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GUARDIANSHIP IN WISCONSIN
Chapter 54: Guardianships and Conservatorships (see Resources provided later in the podcast)

Terms are defined at the outset of this Chapter in **Section 54.01(1)-(38).**
Below is a list of what I deem the most common terms within Guardianship matters. The terms are identified by their specific subcategory within the statute:

(1) Activities of Daily Living
(6) Degenerative Brain Disorder
(8) Developmental Disability
(9) Durable Power of Attorney
(10) Guardian
(11) Guardian of Estate
(12) Guardian of the Person
(14) Impairment
(15) Incapacity
(16) Individual found Incompetent (see 54.10(3))
(17) Interested Person
(18) Least Restrictive
(22) Other Like Incapacities
(26) Proposed Ward
(33) Standby Guardian
(34) Successor Guardian
(37) Ward

I will highlight these terms as I provide information about what serves as the fundamental framework for Guardianship law in Wisconsin.

A. What legal FINDINGS must a Court make to appoint a **Guardian of Person** or a **Guardian of Estate** for a **Proposed Ward**?

The answer to this question is found in **Chapter 54.10(3)(a),** which states:

A court *may* appoint a **guardian of the person** or a **guardian of the estate**, or both, for an individual based on a finding that the individual is **incompetent** only if the court finds by clear and convincing evidence that *all of the following are true*:

1. The individual is aged at least 17 years and 9 months.
2. For purposes of appointment of a **guardian of the person**, because of an **impairment**, the individual is unable effectively to receive and evaluate information or to make or communicate decisions to such an extent that the individual is unable to meet the essential requirements for his or her physical health and safety.
3. For purposes of appointment of a **guardian of the estate**, because of an **impairment**, the individual is unable effectively to receive and evaluate information or to make or communicate decisions related to management of

his or her property or financial affairs, to the extent that any of the following applies:
a. The individual has property that will be dissipated in whole or in part.
b. The individual is unable to provide for his or her support.
c. The individual is unable to prevent financial exploitation.

4. The individual's need for assistance in decision making or communication is unable to be met effectively and **less restrictively** through appropriate and reasonably available training, education, support services, health care, assistive devices, a supported decision-making agreement under ch. 52, or other means that the individual will accept.

It is important to note that **Chapter 54.10(3)(b)** states:

> Unless the **proposed ward** is unable to communicate decisions effectively in any way, the determination under par. (a) may not be based on mere old age, eccentricity, poor judgment, physical disability, or the existence of a supported decision-making agreement.

B. What *must* a Judge consider when deciding what rights to remove from a **ward**, and what powers to grant to a **guardian**?

The answer to this question is found in **Chapter 54.10(3)(c),** which states:

… the court shall consider *all of the following*:

1. The report of the **guardian ad litem**, as required in s. 54.40 (4).
2. The medical or psychological report provided under s. 54.36 (1) and any additional medical, psychological, or other evaluation ordered by the court under s. 54.40 (4) (e) or offered by a party and received by the court.
3. Whether the **proposed ward** has engaged in any advance planning for financial and health care decision making that would avoid guardianship, including by executing a **durable power of attorney** under chapter 244, a power of attorney for health care as defined in s. 155.01(1), a trust, or a jointly held account.
4. Whether other reliable resources are available to provide for the individual's personal needs or property management, and whether appointment of a **guardian** is the **least restrictive** means to provide for the individual's need for a substitute decision maker.
5. The preferences, desires, and values of the individual with regard to personal needs or property management.
6. The nature and extent of the individual's care and treatment needs and property and financial affairs.
7. Whether the individual's situation places him or her at risk of abuse, exploitation, neglect, or violation of rights.
8. Whether the individual can adequately understand and appreciate the nature and consequences of his or her **impairment**.

