

C. CONTACTS

1. List the individuals and entities working with the protected person that you contacted or attempted to contact in preparing this report. Describe the contact's opinion about the need to change the guardianship or conservatorship order:

Name	Relationship to Protected Person	Contact Information Address/Phone/Email	Opinion Regarding Need for Change
Protected Person			
Guardian or Conservator			

2. Do the opinions of the individuals contacted support the conclusions of this report?

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

D. RECORDS REVIEWED

- 1. Have you reviewed all relevant records discussing the protected person’s medical, mental, emotional, physical, and financial status for this review? Yes No
- 2. List all records that you reviewed, including any court reports:

Type of Record	Source	Date Created	Copy Attached?

I was unable to review the following records, because:

- 3. Please give a brief summary of the following and describe any relation to the review.

A. Medical Status & Physical condition. Describe the protected person’s medical diagnoses, needs, overall medical condition, and physical condition and needs (including therapy, medication, or assistance with daily activities):

B. Mental and Emotional Status. Describe the protected person’s mental health diagnoses, needs, and overall emotional status:

C. Educational, Vocational, Recreational, and Social Skills. Describe the protected person’s current abilities and activities. State whether the protected person would benefit from specific assistance and, if known, whether that assistance is available:

E. DAY-TO-DAY NEEDS

- 1. **Housing.** Describe where the protected person is currently living and if there are any major issues with housing:

2. **Services.** Describe the type and extent of current services the protected person receives or could receive to maintain the protected person's health, safety, and well-being:

3. **Financial Narrative.** Describe current income sources and amounts, and current major expenses, assets, and liabilities. List accounts, banks used, and whether there is a trust:

4. **Brief Accounting.** Please fill in numbers for the past twelve months:

I do not have records for a full year. This accounting is from _____ to _____.

Total Income: _____ Total Value of Assets: _____

Total Expenses: _____ Total Amount of Liabilities: _____

5. Did you find any discrepancies or areas of concerns in the accounts you reviewed?

No Yes; describe:

F. SUMMARY OF REVIEW

Describe the areas that you've investigated, issues or concerns of the parties, and a general basis for your recommendation(s):

G. RECOMMENDATIONS

1. **Alternatives to Guardianship or Conservatorship.** As a part of this review, were you able to identify any alternatives to the current order?

- No, I did not identify any feasible alternatives.**
- Yes, I identified the following alternatives:**
 - Representative payee and other community services
 - Power of attorney
 - Supported decision-making agreement
 - Limited guardianship or conservatorship order
 - Other: _____

2. Do you recommend a change in guardian/conservator appointment?

- No. Yes. *[If yes, attach [PG-271](#), "Supplement to Court Visitor's Report on Review."]*

3. Is there anything else you would like the court to know?

4. **The visitor recommends:**

- No changes to the current order.
- Termination of the guardianship or conservatorship.
- Change in authority (for example: partial guardian to full guardian, or adjustment of areas of partial guardian authority) as follows: _____

- Appointment of a different guardian or conservator: _____
- Appointment of a co-guardian or co-conservator: _____
- Other: _____

_____ Date

_____ Signature of Court Visitor

_____ Phone Number

_____ Print or Type Name of Court Visitor

_____ Email Address

_____ Address

I certify that on _____, a copy of this *Report* (with PG-271 supplement) was sent to:

- Protected Person Protected Person's Attorney (if appointed) Expert (if appointed)
- Guardian Conservator Other: _____

Signature of Court Visitor: _____