**Cause No.­****-P**

|  |  |  |
| --- | --- | --- |
| **IN RE: GUARDIANSHIP OF** | **§** | **IN COUNTY COURT AT LAW** |
| **§** |
| **,** | **§** | **NUMBER TWO OF**  |
| **§** |
| **AN INCAPACITATED PERSON** | **§** | **MONTGOMERY COUNTY, TEXAS** |
| **§** |

**COURT VISITOR REPORT**

**GENERAL ASSESSMENT**

Court Visitor:

[ ] Court Investigator [ ]  Community Volunteer [ ]  Student Intern [ ]  Law Intern [ ]  Ad Litem

|  |  |  |
| --- | --- | --- |
| **Living environment & health and well-being of Ward:** | **Satisfactory** | **Unsatisfactory** |
| Basic needs being met | [ ]  | [ ]  |
| Adequate living space | [ ]  | [ ]  |
| Safe and sanitary living conditions | [ ]  | [ ]  |
| Appearance of Ward | [ ]  | [ ]  |

|  |
| --- |
| Recommendations: |
| [ ]  No change in Guardianship |
| [ ]  Review by Court Investigator for Less Restrictive Alternative |
| [ ]  Restoration of Ward’s Rights –or- Termination of Guardianship (See details below) |
| \*\*Did the Ward provide an informal letter requesting Restoration of Rights? [ ]  No [ ]  Yes, See Attached |
| [ ]  Ward should be visited in:       days       week(s)       month(s), due to concerns listed below. |
| [ ]  Other:       |

COURT VISITOR: Please note concerns, items for follow-up, relationship of Ward & Guardian, or actions you took to address questions, from Ward, Guardian, or facility staff, or other issues that the Court should be aware of:

|  |
| --- |
|  |

COURT INVESTIGATOR: additional comments or recommendations: [ ]  No action needed

|  |
| --- |
|       |

|  |  |
| --- | --- |
| Court Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       |

**I. INFORMATION ABOUT THE WARD**

|  |  |  |
| --- | --- | --- |
| Date of Contact:      | Arrival Time:      | Departure Time:      |
| Ward’s FULL Address:       |
| Home Phone:       | Cell Phone:       | Fax:       |
| Ward’s Date of Birth:        | [ ]  MALE [ ]  FEMALE [ ]  Military Veteran |
| Caregiver / Facility Contact:        | Facility Name:       |

**Ward lives in:**

|  |  |  |
| --- | --- | --- |
| [ ]  Guardian’s Home | [ ]  Nursing Home | [ ]  ICF-MR Group Home |
| [ ]  HCS Group Home | [ ]  Own Home | [ ]  Boarding House |
| [ ]  Independent Apartment | [ ]  Caregiver’s Home | [ ]  Adult Foster Care Home |
| [ ]        State Supported Living Center (a.k.a. State School) |  |

**Facility is** [ ]  Licensed [ ]  Unlicensed

**How long at this address?**       **If moved in the last 12 months, why?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language or communication style of Ward:** | [ ]  English | [ ]  Spanish | [ ]  Other |  |
|  |  |  |  |  |  |
| **Ward’s ethnicity:** | [ ]  Hispanic | [ ]  Non-Hispanic | [ ]  Refused | [ ]  Unknown |  |
|  |  |  |  |  |  |
| **Ward’s Race:** | [ ]  Black, African American | [ ]  Multi-Racial | [ ]  Indian | [ ]  Middle Eastern | [ ]  Asian |
|  | [ ]  Native Hawaiian or Other Pacific Islander | [ ]  White | [ ] Unknown | [ ]  Other |  |
|  |  |
| **Appearance of Ward:** |  |
|  | [ ]  Neat, Clean | [ ]  Weather appropriate | [ ]  Dirty | [ ]  Disheveled | [ ]  Inappropriate |
|  | If Inappropriate, please explain:      |
|  |
| **Mood of Ward:** *(check all that apply)* |
| [ ]  Appropriate | [ ]  Non-verbal | [ ]  Passive |
| [ ]  Angry / Hostile | [ ]  Talkative | [ ]  Short attention span |
| [ ]  Troubled, Sad, Depressed | [ ]  Interactive & responsive | [ ]  Unable to determine |

**Short description of visit:**

**What type of decisions is the Ward able to make?**

**Did the Ward request a change in Guardianship? If yes, why?** [ ]  No [ ]  Yes, because

**Did the Ward acknowledge your presence?**

**Is the Ward satisfied with care?** [ ]  Yes [ ]  Appears to be satisfied [ ]  No, because

|  |
| --- |
| **Primary Disability / Diagnosis:** *(check all that apply)* |
| [ ]  Mental Retardation | [ ]  Autism Spectrum | [ ]  Intellectual & Developmental Disability |
| [ ]  Down Syndrome | [ ]  Dementia | [ ]  Alzheimer’s Disease (AD) |
| [ ]  Heart Disease | [ ]  Asthma | [ ]  Kidney disease / failure |
| [ ]  COPD | [ ]  Diabetes | [ ]  End stage Renal disease |
| [ ]  Hepatitis | [ ]  Feeding tube | [ ]  Cancer:       |
| [ ]  Tracheotomy/ventilator | [ ]  Seizure disorders | [ ]  Mental Health / Psychiatric Disorder |
| [ ]  Other:       |  |  |
|  |
| **Has the Ward had any major change in medical condition in the last year?** |
|       |
| **Primary Care Physician of Ward**: (Name, Address, Phone Number) |
|       |

