

**IN THE MATTER OF THE GUARDIANSHIP OF**

\_\_\_\_\_,  
**AN ALLEGED INCAPACITATED INDIVIDUAL**

**Case No.** \_\_\_\_\_

**GUARDIAN AD LITEM'S REPORT**

**Name of proposed ward:**

**Address:**

**Age:**

**Name of guardian ad litem:**

**Address:**

**Telephone number:**

**Date of hearing:**

**Place of hearing:**

1. I have been appointed by the court as guardian ad litem and will advocate for the best interests of the proposed ward at the hearing to be held on the above listed date.

2. I report to the Court:

a. I have explained this guardianship proceeding to the proposed ward, describing the nature and consequences of the proceeding, the proposed ward's rights, and the proposed ward's available legal options, including the right to retain an attorney to represent the proposed ward.

b.  I **disagree** that the proposed ward needs a guardian because:

I **agree** that the proposed ward needs a guardian because:

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"/> | 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   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Involuntary treatment with prescribed medications   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Access to and control and disposition of safety deposit box and contents                          |

The guardian ad litem must explain the reasons for recommendations under this paragraph. The reasons for each of my recommendations are:

Place of residence:

Long term care facility placement:

Secured unit at a long-term care facility, state institution, or mental health facility placement:

Legal matters:

Financial matters:

Education and training:

Medical treatment:

Involuntary treatment with prescribed medications:

Access to and control and disposition of safety deposit box and contents:

If a limited degree of authority is recommended above, the following limitations are proposed:

c.  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):

d.  I **agree** the hearing needs to be held at a place other than the above listed county courthouse.

I **disagree** the hearing needs to be held at a place other than the above listed county courthouse.

e. The response of the proposed ward to the petition is:

f. The proposed ward has the following wishes that are not in the proposed ward's best interests:

g. I have the following observations regarding the appropriateness of the proposed guardian:

\_\_\_\_\_  
Guardian Ad Litem

\_\_\_\_\_  
Date

**THE GUARDIAN AD LITEM'S REPORT MUST BE RETURNED TO THE COURT AT  
LEAST FIVE (5) DAYS BEFORE THE HEARING.**