|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State of Minnesota** |  | **District Court** | | |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Guardianship/Conservatorship |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In Re the** | |  | Waiver of Notices and Reports |  |
|  | **Guardianship** |  |  |
|  | **Conservatorship** |  |  |
| **of:** | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |

1. My name is .
2. My relationship to the person subject to guardianship/conservatorship is

.

1. I do not want to receive copies of notices or reports about this case.
2. By giving this written waiver to the court, I understand that the court and any other person are not required to send me notices or reports.

*(File this with court administration in the county where the guardianship or conservatorship is located.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Dated |  | Signature | |
|  |  | Name: |  |
|  |  | Address: |  |
|  |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |