Greater Wisconsin Agency on Aging Resources, Inc.

The Guardian

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The Guardian is a quarterly newsletter published by the Greater Wisconsin Agency on Aging Resources' (GWAAR) Wisconsin Guardianship Support Center (GSC).

The GSC provides information and assistance on issues related to guardianship, protective placement, advance directives, and more.

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GSC

Bill to Provide Free Training to Guardians Headed to Governor's Desk

On October 27th, the Assembly passed AB100/SB92, which had previously passed the Senate in the spring. The bill mandates that family and volunteer guardians undergo free training before appointment as a guardian. GWAAR's full press release is available here (PDF).

Required training topics in the legislation include alternatives to guardianship; legal roles, responsibilities, and requirements of guardians; rights of wards; and where to go for resources and support. The bill calls for free, plain language, web-based online training (with printed versions available upon request) to be developed for potential and current family and volunteer guardians, as well as other health/long term care, social service, and education staff and family members who may wish to learn more about guardianship and alternatives to guardianship.

New Guardianship Support Center Publication

One of the GSC's most common questions is how guardians can plan for the future by establishing a standby or successor guardian. We have now published a guide on what standby and successor guardianship is, the differences between them and a basic outline of the process. This document may be freely shared.

Financial Planning After an Alzheimer's Diagnosis

The Department of Health and Human Services' National Institute on Aging has produced a series of resources for future planning for individuals who have been diagnoses with Alzheimer's or other forms of dementia and their loved ones. The resources include fact sheets and information on options for financial planning, including wills, living trusts, and powers of attorney, as well as links to locate elder law attorneys and free sample documents for those who cannot afford an attorney.

Resources for Advocates Serving Older Immigrants

The National Center on Law & Elder Rights (NCLER) has put together a set of resources for advocates who work with older immigrants, who may face barriers to accessing services, benefits, and exercising their rights. Aging and legal assistance providers may find it helpful to reach and assist older immigrants through partnerships with resettlement agencies and similar organizations aiding in the resettlement efforts.

Many older immigrants face barriers to accessing services and public benefits, as well as immigration law challenges. As new immigrants from Afghanistan are arriving in the United States this month, aging services advocates and legal assistance providers can play a role in helping older immigrants navigate these barriers to critically needed services and explain their rights.

Immigration status generally determines eligibility for benefits programs and services, such as cash assistance and health insurance. Some Afghans may qualify for Special Immigrant Visas (SIVs) and others may be seeking refugee status. Aging services and legal assistance providers might find it helpful to reach and assist older immigrants through partnerships with resettlement agencies and similar organizations aiding in the resettlement efforts. (con't on next page)

Here are some resources for advocates to help deliver trauma-informed services and better understand eligibility issues, available services, and asserting language access rights:

- NCLER: Access to Public Benefits for Older Immigrants (webinar recording and Chapter Summary)
- NCLER: Language Access Rights: Tips for Advocates of Limited English Proficient Older Adults
- NCLER: Trauma-Informed Lawyering
- Justice in Aging: Older Immigrants and Medicare
- Social Security Administration: Spotlight on SSI Benefits for Noncitizens
- HealthCare.gov: Health Coverage for Immigrants
- Immigrant Legal Resource Center: Public Charge Resources
- National Immigration Law Center: Overview of Immigrant Eligibility for Federal Programs and Overview Table
- National Immigration Law Center: FAQ- Eligibility for Assistance Based on Immigration Status

Sauk County ADRC Caregiver Boot Camp

The Sauk County Aging & Disability Resource Center is producing a "boot camp" for caregivers on Friday, Nov. 5 (Wisconsin Dells), and Saturday, Nov. 6 (Plain). In-person attendance is currently limited to 20 people; virtual participation options are also available.

Save the Date - Free Training for Corporate Guardians

On December 1, the Division of Quality Assurance will provide a free half-day virtual training for staff and management of all licensed corporate guardians in Wisconsin. Experts from the Board on Aging & Long-Term Care, Disability Rights Wisconsin, NewBridge Madison, and the Guardianship Support Center will review the statutory duties of guardians of the person and estate and discuss the practicalities of fulfilling those responsibilities. All staff are strongly encouraged to attend.

