



If yes, is the guardian or conservator following the special provisions correctly?

N/A       Yes       No, please describe:

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4. Did the Court Visitor review the last Court Visitor Report?     Yes     No, state why not:

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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:

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

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2. **Housing situation:**

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3. **School or work situation:**

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4. **Recreational activities:**

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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:			

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

No  Yes, which services:

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

No  Yes, which services:

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

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

No     Yes, what was their opinion?

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

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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)?

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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?

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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			
<b>Income Minus Expenses</b>			
<b>Change from Previous Year</b>			

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?

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

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

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

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

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

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

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

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**D. Other Information**

- 1. Is this an OPA public guardian appointment?  
 No     Yes, are there any alternative guardians available?

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

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**E. Recommendations**

- 1. Does the protected person still require a guardian or conservator?  
 Yes     No, because:

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- 2. Does the current guardianship or conservatorship arrangement appear appropriate?  
 Yes     No, because:

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3. Do financial transactions appear to be in order?

Yes     No, because:

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

No     Yes, I suggested:

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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:

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

Please describe:

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