

See Instructions (GAC118) 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 of:

Notice of Restrictions (GAC116)

Minn. Stat. § 524.5-120(10)

- 1. My name is _____, and I am the guardian.

- 2. I understand that, according to Minnesota law, the person subject to guardianship has the right to communicate, visit, or interact with others, including having visitors or making telephone calls, personal mail, or electronic communications through social media, or participating in social activities, **unless the guardian has good cause to believe restriction is necessary because interaction with the person poses a risk of significant physical, psychological, or financial harm to the person subject to guardianship, and there is no other means to avoid the significant harm.** Minn. Stat. § 524.5-120(10).

- 3. This is written notice that I am imposing the following restrictions:

- 4. I believe these restrictions are necessary to avoid significant physical, psychological, or financial harm to the person subject to guardianship. The reasons I am imposing these restrictions are:

5. I understand I must give a copy of this written notice to the following:

- The Court;
- The person subject to guardianship: _____ (name); and
- The person subject to restrictions, if any: _____ (name).

6. The person subject to guardianship or the person subject to the restrictions may ask the Court to remove or modify the restrictions. They may use the *Petition to Remove or Modify Restrictions* form (GAC117), which is available on the Minnesota Judicial Branch website (www.mncourts.gov/forms, choose the “Guardianship and Conservatorship” forms category).

Date: _____

Signature of Guardian

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____