

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Guardianship/Conservatorship

Judicial District: _____

Court File Number: _____

Case Type: _____

In Re the Guardianship of:

Notice of Restrictions

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 or taking telephone calls, personal mail, or electronic communications including 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.**
3. I believe restrictions are necessary to avoid significant physical, psychological, or financial harm to the person subject to guardianship. **This is written notice that I am imposing the following restrictions:** _____

4. I understand I must give a copy of this written notice to the following:
 - The Court
 - The person subject to guardianship: _____

- The person subject to the restrictions: _____

5. The person subject to guardianship or the person subject to 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 online (www.mncourts.gov/forms); choose the “Guardianship and Conservatorship” category).

Dated

Signature of Guardian

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____