



IN THE CIRCUIT COURT OF SAINT LOUIS COUNTY
STATE OF MISSOURI
PROBATE DIVISION



General Information for Educational and Health Insurance Only Guardianship of Minors
Probate Form No. G11

This packet should be used when the Petitioner meets the following criteria:

1. The Petitioner is not the parent or legal guardian of the minor;
2. The minor is less than eighteen years of age;
3. Petitioner(s) is/are seeking an order granting sole decision-making authority as to the minor's educational and health insurance needs; and
4. Petitioner is a qualified person as stated in § 475.045 RSMo.

This filing requires the Petitioner to be represented by legal counsel during the entirety of the proceedings.

Educational and Health Insurance Only Guardianship of Minors - Table of Contents

You may click on the underlined text below to take you to each of the forms.

1. [Checklist of Documents Required to File and for Hearing a Petition for the Appointment of a Limited Guardian of a Minor for Educational and Health Insurance Only Purposes.](#)

Used as a guideline for all requirements to file and be ready for hearing a Petition for Appointment of Limited Guardian of a Minor.

2. [Confidential Filing Information Sheet](#)

Pursuant to Missouri Supreme Court Rule 4, this form must be completed with the information requested for each party to the case. It must contain full social security numbers and dates of birth.

3. [Petition for Appointment of a Limited Guardian for Educational and Health Insurance Only Purposes](#)

If there are areas that counsel cannot complete or not applicable, they should provide an explanation as to their efforts to obtain this information or put N/A. Do no leave any question blank.

NOTE: A copy (does not need to be a certified copy) of the child's birth certificate must be filed with the petition.

4. [Consent of Parent to Appointment of Limited Guardian and Waiver of Service](#)

This form needs to be completed by the parents of the minor child. This form must be notarized.

CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE
21ST JUDICIAL CIRCUIT, ST. LOUIS COUNTY, MISSOURI

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: Name; addresses; DOB; and Social Security Number should be listed for all parties on the case including Petitioner(s), Parents of Minor, and Minor. The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

In the Matter of:

Name of Minor: _____

GUARDIAN-MINOR: PL – Limited Guardianship – Minor;

Party Type Code: Minor; Petitioner; Mother; Father; Interested Party; Designated Resident Agent;

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Minor; Petitioner; Mother; Father; Interested Party; Designated Resident Agent;

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Minor; Petitioner; Mother; Father; Interested Party; Designated Resident Agent;

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Minor; Petitioner; Mother; Father; Interested Party; Designated Resident Agent;

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Minor; Petitioner; Mother; Father; Interested Party; Designated Resident Agent;

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: Minor; Petitioner; Mother; Father; Interested Party; Designated Resident Agent;

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB _____ DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

**CIRCUIT COURT OF ST. LOUIS COUNTY
PROBATE DIVISION**

**Checklist of Documents Required to File and for Hearing a
Petition for the Appointment of a Limited Guardian of a Minor**

Case Category – Probate Guardianship/Conservatorship-Adult/Minor

Case Type – PL – Limited Guardianship - Minor

Local Court Rule 3.2 mandates all electronically filed pleadings must be typewritten. Local Court Rule 72.2 governs specific requirements for electronic filing in the Probate Division. Documents shown in bold italics should be filed as separate documents.

COURT FORMS:

- 1. ***Petition for the Appointment of Limited Guardian of Minor*** with following exhibits attached. If multiple minors, must file a **separate** petition and all exhibits for each minor. (*Document Category – Application for Letters*)
 - Consent of Parent 1 to Appointment of Guardian and Waiver of Service - one for each parent and must be notarized.
 - Consent of Parent 2 to Appointment of Guardian and Waiver of Service - one for each parent and must be notarized.

ADDITIONAL DOCUMENTS:

- 1. ***Background Check. See instructions.*** (*Document Category – Filing – Other/Miscellaneous*)
- 2. Copy of ***Child’s Birth Certificate.*** (*Document Category – Certificate of*)
- 3. Copy of ***Death Certificate*** if one or both parents are deceased. (*Document Category – Certificate of*)

INSTRUCTIONS:

- 1. Party information must be entered into e-filing system with full social security numbers and birth dates.
- 2. Fill in all blanks and check boxes on all forms. If not applicable, please indicate by using N/A.
- 3. Background Checks – Family Care Safety Registry (<https://health.mo.gov/safety/fcsr/>)
 - Must be completed at petitioner(s) own expense for anyone asking to be appointed guardian and all members of the petitioner(s)’ household who are eighteen. The Court may require additional background checks if the Petitioner is not a resident of the state of Missouri.

FILING FEES:

- 1. If petitioning for appointment of multiple minors, only 1 filing fee is required. The costs are waived for the other minors.
- 2. The Filing Fee and costs for this Petition depends on whether the parent(s) are consenting or deceased.
 - \$100.50 – both parents consenting or deceased
 - \$500.50 – parent(s) not consenting.

HEARING READINESS:

- 1. Service/Notice - Parents must be sent a Notice of Hearing with an affidavit of service filed with this Court along with a copy of the Petition for the Appointment of Limited Guardian no later than ten days' prior to the hearing.

- 2. If the requirements for service have not been met, counsel for Petitioner must file a motion for continuance and contact the clerk for the assigned judicial officer to obtain the new hearing date.



IN THE CIRCUIT COURT OF SAINT LOUIS COUNTY
STATE OF MISSOURI
PROBATE DIVISION



In the matter of:

MINOR.

