

IN THE CIRCUIT COURT OF THE STATE OF OREGON
MARION COUNTY
Probate Department

Case No.

COURT VISITOR'S REPORT

ADULT RESPONDENT

The undersigned was appointed as Court Visitor on *[insert date of order appointing visitor]* in the above-named proceeding.

Option A: The Visitor does not recommend that a fiduciary be appointed for Respondent.

Option B: The Visitor recommends that the nominated fiduciary(ies) be appointed as proposed in the Petition.

Option C: The Visitor recommends that a guardian and/or conservator be appointed for Respondent, but does not recommend the appointment of the fiduciary(ies) as proposed in the Petition.

Option D: *[Describe other recommendations besides those listed, as appropriate.]*

1. EXPRESS WISHES OF RESPONDENT AND PROCEDURAL RIGHTS

For each question in this section, fully describe any express communication made by Respondent. Also include observations about the communication.

1(a) Does Respondent object to the appointment of a fiduciary? Unk* No Yes

1(b) Does Respondent object to any nominated fiduciary? Unk* No Yes

*Unk—Respondent is unable to respond, or response is inconsistent, so the answer is unknown.

1(c) Does Respondent prefer that another person act as fiduciary? Unk* No Yes

Provide below the name, address, telephone number, and proposed role of any person preferred by Respondent.

1(d) Does Respondent wish to be represented by counsel? Unk* No Yes

If Respondent wishes to be represented by counsel, give the name of any attorney Respondent has retained, or Respondent wishes to retain.

If Respondent has not retained counsel, describe whether Respondent desires the Court to appoint counsel.

1(e) If Respondent does not plan to retain counsel and has not requested the appointment of counsel by the Court, does the Visitor believe that appointment of counsel (1) would help to resolve the matter or (2) is necessary to protect the interests of Respondent?

No Yes

If the answer is yes, explain.

1(f) If Respondent objects to the appointment of a fiduciary, does Respondent understand that a hearing will be held? Unk * N/A Yes No

1(g) Is Respondent able to attend a hearing? Unk * Yes No

If the answer is no, explain.

*Unk—Respondent is unable to respond, or response is inconsistent, so the answer is unknown.

If Respondent is able, is Respondent willing to attend a hearing?

Unk * Yes No

If Respondent is unable or unwilling to attend a hearing, is Respondent able and willing to talk to the Judge by telephone during the hearing?

Unk * Yes No

1(h) State below the Visitor's comments, observations, concerns, and suggestions regarding the above questions. Note any needed accommodations or security concerns that may be an issue if a hearing occurs.

2. BACKGROUND AND INTERVIEWS WITH INTERESTED PERSONS

2(a) Respondent's **Brief social history**. Provide Respondent's age and date of birth, and a brief history of Respondent's education, work experience, locations, marriages, children, family, and so on.

2(b) Background of nominated fiduciary(ies).

- (1) Has any person nominated to be a fiduciary been convicted of a crime?
No Yes
- (2) Has any person nominated to be a fiduciary filed for or received protection under the bankruptcy laws?
No Yes
- (3) Has any person nominated to be a fiduciary caused any loss resulting in a surcharge under ORS 125.025 (3)(e) or a similar statute of another jurisdiction?
No Yes
- (4) Has any person nominated to be a fiduciary been removed as a fiduciary under ORS 125.225?
No Yes
- (5) Has any person nominated to be a fiduciary had a license revoked or canceled that was required by the laws of any state for the practice of a profession or occupation?
No Yes

*Unk—Respondent is unable to respond, or response is inconsistent, so the answer is unknown.

2(b)(1) If an event listed in 2(b) has occurred, describe the circumstances surrounding the event.

2(c) Describe below the recent interaction with Respondent for each nominated fiduciary.

3. CAPACITY

3(a) Describe the interview with Respondent. Include the setting, who was present, and Respondent's physical appearance and demeanor. Identify and describe any tools used in the assessment.

3(b) Provide a summary of the Visitor's impressions from the interview that are not described elsewhere.

3(c) Describe any inability of Respondent to provide for his or her needs with respect to physical health, food, clothing, and shelter.

3(d) Describe any inability of Respondent to resist fraud or undue influence.

3(e) Is Respondent's inability to provide for his or her needs an isolated incident of negligence or improvidence? No Yes

Does a pattern exist regarding Respondent's inability to provide for his or her needs?

