

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ INT _____
_____ IDD _____

In re:

An Adult

REPORT OF VISITOR

I, _____, visitor, appointed by order entered on _____
_____ submit the following report concerning the investigation that I conducted pursuant to D.C. Code, sec. 21-2033(c) and either sec. 20-2041(d) or sec. 20-2054(a) and Superior Court, Probate Division Rule 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: _____

B. Oriented by time and place? _____ Yes _____ No

C. Physical appearance: _____

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) _____

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 law you have the following rights:

To be present in person at any court proceeding and to see or hear all evidence bearing on your condition _____ Yes _____ No

To be represented by counsel _____ Yes _____ No

To present evidence and cross-examine witnesses, including any court-appointed visitor or physician Yes No

To have a closed hearing on any issue Yes No

To contest the petition Yes No

To object to the appointment of the proposed guardian or conservator or their powers or duties Yes No

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 Yes No

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. Names of third person(s) present during the interview (if any) and their relationship to the subject: _____

II. Interview of person(s) seeking appointment as guardian or conservator:

A. Date and place of interview: _____

B. Person(s) 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 the subject resided during the 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 persons who have evaluated or rendered care, counsel, treatment or service to subject of proceeding in recent past:

A. Name and position of person(s) interviewed: _____

B. Training and qualifications of person(s) interviewed:

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

Date	Type of treatment/service
_____	_____
_____	_____
_____	_____
_____	_____

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

E. What functions can the subject not perform in his or 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)
Lawn and landscaping: _____

1. Exterior: _____

2. 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. Conclusion 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 [] I do not [] recommend limitations of the powers of the guardian or conservator seeking appointment.

If limitations are recommended, explain: _____

D. I am of the opinion that a guardian *ad litem* [] should [] should not be appointed to represent the 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

Typed name

Address (actual address/not Post Office Box)

Telephone number

Email address

Bar number (if filer is an attorney)

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

Signature

