


(Copy Receipt)

(Clerk's Date Stamp)

| |
|--|
|  <p>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</p> |
| <p>In the Guardianship/Conservatorship of:</p> <p>_____</p> <p>Respondent / Individual</p> |

CASE NO. _____

**CONFIDENTIAL
COURT VISITOR REPORT
RCW 11.130.280/11.130.380**

COURT VISITOR RECOMMENDATION SUMMARY

- A. GUARDIANSHIP is appropriate and should be Full Limited.
 GUARDIAN recommended: _____.
- B. CONSERVATORSHIP is appropriate and should be Full Limited
 CONSERVATOR recommended: _____.
 Bond amount recommended: \$_____
 Blocked Accounts are recommended.
 Assets are less than \$3000.00, no bond required.
 Bond to be reviewed upon filing of Inventory or Plan
- C. A LEAST RESTRICTIVE ALTERNATIVE is available, in full or in part, and adequate to meet the needs of the adult.
- D. DISMISSAL OF THE PETITION FOR Guardianship Conservatorship is recommended.
- E. The Respondent's primary language is _____.
 An interpreter IS or IS NOT recommended (please circle one)

1. Notice, Venue and Jurisdiction

Notice

Date of Appointment: _____

Date of Court Visitor Served Copies of Petition(s): _____

Date Court Visitor Statement of Qualifications Filed or Served: _____

Date Respondent Served Petition(s): _____

Venue

- The Respondent resides in _____ County.
- The Respondent owns real property in _____ County.
- The Respondent has been admitted by Court Order to an institution in this County.
- The Respondent owns real property in _____ County but does not reside in Washington state. The Respondent lives in: _____.

Jurisdiction

- Washington is the Respondent's home state because the Respondent has lived here for at least six (6) months prior to the filing of the Petition.
- Washington is NOT the Respondent's home state, but jurisdiction is appropriate because:

_____.

2. Precipitating issues. (briefly explain Visitors impression on why Petition was filed)

_____.

3. Professional Evaluation.

- A Professional Evaluation was requested.
- A Professional Evaluation was obtained from _____ and filed _____.
- A Professional Evaluation was not obtained because:
 - ____ Respondent declined or refused a Professional Evaluation and
 - ____ There is sufficient information available to determine what the Respondent's needs and abilities are without a Professional Evaluation.

Information from any physician or other person known to have treated, advised or assessed the Respondent relevant physical or mental condition (RCW 11.130.280(5)(c)):

4. Respondent information

a. Meetings with Respondent (one visit must be in person)

| Dates of Meetings | Location of Meeting | Other Persons Present |
|-------------------|---------------------|-----------------------|
| | | |
| | | |
| | | |

Please describe any communication barriers and how the Respondent was best able to understand the Court Visitor or others:

b. Personal Information Regarding Respondent

Date of Birth: _____

Age: _____

Current Residence/Dwelling: _____

Proposed Residence/Dwelling: _____

Telephone number: _____

c. Respondent's Responses Regarding Specific Issues:

Respondent's views about appointment sought by Petitioner _____

Respondent's views about proposed Guardian/Conservator: _____

Respondent's views about proposed powers and duties, scope and duration of proposed guardianship _____

Respondent's views on costs and expenses may be paid from the Respondent's assets _____

Right to counsel or choice of counsel: _____

Right to a jury trial: _____

Least Restrictive Alternatives exist or discussed? _____

d. Summary of Interview with Respondent. (Report as closely as possible the Respondent's own words when appropriate.)

5. Investigation.

a. Individuals Contacted.

| <u>Name</u> | <u>Dates of Contact</u> | <u>Relationship to Respondent</u> |
|-------------|-------------------------|-----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

b. Written Materials Reviewed.

| <u>Name of document(s)</u> | <u>Name of document(s)</u> | <u>Name of document(s)</u> |
|----------------------------|----------------------------|----------------------------|
| | | |
| | | |
| | | |

6. Investigation – Guardianship / Conservatorship

a. Investigation Detail: A summary of: a) self-care and independent living tasks the respondent can manage without assistance or with existing supports, b) could manage with the assistance of appropriate supportive services, technological assistance, or supported decision making, and c) cannot manage:

b. Recommendation of the Right to Vote:

