

Superior Court of the District of Columbia
PROBATE DIVISION

IN RE:

[Redacted]
An Adult

Intervention Proceeding

No. [Redacted]

REPORT OF VISITOR

I, [Redacted], Visitor appointed by Order entered on [Redacted], submit the following report concerning the investigation which I conducted pursuant to D.C. Code §21-2033(c) and either §21-2041(d) or §21-2054(a) and SCR-PD 327.

I. Interview of subject of proceeding (Visitor should attempt to make the below inquiries in terms comprehensible to the subject):

A. Date and Place of interview:

[Redacted]

B. Oriented as to time and place? Yes No

C. Physical appearance:

[Redacted]

D. Subject asked and responded as follows:

1. Do you understand my explanation of the substance of the Petition; the nature, purpose and effect of the proceeding; and the general powers and duties of a guardian and conservator? Yes No (If no, explain here)

[Redacted]

2. You have the right to retain an attorney at your own expense. If you cannot afford to pay an attorney, one will be provided by the Court without cost to you. Do you have an attorney? Yes No (If yes, give name and address:

3. Do you understand that under the laws you have the following rights:

- a. To be present in person at any court proceeding and to see or hear all evidence bearing on your condition; Yes No
- b. To be represented by counsel; Yes No
- c. To present evidence and cross-examine witnesses, including any court-appointed visitor or physician; Yes No
- d. To have a closed hearing on any issue; Yes No
- e. To contest the Petition; Yes No
- f. To object to the appointment of the proposed guardian or conservator or their powers or duties; Yes No
- g. To object to the creation of the proposed guardianship or conservatorship or guardian ad litem appointed to represent your interests if the Court determines that a need for such representation exists; and Yes No
- h. To have all or a portion of the compensation of any court-appointed visitor, attorney, guardian ad litem or physician paid by the Court or the Petitioner if you cannot afford to pay it? Yes No

4. Who are your closest family members? (Give name, address and relationship)

5: Do you have a doctor? Yes No (If yes, give name and address)

Is this the same doctor who provided a letter, if any, attached to the Petition filed in these proceedings? Yes No

6. Do you need help caring for yourself or your finances? Yes No

(If yes, how?)

7. Who would you like to help care for you?

8. How are you currently caring for yourself?

9. Describe your income, assets and liabilities.

10. Do you know , the proposed Guardian or Conservator? Yes No

a. How do you feel about having him/her make decisions about your day to day care?

b. What decisions do you want your guardian or conservator to make?

c. If a guardian or conservator is appointed, what decisions would you like to make for yourself, and what actions (e.g. with respect to your property), would you like to take for yourself? -

d. How do you feel about what is requested in the petition? (Visitor should describe request)

E. Name of third persons) present during interview of person (if any) and their relationship to the subject:

II. Interview of person seeking appointment as Guardian or Conservator:

A. Date and place of interview:

B. Person seeking appointment asked and responded as follows:

1. Name, address, home and business telephone numbers, and occupation:

2. Relationship to subject of the proceeding:

3. Why does subject need help?

4. Where has subject resided during last three months?

5. Who, if anyone, has been caring for subject during this period?

6. What changes in residence are contemplated?

7. What alternative arrangements have you sought to assist subject?

8. Have you discussed your plans for care and management with subject?

Yes No

9. Does subject agree with your plans?

Yes No

III. Interview of person(s) who have evaluated or rendered care, counsel, treatment or service to subject of proceeding in recent past:

A. Name and position of person interviewed: -

B. Training and qualifications of person interviewed:

C. Dates and types of evaluation of care, counsel, treatment or service rendered to subject (attach additional sheets if necessary):

			:
			:
			:

D. Diagnosis or opinion of subject's condition (if any):

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E. What functions is the subject unable to perform in his/her daily life?

IV. Report on condition of subject's present place of abode:

A. Date visited information otherwise obtained:

B. Address:

C. Type of abode:

D. Condition (if a home):

1. Lawn and landscaping:

2. Exterior:

3. Interior:

a. Utilities working? Yes No

b. Clean? Yes No

c. Fire hazards? Yes No

d. Other (explain):

V. Report on condition of subject's proposed place of confinement or residence:

A. Date visited information otherwise obtained:

B. Location and type of place:

C. Condition:

VI. Conclusions of Visitor:

A. The nature and degree of Subject's current incapacity or disability is as follows:

B. My evaluation of the fitness and appropriateness of the guardian or conservator seeking appointment is as follows:

C. I do do not recommend limitation of the powers of the guardian or conservator seeking appointment. (If limitation recommended, explain):

D. I am of the opinion that a guardian ad litem should should not be appointed to represent subject because

VII. Additional comments (if any):

VIII. If there is no nominated guardian or conservator, I hereby nominate

to serve as guardian

and to serve as conservator, for

the following reasons:

Date

Signature of Visitor

CERTIFICATE OF SERVICE

I hereby certify that on the day of

A copy of the foregoing was

Served by first class mail, postage prepaid, upon the following parties to the above captioned case and persons granted permission to participate pursuant to SCR-PD 303 and persons who requested notice Pursuant to SCR-PD 304.

Signature