IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR ____JACKSON_____ COUNTY
Probate Department

In the matter of the Guardianship of:	)	Case No _____
	)	
_____,	)	**COURT VISITOR'S REPORT**
Respondent.	)	**ADULT GUARDIANSHIP**

I, _____, have been appointed as court visitor in the above-mentioned proceeding.

I. EXPRESSED WISHES OF RESPONDENT / PROCEDURAL RIGHTS	**Yes**	**No**
A. Does the Respondent object to the appointment of a fiduciary?	☐	☐
B. Is the Respondent willing to attend any hearing that may be scheduled?	☐	☐
C. Does Respondent prefer that another person act as fiduciary? The name, address, telephone number, and proposed role of the person of preference is:	☐	☐
D. Does the Respondent wish to be represented by counsel? If so, comment on whether Respondent has named an attorney or wishes the court to appoint an attorney.	☐	☐
E. If Respondent objects to the appointment of a fiduciary, does the Respondent understand that a hearing will be held? ☐ Not Applicable	☐	☐
F. If a hearing is scheduled, is the Respondent willing to attend a hearing or to talk to the judge by telephone during the hearing?	☐	☐
G. Does the Respondent wish for the visitor to interview particular individuals?	☐	☐?

If so, please list the individuals' names, whether they were interviewed, and the visitor's reason for not interviewing, if applicable:

Name & Relationship	Interviewed? Yes	No	If no, visitor's reason:
	☐	☐	
	☐	☐	
	☐	☐	

H. Visitor's comments or any expressed communication of Respondent that related to any of the above questions:

II. CAPACITY

A. Discuss any inability of the Respondent or impairments of the Respondent which might impact their ability to provide for their needs with respect to physical health:

B. Discuss any inability of the Respondent or impairments of the Respondent which might impact their ability to provide for their needs with respect to food/clothing concerns:

C. Discuss any inability of the Respondent or impairments of the Respondent which might impact their ability to provide for their needs with respect to shelter:

D. Please comment if the investigation has determined that the Respondent is unable to resist fraud or undue influence:

	Yes	No
E. Are these findings as indicated in "A" and "B" above part of an overall pattern of inability? If YES, please describe:	☐	☐

III. EVALUATION OF RESIDENCE, HEALTH CARE, AND SOCIAL SERVICES RECEIVED IN PAST YEAR

A. In what type of residence does Respondent live and how long has he / she lived there? Describe:

B. Is the Respondent able to live at this residence while under guardianship?	☐	☐

C. As per the petitioner, what health and social services or alternatives to guardianship have been provided to the Respondent during the year preceding the filing of the petition (if known)?

IV. FINDINGS AND RECOMMENDATIONS

			Yes	No
A.	Are the facts stated in the petition substantially correct?		☐	☐
B.	Have alternatives to guardianship/conservatorship been considered? E.g., Advance Directive for Health Care, Revocable Trust, Family Assistance, and/or a Durable Power of Attorney? If YES, please describe:		☐	☐
C.	Is the Respondent so impaired that he/she is unable to make reasoned decisions about his/her safety?		☐	☐
D.	Is the appointment of a fiduciary necessary?		☐	☐
E.	Is it appropriate to limit the scope of the fiduciary's appointment? If YES, for what limited purpose(s) is a fiduciary necessary?	☐ Not Applicable	☐	☐
F.	Is the nominated fiduciary(ies)			
	1. Qualified to serve?		☐	☐
	2. Suitable to serve?		☐	☐
	3. Willing to serve?		☐	☐
	If NO, please describe:			
G.	Is there is an objection to the petition from parties other than the Respondent? If yes, please describe the issues?		☐	☐
H.	If you have identified anyone else you believe is more appropriate for appointment as guardian and/or conservator, please provide the name and reasons for the conclusion:			
I.	If the Respondent does not wish to be represented, is counsel recommended to protect Respondent's interests or to help resolve issues in the case? If YES, please describe:		☐	☐

	Yes	No
J. Should there be any limitations to the scope or duration imposed on the proposed fiduciary(ies)? If YES, please describe:	☐	☐

K. Additional comments that might assist the court and all persons interested in this matter:

V. All of the people interviewed by the visitor while compiling this report are listed below:

Name	Address & Phone	Relationship	Date Interviewed

I hereby declare that the above statement is true to the best of my knowledge and belief and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

_____
Court Visitor Name

_____ _____
Signature of Court Visitor Date