9. The individual's management of the **activities of daily living**.
10. The individual's understanding and appreciation of the nature and consequences of any inability he or she may have with regard to personal needs or property management.
11. The extent of the demands placed on the individual by his or her personal needs and by the nature and extent of his or her property and financial affairs.
12. Any physical illness of the individual and the prognosis of the individual.
13. Any mental disability, alcoholism, or other drug dependence of the individual and the prognosis of the mental disability, alcoholism, or other drug dependence.
14. Any medication with which the individual is being treated and the medication's effect on the individual's behavior, cognition, and judgment.
15. Whether the effect on the individual's evaluative capacity is likely to be temporary or long term, and whether the effect may be ameliorated by appropriate treatment.
16. Other relevant evidence.

According to Chapter **54.10(3)(d),** before appointing a **guardian** and determining what powers are to be granted to said guardian, and before declaring a **proposed ward's** incompetence to exercise a right under Chapter 54, the Court *shall*:

> ….determine if additional medical, psychological, social, vocational, or educational evaluation is necessary for the court to make an informed decision respecting the individual's competency to exercise legal rights and may obtain assistance in the manner provided in s. 55.11 (1) whether or not protective placement is made.

It is important to note that even when appointing a guardian, a guardian's authority to act should be restricted to only those powers necessary to provide for the ward's personal needs and property management. See **Chapter 54.10(3)(e),** which states:

> (e) In appointing a **guardian** under this subsection, the court shall authorize the **guardian** to exercise only those powers under ss. 54.18, 54.20, and 54.25 (2) (d) that are necessary to provide for the individual's personal needs and property management and to exercise the powers in a manner that is appropriate to the individual and that constitutes the **least restrictive** form of intervention.

C. What are the general duties of a **guardian**?
The answer to this question is found in **Chapter 54.18** and **54.25 (Guardian of Person)**

D. What are the duties of a **guardian of estate**?
The answer to this question is found in **Chapter 54.19**

E. What rights does an individual determined to be **incompetent** retain without the consent of the **guardian**?
The answer to this question is found in **Chapter 54.25(2)(b)1 –7**, which state:

1. To have access to and communicate privately with the court and with governmental representatives, including the right to have input into plans for support services, the right to initiate grievances, including under state and federal law regarding resident or patient rights, and the right to participate in administrative hearings and court proceedings.
2. To have access to, communicate privately with, and retain legal counsel. Fees are to be paid from the income and assets of the ward, subject to court approval.
3. To have access to and communicate privately with representatives of the protection and advocacy agency under s. 51.62 and the board on aging and long-term care.
4. To protest a residential placement made under s. 55.055, and to be discharged from a residential placement unless the individual is protectively placed under ch. 55 or the requirements of s. 55.135 (1) are met.
5. To petition for court review of guardianship, protective services, protective placement, or commitment orders.
6. To give or withhold a consent reserved to the individual under ch. 51. 7. To exercise any other rights specifically reserved to the individual by statute or the constitutions of the state or the United States, including the rights to free speech, freedom of association, and the free exercise of religious expression.

Winnebago PA's diagnosis

Major Neurocognitive Disorder

DSM V
Major neurocognitive disorder with probable Lewy bodies (code first 331.82 [G31.83] Lewy body disease), With behavioral disturbance
Orders:
risperiDONE, 0.25 mg, Oral, Tab, Daily at Bedtime for 365 days, Indication(s): Psychosis, First Dose: 03/15/22 20:00:00 CDT, Stop Date: 03/15/23 19:59:00 CDT
Communication Order
CRLDD
Durable Medical Equipment
Durable Medical Equipment
Safety/Security Precautions

epithelial cells with a small amount of blood cells. Drug screen is negative. COVID is negative. Aspirin, Tylenol, and alcohol are negative. Calcium 9.2, glucose 102, BUN 28, protein 7.3, total bili 0.8, alkaline phosphatase 96, AST 46, sodium 138, potassium 4.2, chloride 109, CO2 23, ALT 28, creatinine 0.80 white blood count 4.29, hemoglobin 13.8, hematocrit 42.6, platelets 253 [1]

