

Cause No.: _____

**IN THE MATTER OF THE
GUARDIANSHIP OF**

AN INCAPACITATED PERSON

**IN THE PROBATE COURT
OF
DENTON COUNTY, TEXAS**

COURT VISITOR'S REPORT: ADULT

The following information is given under oath:

Visitor Information

Name of Visitor: _____

Date of Order: _____

Date of Visit _____

Circle one: Annual Visit *Visit on Complaint:

*(For visits on complaints, visitor is to complete entire CV report form and attach separate sheet detailing complaints and findings)

Protected Person's Information New Information

Name: _____ Age: _____

Phone: _____ Ethnicity _____ Gender: _____

Address: _____

Type of residence: Private Home* Group/Foster Home Nursing Home

Assisted Living DSSLC Other: _____

*If private home, list name (s), relationship of occupants in the home and length of time at current residence:

Guardian Information New Information

Name: _____

Relation to Protected Person: _____

Address: _____

Home: _____ Cell Phone: _____

E-mail: _____

Date of most recent "Guardian of the Person Annual Report": _____

**If report is past due, provide the Guardian with the Guardianship Administrative Assistant's phone number (940-349-2144) and advise them to call to find out how to come into compliance.*

Visitation by Guardian

Does the Protected Person live with the Guardian? YES *NO If no, answer below:

Date of Guardian's most recent visit: _____ Source: _____

Number of visits by Guardian in last 12 months: _____ Source: _____

List name(s) and relationship to the Protected Person of individuals who visit the Ward other than the Guardian:

According to the Protected Person

Date of Guardian's most recent visit: _____

How many times has the Guardian visited in last 12 months: _____

Comments:

Medical History

Primary Care Physician

Name: _____ Phone: _____

Address: _____

Date of most recent visit: _____

Comments:

List any other physicians (Name, Phone, and Address)

Name/Type	Phone	Address

Nature & Degree of Incapacity

Medical/Psychiatric Diagnoses: _____

Medication **Is there a medication list attached?** Y N

List the Protected Person's medications and reason for taking medications:

According to "Q", Aide (person that cares for them daily), the PP's condition is:

Stable Improving* Deteriorating*

Comments: _____

According to the Guardian, the PP's condition is: Stable

Improving* Deteriorating**If improved or deteriorated, explain:

Has the PP experienced any injuries or hospitalizations within the last 12 months: Y N

If yes, explain:

Additional Services

Does the PP receive any of the following assistance: Check all that apply

- Medicaid Medicare Home and Community Services (HCS) SNAP benefits SSI
- SSDI Veteran’s Administration (VA) Dept. of Aging and Disability Services (DADS)
- Community Based Alternatives (CBA) Metro Care Services
- MHMR Services (Service Coordinator name/number)
- Other _____

Does the PP participate in any of the following therapies:

- Speech Provider’s Name and Phone: _____
- Physical Provider’s Name and Phone: _____
- Occupational Provider’s Name and Phone: _____
- On waiting/Interest List: YES NO N/A

Comments:

Social/Community Services and Workshop/Dayhab/Employment

What services does the PP participate in:

- School Dayhab Daycare Employment Vocational Workshop Volunteers

Name of Agency: _____ Phone: _____

Name of workshop/employer/dayhab: _____

Phone: _____

Days attended: M T W T H F S S U Hours:

Type of work/activities: _____

Social Conditions

Can the Protected Person participate in social activities? Y N

Is yes, list activities: _____

Comments:

What activities does the Protected Person enjoy if they don't participate in Dayhab/Social activities?

Is the Protected Person attending high school or college classes? * Y N

If yes, give name of school and/or classes taken:

Condition of PP Room

Does the Protected Person have his/her own room? Y *N

If no, how many Roommate(s) _____

Is the room appropriately: Air-conditioned? Y N Heated? Y N Cleaned? Y N

Accessible to PP? Y N Decorated? Y N

Any offensive odors? Y N Have access to the internet? Y N

Is there a smoke alarm? Y N If so, does it work? Y N

Comments on condition of the residence:

Intellectual

What was the mood of the PP? Calm, Troubled, visibly upset Non-Verbal Irritated, hostile Unhappy Talkative Excited Happy Unable to determine
Other _____

Is the Protected Person aware of the current date? Y N

Does the Protected Person know where he/she is located? Y N

Is the Protected able to verbally communicate? Y N*

If not, describe other means of communication:

Does the Protected Person respond to his/her name? Y N

Comments:

Physical Conditions of PP (Yes or No)

Is the Protected Person's body clean? Y N Appropriately dressed? Y N

Clothing clean? Y N Hair clean and appropriate? Y N bedridden? Y N

Is the Protected Person continent of bladder? Y N bowels? Y N

Does the Protected Person have bedsores? *Y N If so, are they being treated? Y N

If yes, explain:

Comments:

Can the Protected Person walk independently? Y N

Does the PP use any adaptive equipment? *Y N

If yes, Wheelchair Walker Cane Eyeglasses Hearing Aides Adult Briefs

Protective Headgear (helmet) Protective Gloves/MittensCommunication Pad

Feeding Tube (G-tube/J-tube) Tracheotomy/Ventilator Walking Stick Gait belt

Other _____

Comments:

According to Facility Staff:

Is the Guardian reachable by phone? YES NO If **no**, please provide more information:

Persons Consulted During Visit

Name	Title/Relation to PP	Telephone Number

Comments:

According to You:

Were **you** able to reach the Guardian by phone? YES NO

If **No**, I attempted to contact the guardian on the following dates and times:

On:	At:	Message left: Y N Unable
On:	At:	Message left: Y N Unable
On:	At:	Message left: Y N Unable

*If after 3 attempts you are unable to reach the guardian to schedule a visit, contact the court visitor coordinator.

Detailed comments regarding conversation with Guardian(s):

Has Guardian(s) filed Successor Guardian Declaration, as provided by our Court: Y N

Would Guardian like to receive above-mentioned documents: Y N

Comments:

Recommendations

- 1. ____ Guardian's powers should remain the same.
- 2. ____ Guardian's powers should be decreased.
- 3. ____ Guardian's powers should be increased.
- 4. ____ Guardianship should be removed because the Protected Person has regained total capacity.
- 5. ____ Guardian wishes to resign
- 6. ____ Guardian should be removed.
- 7. ____ Guardianship should be transferred to other jurisdiction/county.
- 8. ____ Guardianship should be closed.
- 9. ____ Guardianship should be reviewed.
- 10. ____ Successor Guardian may be necessary.

Explanation: (for items 2 - 10)

I hereby swear, under penalty of perjury, that this report is accurate to the best of my knowledge.

SIGNED this ____ day of _____, 20__.

Court Visitor

SUBSCRIBED AND SWORN TO BEFORE ME UNDER PENALTY OF PERJURY by _____, Deputy Clerk, on this ____ day of _____, 20__.

JULI LUKE, DENTON COUNTY CLERK