Two Articles in October Issue of Wisconsin Lawyer Draw Attention to Guardianship/Elder Law Concerns

A pair of articles in the October issue of the State Bar's *Wisconsin Lawyer* periodical discuss the pros and cons of guardianship and the necessity of safeguarding individual rights. The cover story, "#FreeBritney: When Protection Turns Toxic," provides updates on pop star Britney Spears' ongoing conservatorship case and context for substitute decision-making issues in Wisconsin. Attorney Jessica Liebau follows up with an article about constitutional rights and issues facing those under guardianship and older adults, "As I See It: It's My Constitutional Right!"

GSC Outreach Update:

The majority of our outreach events continue to be remote for now. However, we may be available to schedule in-person trainings and programs for 2022, depending on the status of the pandemic.

If you or your organization would like us to present or record a video for you, whether it's on advance directives, supported decision-making, or guardianship, please contact us at guardian@gwaar.org.

Medicare Part D Annual Open Enrollment Period

The Medicare annual Open Enrollment Period is once again upon us. Every year between October 15 and December 7th, Medicare beneficiaries can change Medicare Part D drug plans or Medicare Part C "Advantage" health plans. (Medicare Part C plans are *entirely optional*, and are a way to privatize one's Medicare health benefits into an HMO or PPO plan with a provider network.)

During the AEP, beneficiaries may join, drop, or switch Medicare Part D plans or Medicare Part C Advantage plans. Changes made during the AEP will become effective on January 1, 2022. Even if beneficiaries are happy with their current Part D plan, they should still re-evaluate that drug plan to determine if it will be best meet their needs for 2022. Since Part D plans are privatized, they are allowed to change the terms of coverage every year. New Part D plans become available and some Part D plans stop offering coverage in the state. Even if a plan continues to offer coverage into the following year, its monthly premium, formulary, pharmacy network, deductible, and copay amounts could all change! It's important that Medicare beneficiaries review their Annual Notice of Change (ANOC) which is mailed out on or before September 30th. This document notifies Medicare beneficiaries of the changes for their Part D plan which will be effective as of January 1, 2022.

The most effective way to choose a Part D plan is by going on the www.medicare.gov website and using the "planfinder" tool. The planfinder asks the user to enter their zip code, current list of prescription medications, and preferred pharmacies. Based on that information, the planfinder will list the plans which would be most cost effective for that person. Beneficiaries can also login to the portal at www.medicare.gov to do a personalized planfinder search.

Unfortunately, research shows that fewer than 10% of Medicare beneficiaries are enrolled in the most cost-effective Part D plan. Name recognition or looking at a plan's monthly premium alone are not good ways to choose a plan. If someone is unsure how to pick and evaluate a plan, they can access any of the following resources for assistance:

- Local elder or disability benefit specialist
  - Find a local benefit specialist here: https://www.dhs.wisconsin.gov/benefit-specialists/counties.htm
- Case manager or social worker
- Board on Aging and Long-Term Care Part D helpline (ages 60+) at (855) 677-2783
- Board on Aging and Long-Term Care Medigap helpline at (800) 242-1060
- Disability Rights Wisconsin Part D helpline at (800) 926-4862

Wisconsin Receives CMS Grant for Mobile Crisis Intervention

The Centers for Medicare & Medicaid Services (CMS) has awarded $15 million in grants to twenty states, including Wisconsin, to assist in expanding community-based mobile crisis intervention services for Medicaid beneficiaries. The grants will connect those with mental health or substance use disorder crises to a behavioral health specialist or critical treatment.

Services will be available twenty-four hours per day, every day. Having these services available will reduce the reliance on law enforcement response when people are experiencing a behavioral health crisis. An effect of this, in turn, may help prevent unnecessary incarceration of people who have severe mental illnesses or substance use disorders.

Funding for the programs will come from the American Rescue Plan. The grants will provide financial resources for state Medicaid agencies to assess community needs and develop programs to bring crisis intervention services to people who are experiencing substance use or mental health crisis, without going to a hospital or another facility. Another way the grants will help states is by integrating community based mobile crisis intervention services into their Medicaid programs, which is a critical component of establishing a sustainable and public health focused crisis support network. The grant will be effective from September 30, 2021, until September 29, 2022.

RAISE Family Caregivers Act Initial Report to Congress

On September 22, 2021, the Recognize, Assist, Include, Support, and Engage (RAISE) Act Family Caregiving Advisory Council delivered its initial report to Congress. It includes a comprehensive review of the current state of family caregiving and 26 recommendations for how the federal government, states, tribes, territories, and communities—in partnership with the private sector—can better Recognize, Assist, Include, Support, and Engage family caregivers.