Diagnostic Results
Reviewed EKG: QTC is 439

WINNEBAGO MENTAL HEALTH INSTITUTE

Patient: **SCHIENKE, MARGARET A** Patient MRN: 150057113

Admission Notes

3. Poor insight into the severity of her illness
4. Inability to care for self

Current Strengths
1. Fairly Pleasant on exam
2. Established outpatient care

Initial Treatment Plan
1. Patient has been admitted to Winnebago Mental Health Institute, GHS
2. Patient is placed on a general diet
3. We will attempt to work with family and county in collaborative efforts for safe disposition.
4. Nicotine replacement not required, patient is a non-smoker.
5. Patient will have a comprehensive medical exam including a physical exam within 24 hours of admission.
6. Patient will be placed on one-to-one precautions with keep in view in bathroom and shower due to vulnerability and to assess her needs, may reassess to see if she can be a one-to-one until 30 minutes of sleep but she needs to be monitored for at least 24 hours first.
7. Patient will participate in the therapeutic milieu, as well as groups and therapy when appropriate.
8. Continue Namenda 5 mg p.o. daily. Discontinue Zyprexa 2.5 mg at at bedtime and begin Risperdal 0.25 mg at at bedtime, if she tolerates this without side effects, increase to 0.5 tomorrow night.

Discharge Considerations
Patient will be discharged once they are no longer deemed to be a danger to self or others and sufficient discharge resources are in place.

Estimated Length of Stay
Undetermined at this time, this provider will continue to work with patient and treatment team to determine a more precise length of stay as appropriate.

[1] Admission H & P; Presnell APNP, Irene 03/15/2022 06:34 CDT

Electronically Signed on 03/15/2022 16:56 CDT

Pajakinas PA, Jennifer

Mendota--no dementia

**This psychiatrist, more qualified than a PA,
"saw no clear diagnosis of dementia,"
but diagnosed a mental illness, likely treatable.**

Safety Checks - Ordered
-- 03/25/22 9:47:00 CDT, q15min, Stop date 03/25/22 9:47:00 CDT

Assessment/Plan

1. Other specified schizophrenia spectrum and other psychotic disorder
Margaret remains paranoid and delusional but her behavior is calm and cooperative and she appears to appreciate the need for the risperidone despite the side effects. We have not seen any evidence of cognitive impairment and she declined further testing at this time. Social work indicates that the county is close to a placement for her. Continue current treatment.

History of gastric bleeding
HOH - Hard of hearing
Hypertension
Osteoporosis
Vitamin D deficiency

No dementia in this diagnosis

Electronically Signed on 04/14/2022 13:26 CDT

Lomas MD, Philip N

Document Type:	Discharge Summary
Service Date/Time:	4/18/2022 14:35 CDT
Result Status:	Auth (Verified)
Document Subject:	Psychiatric Discharge Summary Note
Sign Information:	Lomas MD,Philip N (4/18/2022 14:40 CDT)

REASON FOR ADMISSION

87-year-old white female transferred from WMHI under a temporary guardianship and protective placement order from Waukesha County due to paranoid psychosis.

HOSPITAL COURSE

Margaret was admitted on memantine, melatonin and risperidone 0.5 mg at bedtime. Memantine and melatonin were discontinued (memantine due to no clear diagnosis of dementia and melatonin due to refusal). Risperidone was increased to 1 mg at bedtime. She refused 1 dose otherwise was compliant. She is very hard of hearing but refused to use the pocket talker (possibly due to her paranoid delusions). She had ongoing paranoid delusions of a "man" or drug gang that she believed were harassing her, experimenting on her and trying to harm her. She felt they were going to do a "operation" on her abdomen. She was afraid to sleep on some nights. She slept in the day room once and stayed up all night once. Otherwise she slept adequately. She was upset with her minced and moist diet but ate sufficiently. She hallucinated that there were "kittens" in the ceiling and there were "Chinese" outside her window. She is willing to take the 1 mg of risperidone but did complain of dizziness so we did not increase the dose. She was placed under a permanent guardianship protective placement order and arrangements were made for her to discharge on 4/19/2022. In the meantime, 2 of her daughters called the Waukesha Police Department to report that their mother was being held "against her will." At MMHI. County and the guardian were notified of this behavior. Margaret did not display any evidence of overt cognitive impairment or confusion while on GTU.

