in accordance with West Virginia Code: § 16-30B-3(p).      YES      NO

*If "YES," provide information requested below. If "NO," go to question 20.*

NAME(S) OF THE SURROGATE DECISION MAKER(S): \_\_\_\_\_

SURROGATE(S) PLACE OF RESIDENCE(S): \_\_\_\_\_

SURROGATE(S) POST OFFICE ADDRESS(ES): \_\_\_\_\_

20. DOES THE PROTECTED PERSON HAVE A REPRESENTATIVE OR REPRESENTATIVES DULY APPOINTED UNDER A DURABLE POWER OF ATTORNEY, MEDICAL POWER OF ATTORNEY AND/OR A LIVING WILL?      YES      NO

*If "YES," complete the information requested below AND attach a copy of any such document with this petition. If "NO," go to question 21.*

NAME(S) OF REPRESENTATIVE(S): \_\_\_\_\_

REPRESENTATIVE(S) PLACE OF RESIDENCE OR LOCATION: \_\_\_\_\_

REPRESENTATIVE(S) POST OFFICE ADDRESS(ES): \_\_\_\_\_

21. WILL THE PROTECTED PERSON'S INCAPACITY PREVENT THE PROTECTED PERSON FROM ATTENDING THE HEARING ON THIS PETITION?      YES      NO

*If "YES," you must provide the reason(s) in the space below.*

REASON(S):

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**[IMPORTANT NOTE:** The Court cannot conduct a hearing on the merits of this petition without the presence of the protected person unless one of the following is submitted to the Court at the beginning of the hearing: (1) a physician's affidavit (GC Form 5), (2) qualified expert testimony or, (3) evidence that the person refuses to appear. SEE: West Virginia Code: § 44A-2-9(c).]

22. WHAT TYPE OF GUARDIANSHIP OR CONSERVATORSHIP IS BEING REQUESTED? *Check all appropriate spaces:*      TEMPORARY GUARDIANSHIP      LIMITED GUARDIANSHIP

GUARDIANSHIP      TEMPORARY CONSERVATORSHIP

LIMITED CONSERVATORSHIP      CONSERVATORSHIP

LIST THE REASON OR REASONS SUPPORTING THE TYPE OR TYPES OF GUARDIANSHIP OR CONSERVATORSHIP REQUESTED:

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23. IF A LIMITED **GUARDIANSHIP** IS BEING REQUESTED, INDICATE THE SPECIFIC AREAS OF PROTECTION AND ASSISTANCE TO BE INCLUDED IN THE ORDER OF APPOINTMENT:

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24. IF A LIMITED **CONSERVATORSHIP** IS BEING REQUESTED, INDICATE THE SPECIFIC AREAS OF MANAGEMENT AND ASSISTANCE TO BE INCLUDED IN THE ORDER OF APPOINTMENT:

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25. NAME OF THE PROPOSED GUARDIAN:

PROPOSED GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

26. NAME OF THE PROPOSED CONSERVATOR:

PROPOSED CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

27. HAS THE PROTECTED PERSON NOMINATED A GUARDIAN OR CONSERVATOR DIFFERENT FROM THE PROPOSED GUARDIAN OR CONSERVATOR?      YES      NO

NOMINATED GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

NOMINATED CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

28. PROVIDE THE NAME(S) AND ADDRESS(ES) OF ANY GUARDIAN OR CONSERVATOR CURRENTLY ACTING ON BEHALF OF THE PROTECTED PERSON IN WEST VIRGINIA OR ELSEWHERE:

ACTING GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

ACTING CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

29. HAS ANY INDIVIDUAL PROPOSED, NOMINATED OR ACTING GUARDIAN OR CONSERVATOR, WHOSE NAME IS LISTED IN ANY OF THE ANSWERS TO QUESTIONS 25 THROUGH 28, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A TRAFFIC OFFENSE? *[check one]*  
YES      NO *If the answer to this question is "YES," list the name of each such individual AND provide the CRIMINAL HISTORY of that individual:*

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

I, the Petitioner named in the foregoing *Petition for the Appointment of a Guardian/Conservator* hereby respectfully request that the Circuit Court set this matter for hearing and, following such hearing, appoint a guardian and/or conservator for the protected person named herein as requested and petitioned.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Petitioner's Counsel

Bar ID: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**ALL PETITIONERS MUST NOTE THE FOLLOWING MATTERS ABOUT FILING THIS PETITION:**