The five areas of priority for the act are: increased awareness of family caregiving, increased emphasis on integrating the caregiver into processes and systems from which they have been traditionally excluded, increased access to services and supports to assist family caregivers, increased financial and workplace protections for caregivers and better and more consistent research and data collection.

Wisconsin Citizens Testify to U.S. Senate on Need for Guardianship Reform

On Sept. 28, the Senate Judiciary committee held a hearing on the need for guardianship reform nationwide. Two Wisconsin residents submitted video and written testimony, along with other individuals and disability advocates in Wisconsin and across the country. The Board for People with Developmental Disabilities, The Arc Wisconsin, People First Wisconsin, and GWAAR provided a press release with additional information, including links to testimony.

In all states, basic information about who is under guardianship does not exist, there is no routine review of guardianship orders once they are in place to assess whether restrictions on the person's civil rights are still warranted, and rights are rarely restored. Wisconsin's court records system provides some data on the number of guardianship cases opened and reaching disposition in a given year, but does not provide any information on what happens in a case after a guardian is appointed, including whether the guardianship is later modified or terminated to restore some or all of the individual's rights to self-determination.

Title: *Dodge County Health and Human Services v. L.W.*
Court: Court of Appeals, District IV
Date: August 19, 2021
Citation: 20AP1754

Case Summary:
This case examines the difference between poor decision-making and the standard for decision-making necessary for guardianship. L.W., who has a number of mental health diagnoses, argued that one of the expert witnesses in her guardianship and protective placement proceeding based his opinion on the faulty premise that bad decisions are sufficient to show that she was "unable to effectively receive and evaluate information." Two experts evaluated her; one supported the guardianship and placement, the other did not. During the guardianship proceeding, the circuit court reviewed written reports and oral testimony from both experts, and ultimately found that L.W. met the standard for guardianship. The court of appeals affirmed the decision.

Case Details:

L.W., who has a history of mental illness (including major depression, an adjustment disorder with a major personality disorder, and a history of schizoaffective disorder), appealed from orders for guardianship and protective placement. As relevant to the decision here, L.W. also has a history of refusing medical and supportive care, including assistance with her catheter, cleaning herself and her living area following issues with incontinence, and shopping for groceries. She has struggled to find housing which could accommodate her needs and has also struggled with infections due to her inability to care for herself.

In her appeal, L.W. relied on a provision of the statute that outlines the standard for guardianship: that the determination to appoint a guardian "may not be based on mere old age, eccentricity, [or] poor judgment." Wis. Stat. § 54.10(3)(b). L.W. argued that the expert who supported the petition for guardianship characterized her condition as a result of "poor decisions," and applied a standard under which a person is competent only if she makes decisions that seem rational to others and that have good outcomes. She argued that many adults make decisions that would fail such a standard, such as smoking, drinking alcohol or using drugs, or refusing vaccinations or other medical care, and that the expert and circuit court had impermissibly relied on "poor judgment" as the sole reason for the guardianship.

The court of appeals discussed the full standard for guardianship: that the person, "because of an impairment…is unable effectively to receive and evaluate information or to make or communicate decisions to such an extent that the individual is unable to meet the essential requirements for his or her physical health and safety." Wis. Stat. § 54.10(3)(a)2. The court of appeals further noted that the statutes outline what it means to "meet the essential requirements" for physical health and safety: to "perform those actions necessary to provide the health care, food, shelter, clothes, personal hygiene, and other care without which serious physical injury or illness will likely occur." Wis. Stat .54.01(19).

In response to L.W.'s argument that many adults might make bad decisions and not be subject to guardianship, the court of appeals noted that the bad decisions in question must arise from the individual's impairment, first, and second, that they must make the person unable to obtain health care, food, shelter, clothes, personal hygiene, or other care. While L.W. argued that the court took a "paternalistic approach" by finding that a guardian could make better decisions about her health than she could, the court of appeals found that her decisions were a

result of her mental illness and the impact it had on her ability to understand her circumstances and take appropriate measures to meet her own needs.

With regard to the protective placement, L.W. argued that she was not "totally incapable" of providing for her own care, that the evidence instead showed that she is capable of accessing medical or other services when necessary. The court of appeals rejected this argument, noting that the record demonstrated that her attempts to access services occurred mainly after she had already placed herself at substantial risk of serious harm through her conduct.