**Is the Ward seeing a PCP at least annually?** [ ]  Yes [ ]  No, why?       Date of last Dr. visit:

**Has a referral been made by a physician in the past 12 months?** [ ]  No [ ]  Yes, if so, what was the referral for:

[ ]  Equipment:       [ ]  Specialists:       [ ]  Other:

**List name & dosage of Ward’s medications:** [ ]  NONE [ ]  SEE ATTACHED LIST

*\*\*\*If Ward resides outside a nursing home, review the medications personally\*\*\**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Does the Ward have adaptive equipment?** [ ]  NONE |
| [ ]  Eyeglasses | [ ]  Dentures | [ ]  Orthotics(braces):       |
| [ ]  Hearing aids | [ ]  Walker | [ ]  Wheelchair | [ ]  Electric Wheelchair |
| [ ]  Communication Pad | [ ]  Protective Headgear | [ ]  Other:      |
| **Is the Ward in need of any adaptive equipment?**       |
|  |  |
| **Does the Ward participate in activities?**  | [ ]  No, because       |
| [ ]  Yes, Ward participates in: *(List all activities and/or programs Ward is currently involved in)* |
| [ ]  School:       | [ ]  Day Program:       |
| [ ]  Vocational workshop:       | [ ]  Competitive Employment |
| [ ]  Volunteers:       | [ ]  Other:       |
| \*\*Briefly describe how the Ward spends their day and weekends:       |
|  |
| **INCOME & SERVICES RECEIVED** |
| **SERVICES:** |  |
| [ ]  Dept. of Assistive & Rehabilitation Services | [ ]  Dept. of Aging & Disability Services |
| [ ]  Interfaith of The Woodlands | [ ]  Community Based Alternative (CBA) |
| [ ]  Medicaid [ ]  Medicaid Long Term Care |  |
| [ ]  Home & Community Services (Agency Name):       | [ ]  Other:       |
| [ ]  Waiting / Interest List:       |  |
|  |  |
| **INCOME:** *(can usually be verified by the Business Office of facility)* |
| [ ]  Food Stamps $      | [ ]  (SSI) Supplemental Security Income |
| [ ]  (VA) Veteran’s Administration | [ ]  Social Security Retirement Income |
| [ ]  (SSDI) Social Security Disability/Dependent Income – Claimant: [ ]  Self [ ]  Parent |
| [ ]  Other Retirement:       | [ ]  Special Needs Trust, Trustee:       |
| [ ]  Other; Trust, Trustee, Money Mgmt, etc:       |

**II. INTERVIEW WITH THE GUARDIAN**

|  |  |
| --- | --- |
| **GUARDIAN INFORMATION** | Date of Contact with Guardian:       |
| Name: |       |
| Full Address: |       |
| Phone: |       | Cell:       | Other:       | Fax:       |
| Email: |       |
| **Guardian’s relationship to Ward:**  |
| [ ]  Spouse | [ ]  Parent of Ward | [ ]  Child of Ward | [ ]  Other relative:       |
| [ ]  Friend | [ ]  Private Attorney | [ ]  Public Guardian or Agency | [ ]  Other:       |
|  |  |  |
| **Does the Ward live with you?**  | [ ]  Yes | [ ]  No, if not: |
|  How often do you visit the Ward?       | When was your last visit to the Ward?       |
| **Did the Ward experience any major changes in the past year? Problems? Improvements?**  |
| [ ]  No | [ ]  Yes (describe):       |
|  |
| **Has a report of *abuse, neglect*, or *exploitation* been reported since the last visit?** |
| [ ]  No | [ ]  Yes (list details):       |
|  | Date of incident:       | Agency incident investigated by:       |
|  |  |  |  |  |  |
| **Assessment of Guardian’s own physical health?** | [ ]  Excellent | [ ]  Good | [ ]  Fair | [ ]  Poor | [ ]  N/A |
|  |
| **Who would you prefer to be Successor Guardian in the event you could no longer serve?** [ ]  N/A |
| Name: |       |
| Address: |       |
| Phone: |       | Other:       |
| Guardian has:  | [ ]  WILL & TESTAMENT naming Successor | [ ]  Special Needs Trust set-up for Ward |
| Does the Guardian(s) know to contact the Court when contact information or residence of either Ward or Guardian changes? |
| [ ]  Yes | [ ]  No. If no, did the visitor explain? [ ]  Yes |  |  |