

5. List persons you contacted or attempted to contact during your review, including the protected person and the guardian or conservator.

Role	Name	Address	Phone	Contact?
Protected Person				
Guardian/ Conservator				
Special Advocate				
Case Coordinator/ Manager				
Assisted Living Administrator/Staff				
PCA/ Waiver Provider				

B. DETAILS OF GUARDIANSHIP OR CONSERVATORSHIP:

- Conservatorship only [Skip to Section B6 if Conservatorship only]

1. **Medical and mental health diagnoses:** Describe current diagnoses, major health events or changes, emotional status (i.e. behaviors) and activities of daily living:

Change in diagnoses? No Yes, please describe the change:

2. **Housing situation:**

3. **School or work situation:**

4. **Recreational activities:**

5. Services for the protected person:

a. Please describe services being provided to the protected person.

Medical:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	Funding Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Mental Health:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	Assisted Living:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Case Management:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	Care Coordination:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Recreational Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	School or Work Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Counseling or Therapy:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	Religious Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Other Services or Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes, describe the other services:			

b. Is the guardian providing any of these services to the protected person?

No Yes, which services:

c. Are there any issues with the guardian ensuring these services for the protected person?

No Yes, which services:

d. What is the protected person's opinion of these services?

e. Were any providers contacted to give their opinions about the guardianship?

No Yes, what was their opinion?

6. What is protected person's opinion regarding their guardianship or conservatorship?

7. Has the guardian or conservator taken any significant actions since the last Court Visitor's report (e.g., changes in residence, major medical issues, familial issues, loss of work)?

8. Are there any changes in the protected person's mental or physical capacity to make decisions and manage for him or herself? Has a less-restrictive alternative such as power of attorney or Supported Decision-Making Agreement become feasible since the case started?

9. Describe the contacts the guardian or conservator has had with the protected person in the guardianship or conservatorship including in-person, telephone, written, or third-party contacts. Are there any complaints about contact?

10. Are there any changes with the guardian or conservator’s qualifications to serve? (Please check Courtview for recent cases of concern.) Note if this is a professional guardian and if so, whether their professional license is in good standing.

C. Financial Information

1. Please record information regarding any of the following assets:

Asset	Value at Last 3-Year Report	Value in 20__	Value in 20__	Value in 20__
Burial Account				
Native Account				
Regular Account				
Asset Trust				
Pooled Trust				
MQT				
PFD				
Property				
Total Assets				
Liabilities Listed				
Net Assets				

2. A review of the accounting for the protected person’s estate while under the guardian’s control, as shown in the three most recent Annual Reports:

	Value in 20__	Value in 20__	Value in 20__
Income			
Expenses			
Fees			
Assets			
Income Minus Expenses			
Change from Previous Year			

3. Describe how the protected person’s bank account is maintained and finances are managed.
 a. What are the main income and expenses for the individual?

b. How does the guardian or conservator keep track of income and expenses?

c. Are financial records and bank statements available for review?

d. Are there any discrepancies in the accounting OR noted in the file?

e. Do the income and expense in the annual reports reconcile?

f. Were there any major changes in the financials for the protected person?

g. What documents did the Court Visitor review to ensure appropriate accounting?

h. Do any providers describe any financial concerns? Does the protected person receive spending money or allowance?

D. Other Information

1. Is this an OPA public guardian appointment?

No Yes, are there any alternative guardians available?

2. Is there any other information the guardian/conservator, protected person, or Court Visitor thinks the court should know?

E. Recommendations

1. Does the protected person still require a guardian or conservator?

Yes No, because:

2. Does the current guardianship or conservatorship arrangement appear appropriate?

Yes No, because:

3. Do financial transactions appear to be in order?

Yes No, because:

4. Did the Court Visitor review any educational information or suggested improvements for the guardian or conservator?

No Yes, I suggested:

5. Are you recommending changes to the guardianship or conservatorship order? Are you requesting judicial review? Are there any issues that need be addressed?

No Yes, I suggested:

Did the Court Visitor discuss this report with protected person? Yes No

Please describe:

6. Other recommendations:

Respectfully submitted,

Date

Signature of Court Visitor

Phone Number

Print or Type Name of Court Visitor

Email Address

Mailing Address of Court Visitor

I certify that on _____, a copy of this *Report* was sent to:

Guardian or Conservator

The Protected Person:

was served by mail in person

was NOT served, because the protected person cannot maintain confidentiality.

Other: _____

Signature of Court Visitor: _____