Finally, in addressing L.W.'s argument that there is a distinction between refusing care and being incapable of providing for one's care, the court of appeals notes that where the court has a reasonable basis to find that the person's refusal was the product of mental illness, there is no meaningful distinction. With regard to the opinion of the expert who did not support the petition, the court of appeals noted that when it reviews findings of fact, it does not search for evidence that supports findings the circuit court did not make; it is up to the circuit court to weigh conflicting expert opinions and the court of appeals will not overturn findings of fact unless they are clearly erroneous.

Title: *Rusk County v. A.A.*
Court: Court of Appeals, District III
Date: July 20, 2021
Citation: 19AP839/20AP1580

Case Summary:
This case poses a number of questions regarding both substantive and procedural due process for recommitments, as well as the evidence required to impose a recommitment. In April 2021, the court of appeals certified A.A.'s appeal to the Wisconsin Supreme Court; in May, the Supreme Court declined to take the case, resulting in the appellate court's opinion here. Because the court of appeals was able to decide the case on evidentiary grounds, reversing the circuit court's order for recommitment, it declined to address the constitutional and due process issues that were raised, leaving recommitment procedure unsettled.

Case Details:
A.A., referred to in the opinion by the pseudonym "Andy," has a history of mental commitments dating to January 2017, following threats of harm to himself and later, threats of harm to others. Following the initial commitment, the court recommitted Andy for a period of 12 months and placed an order for involuntary medication. In July 2018, the parties stipulated to a four-month extension of the commitment order; the medication order was not renewed. Less than a week later, the county filed another petition for a year-long extension. With its petition, the county filed an affidavit from the county's behavioral health coordinator, averring that Andy had been found to be mentally ill and that he remained under commitment and had been receiving treatment. The affidavit also alleged that Andy would be a proper subject for treatment if treatment were withdrawn.

Andy filed a motion to dismiss, arguing that the petition had not set forth a "statement of the facts which constitute probable cause to believe the allegations of the petition," as required by Wis. Stat. § 51.20(1)(c). The court denied the motion, stating that a recommitment petition was not required to comply with Wis. Stat. § 51.20 (1) at all, as that subsection applied only to initial commitments, not recommitments. Based on testimony of a

psychiatrist that Andy likely would stop taking his medications if the commitment ended, the court granted the petition for recommitment; it did not order involuntary medications. Andy appealed the recommitment in the first of these two consolidated cases.

Following additional threats of harm in July 2019, Andy was placed under another outpatient commitment (not recommitment) with an involuntary medication order. The county subsequently moved to extend the commitment for another 12 months, relying on an affidavit that was identical to the one it had submitted in 2018, except for the dates. At the recommitment hearing in January 2020, Andy again moved to dismiss the petition on the grounds that it did not set forth an adequate factual basis for recommitment. The county argued that Wis. Stat. § 51.20(13)(g)3. does not require a recommitment petition to include any factual allegations. Andy argued that if § 51.20 does not specify the necessary contents of a recommitment petition, then "the basic rules of civil procedure" apply, primarily that a petition must state a claim.

The court ruled that under the rules of civil procedure, Wisconsin is a notice-pleading state and the affidavit supplied with the petition provided sufficient notice of the claims made in the petition. The court then relied on oral testimony from a psychiatrist, which based an opinion of Andy's dangerousness on a review of "events" in treatment records rather than an examination of Andy. Andy's attorney raised a hearsay objection as the psychiatrist was not the keeper of the records and could not testify as to whether the events described in them were true; the objection was overruled. Based on that testimony and the affidavit, the court ordered another 12-month extension and involuntary medication. Andy again appealed the recommitment, the second of these two cases.

Andy's appeals raised significant questions regarding the pleading requirements for recommitment petitions, as well as questions around the constitutionality of recommitment in general. He also argued that the county failed to present sufficient evidence to support the extensions. The court of appeals ultimately ruled on this final point in reversing the trial court.

To extend a commitment, the petitioner must prove by clear and convincing evidence that the individual is mentally ill, a proper subject for treatment, and dangerous to himself or others. The last point can be shown either by recent acts or omissions, or by the individual's treatment record demonstrating a "substantial likelihood" that the individual would be a proper subject for commitment if treatment were withdrawn.