INCOMPETENCY VERDICT

THE COURT: All right. Thank you.

A petition for guardianship due to incompetency having been filed and a hearing held on today's date, after consideration of the reports and other documents on file, all other factors required by statute and any additional information, the Court will make the following findings: The Court does have jurisdiction over the subject matter and individual. The Court is the proper venue. Notice was properly served. The individual is not present because the guardian ad litem waived the individual's attendance. The proposed guardian of the person and guardian of the estate are present.

April 7, 2022

The Court will find upon presentation of clear and convincing evidence that the individual is incompetent due to a degenerative brain disorder. The individual has a need for assistance in decision making and communication and is unable to meet effectively or less restrictively through appropriate or reasonable available training, education support services.

In making that determination, I'm relying primarily on Dr. Verwert's report of March 30, 2022, as well as the comprehensive evaluation filed by the department on the same date. I would note Dr. Verwert's report indicates mild to moderate deficits in attention and concentration

 ALL COURT OFFICIALS KNEW

Patient: SCHIENKE, MARGARET A Patient MRN: 160057113

Social Services Progress Note

Document Type:	Social Services Progress Note
Service Date/Time:	4/1/2022 10:26 CDT
Result Status:	Auth (Verified)
Document Subject:	Community Contact
Sign Information:	Mateni LCSW,Kendra M (4/1/2022 13:42 CDT)

Admission paperwork was mailed to Jacquelyn Bretl, Margaret's guardian.

Electronically Signed on 04/01/2022 13:42 CDT

Mateni LCSW, Kendra M

4-1-22 psychiatrist notified guardian

Document Type:	Social Services Progress Note
Service Date/Time:	3/29/2022 10:55 CDT
Result Status:	Auth (Verified)
Document Subject:	Community Contact/Records Released
Sign Information:	Mateni LCSW,Kendra M (3/29/2022 17:01 CDT)

(1)

Writer assisted Lisa Harteau at Waukesha County APS with completing a Team's meeting with Margaret. During the meeting writer repeated Lisa's questions so that Margaret could respond as Margret is HOH. Margaret appeared to answer Lisa's questions to the best of her ability although she declined to disclose the location and name of her bank. Writer emailed a current medication list to Lisa at her request.

Electronically Signed on 03/29/2022 17:01 CDT

Mateni LCSW, Kendra M

Document Type:	Social Services Progress Note
Service Date/Time:	3/25/2022 14:32 CDT
Result Status:	Auth (Verified)
Document Subject:	Community Contact
Sign Information:	Mateni LCSW,Kendra M (3/25/2022 14:35 CDT)

Writer spoke with Lisa at Waukesha County APS at which time Lisa shared that Margaret and her daughter Heidi have been living out of their car for the last three years. It was noted that when the weather was too bad to stay in the car they would rent a hotel room. Lisa confirmed that Margaret does own two homes and that her guardian of estate is looking into this. Heidi reported that Margaret was not known to the county until this incident. Margaret was born in Milwaukee, has four daughter two of which she is estranged from, and that she does not trust her family.

Electronically Signed on 03/25/2022 14:35 CDT

Mateni LCSW, Kendra M

MENDOTA MENTAL HEALTH INSTITUTE

Patient: SCHIENKE, MARGARET A Patient MRN: 150057113

Psychiatrist Weekly Progress Note

magnesium hydroxide 8% oral suspension, 30 mL, Oral, q24hr, PRN
magnesium hydroxide/aluminum hydroxide/simethicone 200 mg-200 mg-20 mg/5 mL oral suspension, 20 mL, Oral, q6hr, PRN
Protonix, 20 mg= 1 tab, Oral, Daily
RisperDAL, 1 mg= 1 tab, Oral, Daily at Bedtime

Durable Medical Equipment
Durable Medical Equipment (Hospital bed) - Ordered
-- 03/25/22 11:16:00 CDT, Constant order, Patient may use hospital bed., CM DME, 15 minute checks
Durable Medical Equipment (Walker) - Ordered
-- 03/31/22 12:27:00 CDT, Constant order, Patient may use walker to assist with ambulation, CM DME, 15 minute checks
Margaret has been using this equipment safely.

