



4. I have reviewed the following records:

5. I report to the Court:

a. The nature of the proposed ward's current impairment:

b. The degree to which the impairment affects the proposed ward's understanding:

c. The degree to which the impairment affects the proposed ward's capacity to make or communicate decisions:

I  do  do not recommend that the proposed ward have a guardian.

Explanation for this recommendation:

I  do  do not recommend that the proposed ward have a conservator.

Explanation for this recommendation:

d. The proposed ward's views of the proposed guardians, the powers and duties of the proposed guardian, the proposed guardianship, and the scope and duration of the proposed guardianship are:

e. Guardianship Options:

- 1) The qualifications of the proposed guardian:
- 2) The appropriateness of the proposed guardian:
- 3) I  do  do not recommend that someone be appointed as co-guardian.

Explanation for this recommendation:

- 4) If recommended, the qualifications of this co-guardian:
- 5) If recommended, the appropriateness of this co-guardian:
- 6) I  do  do not recommend that someone else, other than the proposed guardian, be appointed guardian.

Explanation for this recommendation:

- 7) If recommended, the qualifications of this guardian:
- 8) If recommended, the appropriateness of this guardian:

g. The capacity of the proposed ward to perform the activities of daily living:

- 1) The proposed ward is able to perform these basic ADLs (self-care tasks):
  - Bathing and showering
  - Dressing
  - Eating/feeding
  - Functional mobility
  - Personal hygiene and grooming
  - Toileting and hygiene

2) The proposed ward is able to perform these instrumental activities of daily living (IADLs):

- Housework
- Taking medications
- Managing money
- Shopping assistance
- Use of telephone
- Using technology
- Transportation

h. I recommend that the proposed ward not retain the right to:

- vote
- seek to change marital status
- obtain or retain a motor vehicle operator's license
- possess firearms
- other (please specify):
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i. I recommend that the proposed guardian be granted the degree of authority indicated to make decisions for the ward in the following areas:

<u>Full</u>	<u>Limited</u>	<u>None</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long term care facility placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured unit at a long-term care facility, state institution, or mental health facility placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment

The visitor **must** explain the reasons for recommendations under this paragraph. The reasons for each of my recommendations are:

j. If a limited degree of authority is recommended in paragraph (i), the following limitations are proposed:

k. I specifically recommend that the guardian be allowed to place the ward in a secured unit at a long-term care facility, state institution, or mental health facility placement beyond 45 days for the following reasons:

l. As an alternative to guardianship, it would be feasible to use the following alternative resource plan(s) that are available to the proposed ward and that are acceptable to the proposed ward:

- power of attorney
- healthcare directive
- representative payee
- protective payee
- other (specify):

Which of the following services may be beneficial to the proposed ward:

- |   |  |
|---|--|
| <input type="checkbox"/> developmental disability services    | <input type="checkbox"/> adult day care                      |
| <input type="checkbox"/> chemical addiction services          | <input type="checkbox"/> home-based care                     |
| <input type="checkbox"/> mental health services               | <input type="checkbox"/> community based care                |
| <input type="checkbox"/> brain injury services                | <input type="checkbox"/> licensed congregate living facility |
| <input type="checkbox"/> dementia services                    | <input type="checkbox"/> skilled nursing home                |
| <input type="checkbox"/> visiting nurses                      | <input type="checkbox"/> emergency response system           |
| <input type="checkbox"/> home health aides                    | <input type="checkbox"/> county social services              |
| <input type="checkbox"/> personal care attendants             | <input type="checkbox"/> senior citizen center               |
| <input type="checkbox"/> LTC ombudsman services               | <input type="checkbox"/> chore services                      |
| <input type="checkbox"/> protection & advocacy services       | <input type="checkbox"/> other (specify):                    |
| <input type="checkbox"/> vulnerable adult protection services |  |

m.  The proposed ward is able to appear at the hearing.  
 The proposed ward is not able to appear at the hearing because (specify reasons):

n.  For the benefit of this proposed ward, the hearing should not be held at a place other than the courthouse.  
 For the benefit of this proposed ward, the hearing should be held at a place other than the courthouse because (explain and propose an alternative location for the hearing):

I affirm that I have, except as specified below:

- a. Met, interviewed, and consulted with the proposed ward regarding the guardianship proceeding. I explained the purpose for my interview in a manner the ward could reasonably be expected to understand.
- b. Learned the proposed ward's views about the proposed guardian, the powers and duties of the proposed guardian, the proposed guardianship, and the scope and duration of the guardianship.
- c. Visited the residence of the proposed ward.
- d. Discussed appropriate alternative resource plans with the proposed ward.
- e. Interviewed the persons seeking appointment as guardian.
- f. Obtained all information as directed by the Court.

Exceptions, other information, or other recommendations:

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Signature

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Date