

**See Instructions (GAC1001) for help in filling out this form.**

**State of Minnesota**

**District Court**

County of: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Judicial District: \_\_\_\_\_

Case Type: Guardianship/Conservatorship

**In Re the**  **Guardianship**

**Conservatorship of:**

\_\_\_\_\_

**Petition to Modify Powers of Guardian and/or Conservator  
(GAC1002)**

TO THE COURT:

**Information about the Petitioner** (the person requesting the change)

1. Petitioner's Name, Address, and Telephone Number

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. Petitioner's interest in this matter: \_\_\_\_\_

\_\_\_\_\_

3. Petitioner asks the Court to modify the powers of:

The Guardian (→ fill out the "Guardianship" section, #4 - #6 below, then sign the form).

The Conservator (→ fill out the "Conservatorship" section, #7 - #9 below, then sign the form).

Both (→ fill out the rest of the form, #4 - #9, then sign the form).

**Guardianship**

4. A **Guardian** was appointed by court order dated: \_\_\_\_\_

The name of the current Guardian is: \_\_\_\_\_

The name of the current Co-Guardian is:  None, OR \_\_\_\_\_

**What Should Change?**

5. Petitioner asks the Court to modify the powers of the Guardian as follows:

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**Why Should the Guardian’s Powers Change?**

6. Petitioner is making this request because: \_\_\_\_\_

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**Conservatorship**

7. A **Conservator** was appointed by court order dated: \_\_\_\_\_

The name of the current Conservator is: \_\_\_\_\_

The name of the current Co-Conservator is:  None, OR \_\_\_\_\_

**What Should Change?**

8. Petitioner asks the Court to modify the powers of the Conservator as follows:

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**Why Should the Conservator's Powers Change?**

9. Petitioner is making this request because : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

County and state where signed:  
\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_