Active Safety/Security Precautions
Safety Checks - Ordered
-- 03/25/22 9:47:00 CDT, q15min, Stop date 03/25/22 9:47:00 CDT

Assessment/Plan
1. Other specified schizophrenia spectrum and other psychotic disorder
Margaret remains paranoid and delusional but her behavior is calm and cooperative and she appears to appreciate the need for the risperidone despite the side effects. We have not seen any evidence of cognitive impairment and she declined further testing at this time. Social work indicates that the county is close to a placement for her. Continue current treatment.
History of gastric bleeding
HOH - Hard of hearing
Hypertension
Osteoporosis
Vitamin D deficiency

Electronically Signed on 04/14/2022 13:26 CDT

Lomas MD, Philip N

Document Type: Psychiatric Weekly Progress Note
Service Date/Time: 4/7/2022 13:19 CDT
Result Status: Modified
Document Subject: Psychiatrist Progress/SOAP Note Comprehensive
Sign Information: Lomas MD,Philip N (4/7/2022 13:27 CDT); Lomas MD,Philip N (4/7/2022 13:27 CDT)

2

Addendum by Lomas MD, Philip N on April 07, 2022 13:27:38 CDT
Guardian participated in the TPR discussion with team and approves of the current plan.

Electronically Signed on 04/07/2022 13:27 CDT

Lomas MD, Philip N

4-7-22 psychiatrist talked with guardian right BY the hearing

Subjective
Week 2: 3/30/2022 through 4/5/2022.

Margaret was cooperative with the quarantine protocol and had no symptoms or signs of COVID-19. She was released from quarantine and spends the majority of her time in her room doing word search, coloring and sudoku. She has been coming out for meals and eating fairly

MENDOTA MENTAL HEALTH INSTITUTE

Patient: **SCHIENKE, MARGARET A** Patient MRN: **150057113**

Social Services Progress Note

Document Type:	Social Services Progress Note
Service Date/Time:	4/7/2022 14:17 CDT
Result Status:	Auth (Verified)
Document Subject:	Legal
Sign Information:	Krohn-Anderson LCSW,Jaclyn L (4/7/2022 14:55 CDT)

3

Margaret met w/ the team today for TPR and referenced her Guardianship hearing today, making it seem like she may want to appear. She also referenced wanting to live w/ her daughter in Virginia.

Wtr emailed Lisa Harteau at Waukesha Co APS to inquire if Margaret is to or can appear for her court hearing today. Lisa informed that ~~Margaret's GAL has waived her appearance and no one has heard the Adversary Counsel's stance~~, but Lisa said Corp Counsel wouldn't provide that attny's info for wtr to reach out to them. Wtr made a note on the day's CNA schedule that Margaret has a hearing today, but doesn't have to appear, in case she were to ask about it. Lisa also informed that Margaret's daughter in Virginia has hired Counsel to ~~fight today's petitions. Wtr informed of Margaret's stated wish~~ today of going to live w/ her dtr in VA, so maybe that has something to do w/ it.

Lisa stated that she noticed Margaret's diet to be downgraded and asked more about this. Wtr reviewed the 2 SLP notes from 3/25/22 and 3/28/22 and relayed the overview of the reason for the downgrade to Lisa. Lisa asked for the SLP notes so that she can testify to it. Wtr securely emailed the 2 SLP notes to Lisa. 4-7-22 Prosecution would not provide public defender's name to Mendota social worker

Electronically Signed on 04/07/2022 14:55 CDT

Krohn-Anderson LCSW, Jaclyn L

Document Type:	Social Services Progress Note
Service Date/Time:	4/5/2022 16:47 CDT
Result Status:	Auth (Verified)
Document Subject:	Community Contact/Records Released
Sign Information:	Mateni LCSW,Kendra M (4/5/2022 16:49 CDT)

Writer sent the following email update to Lisa Harteau and Jeff Lewis at Waukesha County which included an attachment of Margaret's 03/31/22 Psychiatrist Weekly Progress Note and a current medication list.

