

Case Number: _____

COMPLAINT ABOUT A GUARDIAN OR CONSERVATOR

ROA: CGCO- Complaint about a Guardian or Conservator

Please answer each question. If you do not know the answer or it is not applicable please write "Unknown" or "N/A." The court may not review this complaint if you do not fill in each blank.

Ward

Name of Ward: _____

County where case is filed: _____ Case Number: _____

(Note: You can check the Idaho State Repository if above is unknown: www.idcourts.us/repository)

Complainant

Your Name: _____

Your Address: _____

Your Phone Number (____) _____ Your Email: _____

Your relationship to the ward or to the case: _____

Guardian or Conservator

Type of Case: Guardianship Conservatorship Both

Name of Guardian or Conservator _____

Guardian or Conservator Address: _____

Phone Number (____) _____ Email: _____

Description of your complaint

Have you notified or sent a complaint to other authorities? Yes No

If yes, include the name of the authority (example: Adult Protection services, nursing home staff, law enforcement, Attorney General's Office, Idaho State Bar, a Licensing Board) and date you complained or sent complaint and result?

Attach a copy of the complaint, if any.

Is the ward aware of your concern?

Yes No If yes, what was the ward's response? _____

Have you discussed your concerns with the guardian or conservator?

Yes No If yes, what was the response? _____

Briefly describe how the guardian or conservator has failed to comply with his or her statutory duties and responsibilities. Describe what the guardian or conservator did or did not do, what they said, or any other actions of the guardian/conservator you are concerned about. Be as specific as possible and include dates, times, and places. Please attach copies of relevant documents, such as court orders, petitions, letters to the ward, etc.

Consent and Affirmation

I understand that the filing of a complaint constitutes my consent to the disclosure of the content of my complaint to the appointed guardian or conservator, judicial officers, and others. I understand that my complaint will be filed in the court file.

I certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho that, to the best of my knowledge, the aforementioned is true and correct.

Date

Name

Mail or deliver completed form to the courthouse located in the county where the case is filed. A list of mailing addresses can be found at: www.isc.idaho.gov. Please keep a copy of this complaint for your records. The court may not review this complaint if you fail to complete this form in its entirety.