

STATE OF WISCONSIN

CIRCUIT COURT

LINCOLN COUNTY

IN THE MATTER OF:

**PETITION FOR PAYMENT OF
GUARDIAN FEES**

Name of Ward

CASE NO. _____

Date of Birth

I am the court appointed guardian of the person estate of the above named ward.

The ward does does not live in a Nursing Home.

The ward does does not live in a Foster Home, Group Home, or CBRF.

The ward does does not live independently.

The ward does does not lives with a family member.

I request that guardian fees be paid to me in accord with the Lincoln County Circuit Court Guardian Fee Schedule.

I understand that if said ward is, or becomes, a recipient of Medical Assistance and a resident of a Medicaid-funded nursing home, an adjustment shall be made to his/her patient liability to allow payment of said fees from his/her patient account.

I understand that I must account for payment of said Guardian Fees in the *Annual Accounting* that is filed with the Court each year and that failure to do so could result in suspension of payment.

Signature of Guardian

Date