Good afternoon. Margaret has been doing well since her admission to MMHI/GTU. She was in quarantine up until yesterday. She has generally been polite and social with staff. She continues to express delusional and paranoid thoughts in that she thinks "a man" has been putting electric shocks through the bottoms of her feet and is trying to kill her. I have attached the most recent progress note from Dr. Lomas and a current medication list for your review/files. Of note, I will be out of the office returning on Tuesday, April 12th.

Electronically Signed on 04/05/2022 16:49 CDT

Mateni LCSW, Kendra M

All Mendota info sent to Ellen's director & guardian 4-13-22

MENDOTA MENTAL HEALTH INSTITUTE

Patient: SCHIENKE, MARGARET A Patient MRN: 150057113

Social Services Progress Note

Electronically Signed on 04/14/2022 13:33 CDT

Mateni LCSW, Kendra M

Document Type:	Social ~~Services Progress~~ Note
Service Date/Time:	4/13/2022 08:11 CDT
Result Status:	~~Auth (Verified)~~
Document Subject:	Community Contact/Records Released
Sign Information:	Mateni LCSW,Kendra M (4/13/2022 14:20 CDT)

(4)

Writer sent the following email which contained an attachment of referral information [face sheet; Social Services Progress Notes, MAR's, Nursing Progress Notes, and PCT/RCT Progress Notes between 04/12/22 to 04/06/22; 04/07/22 Psychiatrist Weekly Progress Note; 04/07/22 Treatment Plan Review and supporting documentation; 03/25/22 Admission H&P; 03/25/22 Psychiatric Admission Evaluation; diagnoses; and a current medication list] to Elaine Ellis at Ellen's House ccing Jacquelyn Bretl, Margaret's guardian,

Good morning, Elaine. I have attached referral information for Margaret Schienke. Please let me know if you need any additional information or if you would like to schedule an assessment. Thank you.

Writer received the following email from Lisa Harteau at Waukesha County which was also sent to Norman Goeschko, Margaret's guardian of estate; Jacquelyn Bretl, Margaret's guardian of person.

Kendra, Snug Harbor has an opening coming up soon. Please fax over a med list, last H& P and Behavioral charting to Jodi @ 920-906-4785. This is a locked dementia unit. I told them she would be private pay at this point and owns 1.5 houses. Thanks, Lisa

Writer sent the following response email to Lisa, Norman, and Jacquelyn.

The issue with that referral is that she does not have a dementia diagnosis. Do they also serve individuals who have a primary diagnosis of mental illness? Are there potential referrals that you can think of that service individuals with mental illness? I wonder about a referral to HIL (homes throughout the State); REM (homes throughout the State); Willow Haven (Mosinee); and Limitless Possibilities (eastern WI). Norman, I also mentioned to our unit manager that you might be coming down to pick up Margaret's belongings and she asked that you give us 2 days notice to get everything together. Please let me know the date and time that you plan to pick up her belongs so that we can request them as we don't like to keep those items on the unit. Thank you.

Writer received the following email from Norman Goeschko, Margaret's guardian of estate.

I was thinking of arranging things to try to come out today, but if you would like 2 days let's make it Friday. Is that a problem since it is Good Friday? If not, how about 11:00 a.m. or, quite frankly, any time after 10:00? If Friday does not work, can we do it tomorrow afternoon? –norm

Writer sent the following response email to Norman ccing Gavin Nord and UM Val.

Let's plan for 11 AM on Friday. Margaret is in Stovall Hall at MMHI. I have attached a map of the campus for your reference. When you arrive please park in front of Stovall Hall, call the GTU nurses station at 608/301-1256 and staff will bring out Margaret's property. Please also bring a photo ID as we would hate to give all of this property to the wrong person. Please reach out with any questions. Thank you.

