

**IN THE MATTER OF THE GUARDIANSHIP OF _____,
AN ALLEGED INCAPACITATED INDIVIDUAL**

Case No. _____

This report is closed to the public and not open to inspection except by the court, parties to the guardianship proceeding or their counsel, other persons by order of the court for good cause, and others authorized by court rule.

REPORT OF VISITOR

Name of proposed ward:
Address:
Age:

Name of visitor:
Address:
Telephone number:

Date of visit:
Place of visit:

1. I have been appointed by the court as a visitor.
2. I interviewed the proposed ward at the above-indicated place on the indicated date.
3. I also interviewed the following people:

Name and relationship to proposed ward	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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:

f. 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):

<u>Manages with no assistance</u>	<u>Needs prompts or some assistance</u>	<u>Needs assistance</u>	<u>ADL:</u>	<u>Comments:</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathing and showering	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dressing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating/feeding	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Functional mobility	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal hygiene and grooming	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toileting and hygiene	

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

<u>Manages with no assistance</u>	<u>Needs prompts or some assistance</u>	<u>Needs assistance</u>	<u>IADL:</u>	<u>Comments:</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housework	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taking medications	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Managing money	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shopping assistance	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of telephone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using technology	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	

g. 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):

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

The visitor **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:

Vocation:

Financial matters:

Education and training:

Medical treatment:

Involuntary treatment with prescribed medication:

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

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

j. 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:

k. 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 | |

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

- m.** 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 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:

Signature

Date