

Guardianship New Story Form

We are seeking stories about Missourians with disabilities having difficulties with adult guardianship. We are seeking stories from people all across the state. Please fill out the form below, and you may be contacted later for a follow-up interview. All information is confidential, and filling out this form does not obligate you to share your story. Policymakers and the public do need to know what's going on in the Missouri guardianship system, so please share if you can. Send this completed form to the Missouri DD Council, c/o Charlie German, P.O. Box 687, 1706 E. Elm Street, Jefferson City 65102 or e-mail: cgerman@moddcouncil.org. If you need assistance filling out this form, please call 800-500-7878.

Story Type: Have Full guardianship, want limited or have guardianship; don't need or want it

Relationship to person with a disability

Your First Name

Your Last Name

Street Address

City

Zip

E-mail

Phone Number

Brief Description of Story