Limitations recommended:

- to vote or hold an elected office.
- to marry, divorce or enter into or end a state registered domestic partnership.
- to make or revoke a will.
- to make financial decisions about money
- to enter into a contract
- to appoint someone to act on Respondent's behalf
- to sue and be sued other than through a guardian
- to possess a license to drive subject to final determination of the Dept of

Licensing

- to buy, sell, own, mortgage, or lease property
- to consent to or refuse medical treatment
- to decide who shall provide care and assistance
- to make decisions regarding social aspects of Respondent's life because of the following factors that would justify a limitation under RCW 11.130.335
- Other:

c. Investigation Detail: a) A recommendation regarding the appropriateness of guardianship, including whether a protective arrangement instead of guardianship or other less restrictive alternative for meeting the respondent's needs is available and: (i) If a guardianship is recommended, whether it should be full or limited; and (ii) If a limited guardianship is recommended, the powers to be granted to the guardian:

d. Investigation Detail: A statement of the qualifications of the proposed guardian and if the respondent approves or disapproves of the proposed guardian:

e. Proposed Guardian and Proposed Conservator

Information **GUARDIAN** **CONSERVATOR**

Name: _____

Mailing Address: _____

Street Address (if different from above) _____

Telephone Numbers: _____

Fax Number: _____

Email Address _____

If Guardian is Certified, Provide Certification No.: _____

Relationship between Proposed Guardian / Conservator and Respondent _____

Conservator is different than Guardian named above:

Name: _____

Mailing Address: _____

Street Address (if different from above) _____

Telephone Numbers: _____

Fax Number: _____

Email Address _____

If Guardian is Certified, Provide Certification No.: _____

Relationship between Proposed Guardian / Conservator and Respondent _____

f. Investigation – Conservatorship – Detail: Findings of Review financial records of the Respondent:

Estimate of Estate (Based on Available Information).

| | |
|------------------------|----|
| Real Property | \$ |
| Bank Accounts | \$ |
| Investments/Securities | \$ |

| | |
|------------------------------|-----------|
| Personal Property / Vehicles | \$ |
| Bank/Trust Account | \$ |
| Mortgages and Notes | \$ |
| Other Debts or Liabilities | |
| Sources of Income: | \$ |
| SSA | |
| Pension | |
| VA | |
| Other | |
| ESTIMATED TOTAL | \$ |

g. Investigation Detail – RESIDENCE / DWELLING Description of Respondent's present dwelling, date of visit, why Court Visitor did not visit Respondent's dwelling and any dwelling which is reasonably believed the Respondent will live at if appointment is made:

h. Investigation Detail – RESIDENCE/DWELLING A statement whether the proposed dwelling meets the respondent's needs and whether the respondent has expressed a residential preference:

7. Recommendation Regarding Presence of the Respondent at Hearing.

The presence of the Respondent should should not be waived. Respondent is
 able unable to attend the hearing. Provide a statement if Respondent is able to participate in a hearing and which identifies any technology or other form of support that would enhance the respondent's ability to participate:

Explain if the Respondent has refused to attend the hearing after being fully informed of the right to attend and the potential consequences of failing to do so; or there is no practicable way for the Respondent to attend and participate in the hearing even with appropriate supportive services and technological assistance.

The following special arrangements should be made for the hearing (i.e., relocation of hearing site to residence of the Respondent provision for hearing assistive devices, etc.).

8. Other Recommendations:

9. Recommendation as to Court Visitor's Continuing Involvement in Future Proceedings.

I recommend that the Court Visitor be not be involved in future proceedings in this matter.

10. Individuals / Entities who should be notified of future activities a guardian or conservator (*Spouses, domestic partners and adult children of the Respondent are default notice parties. Other notice parties include those with an ongoing interest in the Respondent's estate or person. Explain why Notice should not be given or restricted*)

| Name, Title and Address | Relationship to Respondent |
|-------------------------|--|
| | <input type="checkbox"/> Spouse / Domestic Partner |
| | <input type="checkbox"/> Adult Children |
| | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Other: |

Dated:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

Signature of Court Visitor

Printed Name of Court Visitor