In the first of the two cases, in November 2018, a psychiatrist opined that Andy would likely stop taking his medication if the commitment ended. However, at this point, Andy had not been under an involuntary medication order for four months, and the court did not order involuntary medications. The psychiatrist noted that Andy had been compliant with his medications; his opinion was based on general tendencies that individuals with schizophrenia tend to stop taking medication. The court of appeals found that this testimony, without regard to Andy's specific history with medication, was insufficient to support the finding of dangerousness for the recommitment.

In the second case, Andy's appeal argued that the recommitment petition did not contain "a clear and concise statement of the facts which constitute probable cause to believe the allegations of the petition." In the alternative, he argued that the petition also failed to comply with general rules of civil procedure, and therefore should be dismissed. Rather than address these questions – which were the basis for the appellate court's

certification to the Supreme Court – the court addressed the evidence supporting the petition for recommitment and the admission of hearsay into the hearing record.

Hearsay is "a statement, other than one made by the declarant while testifying at the trial or hearing, offered in evidence to prove the truth of the matter asserted." Wis. Stat. § 908.01(3). It is inadmissible, unless an exception applies. The circuit court has discretion to determine whether hearsay should be admitted, and the court of appeals will generally uphold that decision absent significant error that caused harm to the appellant. As is relevant here, an expert witness may form an opinion based on evidence that is otherwise inadmissible, but the court must make a determination as to the probative value of the inadmissible evidence on which the opinion relies before that evidence can itself be admitted to the record.

In the second case, the psychiatrist who testified had spent about half an hour interviewing Andy and had also reviewed other treatment and medical records. He opined that Andy would likely be dangerous to himself if treatment were withdrawn, based on "events" described in the records. Andy's attorney objected to the county's request that the psychiatrist provide "examples" of such events; the court allowed the testimony. On cross-examination, the psychologist acknowledged that he had no personal knowledge of the events in question; he was merely describing events he had read about in documents that he understood to be Andy's medical records. Following the testimony of the psychiatrist – the only witness called at the hearing – the court expressly relied on his recitation of events in its finding of dangerousness, with no apparent determination of probative value. The court of appeals found that this was insufficient to justify the admission of the evidence, and that the evidence had likely harmed Andy – without it, the court may not have made a finding of dangerousness, which would have resulted in the dismissal of the petition. It thus reversed this recommitment as well.

Judge Stark wrote a concurrence to this opinion to discuss the issues the court chose not to address. In 2019, the Wisconsin Supreme Court decided *Waukesha County v. S.L.L.*, 2019 WI 66, 387 Wis. 2d 333, 929 N.W.2d 140, which raised similar questions regarding the standard for pleadings for recommitment (as opposed to the standard for initial commitment). S.L.L. had alleged that the recommitment petition did not contain a "clear, concise statement of facts" as required for an initial petition under Wis. Stat. § 51.20(1)(c). The Court held that the procedure for recommitment is governed by different provisions, 51.20(10)-(13), not 51.20 (1). Thus, while Ch. 51 requires that an individual be served with the petition for recommitment, given notice of the date, time, and location of the hearing, and be given access to witness reports at least 48 hours prior to the hearing, it does not, apparently, require that the petition provide any facts to the individual as to the basis for recommitment. Further, nothing in secs. 10-13 specifies the type of evaluation or evaluator that is required for a recommitment, and these sections do not provide the individual with the right to request an independent examination.

The Supreme Court ruled last year that courts in recommitment proceedings must make specific factual findings with reference to the specific ground for recommitment. *Langlade County v. D.J.W.*, 2020 WI 41, 391 Wis. 2d 231, 942 N.W.2d 277. In another case from earlier this year, *Sheboygan County v. M.W.* (2019AP1033), the District II court of appeals found that M.W. had not alleged what, if anything, she might have argued differently had she had a specific statutory ground and factual allegations in the petition, as opposed to the information available in the expert's report, and declined to extend *D.J.W.*to encompass recommitment petitions. In this case, the Supreme Court has denied further review, so at this point, the question as to what is required – and what should be required to allow an individual to mount an adequate defense in a situation that potentially results in a loss of liberty – remains open.

Can someone who has been convicted of a crime serve as an agent for a power of attorney?

Yes. Power of attorney documents are a private contract, and the principal may choose any adult they wish to serve as agent. However, if a guardianship becomes necessary, agents must disclose felony convictions, suspension or revocation of professional licenses, and bankruptcies. The court will consider the circumstances of each when deciding whether an individual may be a suitable guardian.

