State of Minnesota			District Court Probate Division
County of Winona		O	Judicial District: Third
			File No Guardianship/Conservatorship
In Re:	anship of	Petition for	Appointment of Guardian
David Austin Russell, Respon	dent		Conservator
^	ne number:	Karen Bunkowski 202 West 3 rd St, Wir 507-457-6500	nona MN 55987 County Community Services
Age/Date and if the petition is gra	ne number: e of birth: nted, Respon	507-312-9042 39 years/March 13, andent will be moved to	#213, Winona, MN 55987 1980. D: Respondent will remain in
the custody of the Commission provisional discharge. 3. The names and addresse (See M.S. § 524.5-303(b) and	es of the Res	pondent's spouse and	
Relationship		Name	Address
a) Spouse (include an adult w	ith whom Resp	oondent has resided for six	months or more):
none			
b) Kindred: (adult children, p kin	arents and adu	lt brothers and sisters; if no	one of these, then list the nearest adult
Mother	Cheryl Da	vis	570 Prairie Island Rd Winona, MN 55987 507-452-4998
Sister			Winona, MN 408-202-1892
Brother	1		Winona, MN 507-459-8629
c) Administrator (if Respondent institution):	ent is in a hosp	ital, VA, unit, nursing hon	ne, home care agency or other
Annandale Community Behavioral Health Hospital	James Ke	lly	400 Annandale Blvd Annandale MN 55302

		651-389-3854
d) Legal Representative (g	uardian/conservator, representative pay	ee, trustee or custodian of property):
None		
a) Danzana nancinata i ana	u and an antimand by min and	n as constitut at constitut
	posed, or confirmed by prior orde	
(file applicable document with	h petition including a prior order, healt	
Proposed Guardian	Independent Management	101 21st St SE
	Services	Austin, MN 55912
		507-437-6389
		Fax 507-437-0977
		info@imsofmn.com

- 4. An appointment of a Guardian of Respondent should be made because:
 - A. A petition for appointment of a general guardian for Respondent has been filed, or will be filed in the immediate future with this court;
 - B. Compliance with the procedures for appointment of a general guardian will likely result in substantial harm to the Respondent's health, safety, or welfare, and no other person appears to have the authority and the willingness to act on Respondent's behalf;
 - C. The Respondent's needs for health, safety, or welfare are at risk because:

 (Describe behavior and circumstances supporting this allegation):

 The Respondent consistently refuses to apply for health care benefits that would allow him access to appropriate health care and inpatient medical treatment, as well as community supports to facilitate recovery of his mental illness. The Respondent has Medicare and a Medicare Supplement, however has 0 lifetime reserve days and 0 psychiatric days remaining on his policy. The Respondent is eligible for Medical Assistance with spenddown, however refuses to apply citing the county can pay for the entirety of his hospitalization. The Respondent bases his decision on the faulty perception that his civil commitment is illegal, and as a result he is victim to conspiracies, torture, and abuse, from state and local government agencies that also owe him thousands of dollars in withheld taxes.

The Respondent has not been able to remain stable for longer than a few months in the community. The Respondent has the following inpatient hospitalizations this commitment period alone:

Winona Health, Winona MN 10/12/2016 -10/14/2016
University Medical Center-Mesabi, Hibbing, MN 10/14/2016-2/14/2017
Community Behavioral Health Hospital, Rochester 2/14/2017-6/6/2017
Community Behavioral Health Hospital, Rochester 1/8/2018-3/1/2018
Winona Health ED 3/2/2018
St. Mary's Hospital, Generose 3/2/2018-3/22/2018
Community Behavioral Health Hospital, Rochester 3/22/2018-4/17/2018
Mayo Health System Albert Lea 12/23/2018-01/09/2019
Community Behavioral Health Hospital, Rochester 01/09/2019 -2/4/2019

Annandale Community Behavioral Health Hospital 4/30/2019 to present

Previous provisional discharge plans allowed the Respondent to return directly to his home. Respondent will likely require transitional rehabilitative housing such as a Minnesota Specialty Health System Intensive Residential Treatment Program to improve medication compliance and enhance stabilization due to the Respondent's impaired insight into his mental health. Such programs require medical assistance for treatment related costs; and

