

IN THE MATTER OF THE GUARDIANSHIP/
CONSERVATORSHIP OF

**Authorization
for
Release of File**

_____ Date of Birth

Case No. _____

To: _____ County Register in Probate/Judge _____

_____ Address
_____ Address
_____ City, State, Zip

Under oath, I (we) state

1. I _____, am the named
Print name on line above
 guardian
 co-guardian
 conservator
of the person estate
of the above referenced ward and my letters are in good standing

2. I _____, am the named
Print name on line above
 guardian
 co-guardian
 conservator
of the person estate
of the above referenced ward and my letters are in good standing

3. I (we) hereby authorize the staff of WisPACT, Inc. or anyone designated by them, to have access to the above-referenced court file and all contents therein without my presence or prior knowledge. Such authorization includes the authority to review and copy, or to request copies of any and all documents contained in the file. I understand that WisPACT, Inc. may be required by the court to pay for copies it requests.

3. This Authorization shall remain effective until it is revoked by me (us) in writing or by court order. A copy of this Authorization shall be deemed to be an original and shall have the full force and effect of an original.

Subscribed and sworn to before me
on _____

Notary Public/Court Official

Signature of Guardian/Co-Guardian/Conservator

My commission expires: _____

Signature of Co-Guardian

Name of Attorney	
Address	
Telephone Number	Bar Number