

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