Writer received the following email from Lisa at Waukesha County APS which was also sent to Norman and Jacquelyn.

This [Major Neurocognitive D/O with probable dewy bodies with behavioral disturbance] was the diagnosis from Winnebago and on her doctor's evaluation for court.
Lisa Harteau, MS, CSW
APS Social Worker
Adult Protective Services
Waukesha County Human Services

Social Services Progress Note

Writer sent the following email which included a copy of Margaret's property lists to Jacquelyn; Norman; and Lisa.
Good afternoon. I have attached a copy of Margaret's property lists. She came in with a lot sensitive information; jewelry; and a lot of cash which we would be glad to hand over if someone wants to pick it up. Of note, I know that there has been confusion about Margaret's diagnosis so I have listed her current diagnosis below none of which is dementia so her placement will need to accommodate clients with mental illness.

1. Other specified schizophrenia spectrum and other psychotic disorder Ongoing psychotic symptoms but no behavioral sequelae. She is mostly compliant with the oral risperidone and I am reluctant to increase it because if she does experience side effects she is likely to stop taking it. I think she can be managed at her current level of symptoms in a less restrictive setting but one that is supervised and structured. There is the option of going up on the dose or using the long-acting injection if noncompliance is an issue. We can start looking for placement for her after the guardianship and protective placement hearing today. 2.History of gastric bleeding 3. HOH - Hard of hearing 4. Hypertension 5. Osteoporosis 6. Vitamin D deficiency

Electronically Signed on 04/12/2022 16:37 CDT

Mateni LCSW, Kendra M

5

Document Type:	Social Services Progress Note
Service Date/Time:	4/8/2022 10:26 CDT
Result Status:	Auth (Verified)
Document Subject:	Legal
Sign Information:	Krohn-Anderson LCSW,Jaclyn L (4/8/2022 10:30 CDT)

Wtr requested and received the permanent Chapter 54/55 orders from yesterday's hearing. Wtr forwarded the orders on to Dr. Lomas, Kendra Mateni (unit SW), and Dawn Schott in Admissions for EHR scanning. Wtr updated the Guardianship status on the banner bar to include the appointed Guardian of Estate, Attny Norman Goeschko. The Guardian of Person remains the same as Corporate Guardian, Jackie Bretl.

Electronically Signed on 04/08/2022 10:30 CDT

Krohn-Anderson LCSW, Jaclyn L

Document Type:	Social Services Progress Note
Service Date/Time:	4/7/2022 14:18 CDT
Result Status:	Auth (Verified)
Document Subject:	Records Released
Sign Information:	Krohn-Anderson LCSW,Jaclyn L (4/7/2022 14:58 CDT)

Wtr securely emailed the SLP notes 3/25/22 and 3/28/22 to Lisa Harteau at Waukesha Co APS, at her request, for testimony purposes at today's 54/55 hearing.

Electronically Signed on 04/07/2022 14:58 CDT

Krohn-Anderson LCSW, Jaclyn L

State Guardianship

Medical Directives Sample | Medical POA Sample | HIPAA Authorization Sample

Podcast PowerPoint | Podcast Episode 1 | Podcast Episode 2

Resources

Wisconsin Guardianship Training:
Guardianship Training - UW-Green Bay

Wisconsin Guardianship Statutes:
https://docs.legis.wisconsin.gov/statutes/statutes/54

Wisconsin Protective Placement Statutes:
https://docs.legis.wisconsin.gov/statutes/statutes/55

Wisconsin Law Library Resources:
https://wilawlibrary.gov/topics/familylaw/guardian.php

Rights of the Ward in Guardianship cases in Wisconsin:
https://gwaar.org/api/cms/viewFile/id/2004348

Wisconsin Guardianship Forms:
https://www.wicourts.gov/forms1/circuit/formcategory.jsp?Category=17

Guardianship Resources:
https://gwaar.org/guardianship-resources
https://www.wifamilyconnectionscenter.org/families-caregivers/guardianship-information-resources/guardianship-information-resources-2/
https://www.dhs.wisconsin.gov/clientrights/guardianship.htm