	D.	no alternative less restrictive of civil rights and liberties exists, including the use
. .	· 1721C	of appropriate technological assistance.
5.		Illowing powers are needed for a Guardian to protect and supervise
	tne pe	rson of the Respondent:
		All of the rights and powers on behalf of the Ward under M.S. § 524.5-313(c) paragraphs 1, 2, 3, 4, 5, 6 and 7.
	Af the	Guardian is granted limited powers and duties, specify which powers and duties
		sted in the Guardian by this Order.)
		Have custody of the Ward and establish the place of abode for the Ward within or
	<u> </u>	without the State, M.S. § 524.5-313(c)(1);
		Provide for the Ward's care, comfort and maintenance needs, M.S. § 524.5-
		313(c)(2);
		Take reasonable care of the Ward's clothing, furniture, vehicles and other
		personal effects, M.S. § 524.5-313(c)(3);
		Give any necessary consent to enable, or to withhold consent for, the Ward to
		receive necessary medical or other professional care, counsel, treatment or
	· · · · · ·	service, M.S. § 524.5-313(c)(4);
		Approve or withhold approval of any contract, except for necessities, which the
	•	Ward may make or wish to make (only given if no conservator is appointed),
	·	M.S. § 524.5-313(c)(5); Exercise supervision authority over the Ward, M.S. § 524.5-313(c)(6);
	\forall	Apply on behalf of the Ward for any assistance, services, or benefits available to
		the Ward through any unit of government, M.S. § 524.5-313(c)(7);
		(other)
		All other powers, duties and responsibilities conferred on the Guardian under
		applicable law.
5.	The na	ame, age, address, and phone number of each proposed:
		ardian is: Name: <u>Independent Management Services</u>
		Address: 101 21st St SE
		<u>Austin, MN 55912</u>
		Telephone number: <u>507-437-6389</u>
	, ,	1 1 T 1 1 (1) Management Classification
7.	A. Th	e proposed guardian <u>Independent Management Services</u> (name)
	⊠ ha	s never been removed for cause from serving as a guardian or conservator.
	K 74 11(4)	

8.	The proposed guardian, <u>Independent Management Services</u> ,	is	a
	professional guardian and a summary of the proposed guardian's	education	nal
	background, relevant work experience, and other experience is as follows:	-	
	Proposed guardian is a non-profit agency that provides guardian	uardian a	and
	conservatorship services and has numerous clients.		

- 9. The proposed guardian, Independent Management Services, has not applied for or held any professional licenses.
- 10. The proposed guardian, Independent Management Services has not been found civilly liable in an action involving fraud, misrepresentation, material omission, misappropriate, theft, or conversion.
- 11. The proposed guardian, Independent Management Services has no0t filed or received protection under bankruptcy laws.
- 12. The proposed guardian Independent Management Services does not have any outstanding civil monetary judgements.
- 13. The proposed guardian Independent Management Services does not have nor had an order for protection or harassment restraining order issued against them.
- 14. Each proposed Guardian and Conservator is the most suitable and best qualified among those available and willing to discharge the trust and is not excluded from appointment pursuant to M.S. § 524.5-309(c) or 524.5-413(d).

Petitioner respectfully requests the Court, without notice to interested persons, schedule a time	;
and place for a preliminary hearing on this petition and, after the hearing, issue an order 🛛	
appointing <u>Independent Management Services</u> Guardian of Respondent with the	
powers and duties described in allegations numbered 5 above and an order appointing	
as Conservator of Respondent, or as a limited agen	nt
of Respondent, with the powers and duties described in allegations numbered 7 above.	

I declare under penalty of perjury that I have read the foregoing petition and, to the best of my knowledge or information, its representations are true, correct and complete. Minn. Stat. § 358.116.

Dated: 5/24/19

Petitioner: Karen Bunkowski, Supervisor

ion L. Bunkowse

Name of Petitioner's Attorney:

Name: Mr. Paul Ellison License No.: 0397449

Address: 171 West Third Street City/State/Zip: Winona, MN 55987

Pellison @co.winona.mn.us