1. This petition must be filed in the Office of the Clerk of the Circuit Court of the County in West Virginia where the Protected Person resides, **OR** the County where the Protected Person has been admitted to a health care or correctional facility **OR**, in the case of a missing person (a person who is absent from his or her usual place of residence in West Virginia and whose whereabouts are unknown for a period of six months or more), the petition must be filed in the County in which the missing person last resided. If this is not the case, ask for assistance from the Circuit Court Clerk.
2. You are required to pay a filing fee of \$110.00 to the Clerk of the Circuit Court upon filing of this petition. As the Petitioner, you are responsible for the payment of this fee and any other fees required for service of process, court costs, and for copies of court documents and transcripts. Once a guardian or conservator has been appointed, such fees may be reimbursed by the Protected Person's estate, but only if an appointment is made and only if funds are available for reimbursement. ***West Virginia Code: §§ 44A-2-1(c) and 59-1-1, et. seq.,*** provide that if you are pecuniarily unable to advance these fees, you will not be required to pay the fees and costs. Ask the Court Clerk for assistance if you are unable to advance these fees and costs.
3. You are required to submit additional documents with this petition. Unless the Court, for good cause shown, has waived it, you ***MUST*** file an ***EVALUATION REPORT***, GC Form 4, which is a required evaluation and report on the condition of the Protected Person which must be completed by a licensed psychologist or physician. If you do not have this report, you may obtain a blank form from the Circuit Court Clerk. It is your responsibility to arrange for an examination and completion of this form prior to filing. You may also be required to file a ***PHYSICIAN'S AFFIDAVIT***. See the note to Question 21. If the Protected Person has executed a durable power of attorney, a medical power of attorney or a living will, you must attach copies of these documents to this petition as directed by Question 20.
4. Upon proper and complete filing of the Petition, the Court will issue a ***NOTICE OF HEARING*** that establishes the date, time and location of the hearing on the Petition. It is the ***PETITIONER'S*** responsibility to insure that the following parties are served with a copy of court documents as follows:
  - (a) The Protected Person must be served by ***Personal Service of Process*** not later than fourteen (14) days prior to the date of the hearing. The documents which must be served upon the Protected Person are:
    1. The Notice of Hearing, and
    2. This Petition, and
    3. The Evaluation report.Upon request and payment of the appropriate fee, the Court Clerk can arrange to have this accomplished by the County Sheriff. As an alternative, you may employ a private process server to effect service, provided that service is made as required by law.
  - (b) You must also serve every individual who has reached the age of seven (7) years or older, and every entity whose names and post office addresses appear in the Petition. The documents required to be served upon these individuals/entities are:
    1. The Notice of Hearing, and
    2. This Petition.This service is made by sending each Notice and Petition by certified mail, return receipt requested, ***at least*** fourteen (14) days before the hearing. You are further required to submit the certified mail return receipts to the Court Clerk for filing on or before the hearing date. It is your responsibility to obtain proper service and file the required documentation with the Circuit Clerk **BEFORE** the hearing.



**IMPORTANT NOTE:** *A failure by the Petitioner to properly serve the Protected Person and/or other individuals as required by law will likely result in delay of the hearing or, possibly, dismissal of the petition. Make sure ALL parties are served as required. The Protected Person cannot waive this requirement. If you have questions, consult an attorney for advice.*

5. Under ***West Virginia Code***: § 44A-2-7, the Circuit Court is required to appoint an attorney to represent the Protected Person. You have the right to retain an attorney of your choosing to represent you in this matter, which is not mandatory, but is mentioned merely to insure that you understand that you have the right to be represented by an attorney at this hearing.
6. If you are seeking the appointment of a conservator, you ***MUST*** file a "Statement of Financial Resources" with the Court any time ***prior to the hearing***. The Circuit Clerk has a blank form which you may obtain for completion before the hearing.
7. A person who is appointed as a guardian or conservator will be required to complete mandatory education within thirty days of a finding that he or she should be appointed as a guardian or conservator and must file an affidavit indicating that such education has been completed. If you are unsure about any matter contained in these instructions, you may ask the Circuit Clerk for assistance. However, the Court and Clerk are prohibited from providing legal advice. ***If you need legal advice, you should contact an attorney.***

**CONTINUATION SHEET(S)**

Use the following sheet(s) to enter information that would not fit in the space(s) provided above. Remember to label each response with the number of the applicable question, as outlined in instruction E (located on page 1 of this form).

[illegible]