**PETITION FOR APPOINTMENT OF LIMITED GUARDIAN
FOR EDUCATIONAL AND/OR HEALTH INSURANCE PURPOSES ONLY
(Sec. 475.060.1(11) RSMo)**

I. MINOR INFORMATION

1. Comes now Petitioner, _____, and under oath states that the minor _____, age ____, requires the appointment of a limited guardian of the person for the purpose(s) of: school registration and/or medical insurance coverage.
2. The minor is domiciled in Saint Louis County, Missouri.
3. The name and address of the person having custody or who claims to have custody of the minor is _____ at _____.
4. Said minor is presently living with _____ at _____.
5. Said minor has lived with the following persons at the following addresses within the past six months:
6. Under oath or affirmation, I have or have not participated in other litigation concerning the custody of this child in this or another state. (If affirmative, explain in detail.)
7. Under oath or affirmation, I have or have no information of any custody proceeding concerning the child pending in a court of this or any other state. (If affirmative, explain in detail.)

8. Under oath or affirmation, I have or have no knowledge of any person, not party to these proceedings, who has physical custody of the child or claims to have custody or visitation rights with respect to the child. (If affirmative, explain in detail).

9. Is the proposed ward known to any public agency or court? Yes No If “yes,” give details:

10. Under oath or affirmation, is the proposed ward the subject of any custody order entered in any divorce, juvenile or paternity action? Yes No If “yes” provide a copy of the custody order, the name of the court, and the case number, in a separate attachment.

II. INTERESTED PERSONS

1. PARENTS OF MINOR:

Parent One: _____ Deceased
Address _____ Date of Death _____

Parent Two: _____ Deceased
Address _____ Date of Death _____

2. SPOUSE OF MINOR:

Name: _____ Deceased
Address _____ Date of Death _____

3. CHILDREN OF MINOR:

Name: _____ Minor
Address _____ Date of Birth, _____
if minor

Name: _____
Address _____ Date of Birth, _____
if minor

4. GUARDIAN and/or CONSERVATOR:

Has a guardian and/or conservator for minor been appointed by any other court? Yes No If so, please list below:

Name: _____

Address _____

5. GUARDIAN and/or CONSERVATOR OF:

Has the proposed guardian been appointed by a court as guardian and/or conservator of any other persons?

Yes No If so, please list below:

Name: _____

Cause Number: _____

Name: _____

Cause Number: _____

III. INFORMATION OF PROPOSED GUARDIAN

1. List three persons who are not members of the proposed guardian’s household who will know the whereabouts of the proposed guardian:

Name: _____

Phone
Number

Address _____

E-mail
Address

Name: _____

Phone
Number

Address _____

E-mail
Address

Name: _____

Phone
Number

Address _____

E-mail
Address

2. State the Name of the Proposed Guardian(s)’ spouse _____.

3. State the Name, Address, and Telephone Number of the Proposed Guardian’s Employer

Name: _____

Phone
Number

Address _____

4. List three persons who are not members of the proposed Co-Guardian's household who will know the whereabouts of the proposed guardian (do not complete if requesting the public administrator be appointed):

Name:	_____	Phone Number	_____
Address	_____	E-mail Address	_____
Name:	_____	Phone Number	_____
Address	_____	E-mail Address	_____
Name:	_____	Phone Number	_____
Address	_____	E-mail Address	_____

5. State the Name of the Proposed Co-Guardian(s)' spouse _____.

6. State the Name, Address, and Telephone Number of the Proposed Co-Guardian's Employer

Name:	_____	Phone Number	_____
Address	_____		

IV. CONSENT/APPOINTMENT

WHEREFORE, petitioner prays that letters of limited guardianship be issued to _____.

Petitioner(s) do(es) by signature below consent to the appointment as Limited Guardian of the Minor and represents that Petitioner(s) has never pled guilty to or been convicted of a felony.

Petitioner(s) state(s) that the foregoing is made on this ____ of _____, 20 __, under oath or affirmation, and its representations are true and correct to the best of petitioner's knowledge and belief, subject to penalties of making a false affidavit or declaration.

Petitioner's Signature	Co-Petitioner's Signature
Petitioner's Name (Typed)	Co-Petitioner's Name (Typed)
Street Address	Street Address
City, State, Zip	City, State, Zip
Petitioner's Email	Co-Petitioner's Email

Attorney's Signature

Attorney's Name & Bar Number
(Typed)

Street Address

City, State, Zip

Phone Number with Area Code

E-mail Address



IN THE CIRCUIT COURT OF SAINT LOUIS COUNTY
STATE OF MISSOURI
PROBATE DIVISION



In the matter of:

MINOR.

**CONSENT OF PARENT TO APPOINTMENT OF LIMITED GUARDIAN
AND WAIVER OF SERVICE OF SERVICE**

I, _____, state that I am the parent of
_____, a child who is _____ years old having been born to
_____ and _____.

I hereby consent to the appointment of _____ as limited guardian(s) of this child
for the sole and specific purpose of school registration and/or medical insurance coverage of the above-named
minor.

I do also hereby waive any service or notice as required by law in this case, acknowledge receipt of a
copy of the Petition for Limited Guardian of _____, enter my appearance as party to this
cause and consent that a hearing be held by this court without any notice to me.

Signature of Parent

Name of Parent

Street Address of Parent

City, State and Zip Code of Parent

Telephone Number of Parent

E-mail Address of Parent

Subscribed and sworn to before me this
_____ day of _____, _____.

(Notary Seal)

Notary Public