If an HCPOA is not revoked as part of a guardianship (of the person), who has medical decision-making authority? In addition, if the HCPOA has not been activated at the time the person is adjudicated as incompetent, is the adjudication of incompetency equivalent to the activation and are no further steps to activate required?

By law, the court is required to look at whether there is any existing, valid, and sufficient advance planning in place when hearing a petition for guardianship. See Wis. Stat. § 54.10(3)(c)3 and § 54.46(1)(a)2. If there is advance planning that is all three and renders the guardianship unnecessary, the court is required to dismiss the petition for guardianship. If the advance planning is only existing and valid but not sufficient, then the guardianship may be necessary although it should be limited to the person's needs and the particular power that needs to be addressed.

A common example of where an HCPOA and a guardianship of the person is in place occurs when nursing home admission has not been expressly consented to within the HCPOA. Wisconsin law requires the consent to be stated within the HCPOA for the agent to be able to exercise this authority. Wis. Stat. § 155.20 (2)(c)2.c. Because in this example it is not, the agent may not consent to the admission and the agent often pursues a guardianship and protective placement.

The guardianship of the person, if ordered, should be limited to specific authority to consent to the nursing home admission. Remember that each decision-maker has only the authority granted to him or her under the law. The agent has the authority to make healthcare decisions consistent with the HCPOA, the law, and the person's wishes; the guardian has authority to make all other personal well-being decisions (consistent with the terms of the order and letters as well as Wisconsin law).

Incompetency and incapacity are two separate things. Incompetency is a court finding that requires looking at specific statutory factors including incapacity, risk of harm, the proposed ward's age, the applicable impairment(s), and the need for less restrictive measures. Incapacity is a medical state determined by doctors (and/or psychologists) focusing specifically on one's ability to understand and to communicate.

An HCPOA can only be activated by the terms stated within the HCPOA. An HCPOA is a legal document, such as a contract, that provides specific terms, including how the document may be activated. The procedures followed for determining incompetency and incapacity differ. For example, an adjudication of incompetency does not follow the same criteria as the activation requirement in an HCPOA. As stated, only a court may find a person incompetent after reviewing all of the applicable statutory factors. Most HCPOA activations do not require any court review and the most typical standard followed usually requires two doctors or one doctor

and one advanced practice clinician to determine incapacity. A finding of incompetency would not equate to the activation for an HCPOA nor does the determination of incapacity equate to an incompetency adjudication. Note: all professionals involved should look at whether the HCPOA has been activated if a petition for guardianship has been filed before the final hearing (ideally before filing the petition).

Can an individual who is under a spendthrift guardianship complete a health care power of attorney document?

Typically, yes. The only time someone is presumed to be unable to complete a health care power of attorney is if a court has previously adjudicated them incompetent. Spendthrift guardianship does not require a finding of incompetency prior to appointment of the guardian; if no finding of incompetency is made and the individual is otherwise of sound mind, they may complete a health care power of attorney document.

What happens when a proposed guardian discloses a felony conviction in the Statement of Acts?

Disclosing a felony or misdemeanor conviction, a previous bankruptcy or listing on the caregiver misconduct registry does not automatically disqualify the proposed guardian from being appointed as guardian. The information must be disclosed so that the guardian ad litem has the opportunity to investigate the facts and make a recommendation of the suitability of the proposed guardian to the court. The court may decide that one of the disclosures from the statement of acts renders the proposed guardian unfit to act as guardian. However, the statutes are vague as what standard the court should use to interpret this information.

What is the Guardianship Support Center able to help with?

The GSC is a neutral statewide informational helpline for anyone throughout the state. We can provide information on topics such as Powers of Attorney, Guardianship, and Protective Placement. The GSC is unable to provide information on minor guardianships, wills, trusts, property division or family law. The GSC is also unable to give legal advice or specific direction on completing court forms such as the inventory and annual accounting. The GSC does not have direct involvement in cases nor are we able to provide legal representation.

What are some other free or low-cost legal resources?

Other resources include the American Bar Association's Free Legal Answers website where members of the public can ask volunteer attorneys legal questions. The State Bar of Wisconsin also offers a Modest Means Program for people with lower income levels. The legal services are not free but are offered at a reduced rate. Income qualifications must be met to qualify. For more information, visit the state bar's website or call **800-362-9082.**