**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 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):  |  |
| [ ]  Waiting / Interest List:  |  |
| [ ]  Other:  |  |
|  |  |
|  |  |
| **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 |  |  |