Yes No

Explain the answers.

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

4(a) Describe the residence where Respondent has lived most recently and how long Respondent has lived there. Also provide available information about any other residence where Respondent lived during the year preceding the filing of the Petition and how long Respondent had lived there.

4(b) Is Respondent able to live at the current residence while under guardianship?

Yes No

Comments:

4(c) Describe Respondent's current location, if different from the answer given in 4(a) about Respondent's current residence. N/A

4(d) Describe the health or social services provided to Respondent during the year preceding the filing of the Petition (if the Petitioner or others have information as to those services).

4(e) Describe the alternatives to guardianship considered by the Petitioner for Respondent, and the reasons why those alternatives are not available.

4(f) State below the Visitor's comments, observations, concerns, and suggestions regarding the place of residence and health or social services.

5. FINDINGS AND RECOMMENDATIONS

5(a) Are the allegations stated in the Petition substantially correct? Yes No

If the answer is no, explain.

5(b) **Incapacity.** Is Respondent's ability to receive and evaluate information effectively or to communicate decisions impaired to such an extent that Respondent presently lacks the capacity to meet the essential requirements for Respondent's physical health or safety? ("Meeting the essential requirements for physical health and safety" means those actions necessary to provide the health care, food, shelter, clothing, personal hygiene, and other care without which serious physical injury or illness is likely to occur.) Yes No

If the answer is yes, describe (1) the impairment and its likely cause.

5(c) **For temporary guardianship (immediate and serious danger).** In addition to answering "yes" to the previous question, is there an immediate and serious danger to the life or health of Respondent, and does the welfare of Respondent require immediate action?

N/A Yes No

If the answer is yes, describe (1) the immediate and serious danger, and (2) why Respondent's welfare requires immediate action.

5(d) **For temporary guardianship (purpose and duration).** Describe below the specific purpose for the appointment of the temporary guardian and the recommended duration of the appointment (not to exceed 30 days). N/A

5(e) **For conservatorship (financial incapability).** Is Respondent unable to manage his or her financial resources effectively for reasons including, but not limited to, mental illness, mental retardation, physical illness or disability, chronic use of drugs or controlled substances, chronic intoxication, confinement, detention by a foreign power, or disappearance? (“Manage financial resources” means those actions necessary to obtain, administer, and dispose of real and personal property, intangible property, business property, benefits, and income.)

N/A Yes No

If the answer is yes, describe (1) the reason why Respondent is unable to manage financial resources, and (2) the financial management actions Respondent is unable to take.

5(f) **For temporary conservatorship (immediate and serious danger).** In addition to answering “yes” to the previous question, is there an immediate and serious danger to the estate of Respondent, and does the welfare of Respondent require immediate action?

N/A Yes No

If the answer is yes, describe (1) the immediate and serious danger to Respondent’s estate, and (2) why Respondent’s welfare requires immediate action.

5(g) **For temporary conservatorship (purpose and duration).** Describe below the specific purpose for the appointment of the temporary conservator and the recommended duration of the appointment (not to exceed 30 days).

N/A

5(h) **Necessary.** Is the appointment of a fiduciary necessary as a means of providing continuing care and supervision of Respondent?

Yes No

5(i) **Suitability of Fiduciary.** Is each nominated fiduciary:

1. suitable to serve? Yes No

2. qualified to serve? Yes No

3. willing to serve? Yes No

If any answer is no, explain why.

5(j) If the Visitor is aware of an Objection to the Petition filed by parties other than Respondent, describe the issues, if known to the Visitor.

5(k) If the Visitor has identified anyone else the Visitor believes is more appropriate for appointment as a fiduciary than any person nominated in the Petition, provide the name and address and the reasons for this conclusion.

5(l) Regarding the requirement that the guardianship order be no more restrictive upon the liberty of the protected person than is reasonably necessary to protect the person, does the Visitor recommend any limitations to the scope or duration of the authority of any proposed fiduciary?

N/A No Yes

If the answer is yes, describe the recommended limitations.

5(m) Is there any need for further evaluation? No Yes

If the answer is yes, explain why and recommend the scope and timing of future evaluation.

5(n) State below additional comments that might assist the Court and persons interested in this matter.

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6. SOURCES OF INFORMATION

6(a) All of the people the Visitor interviewed while compiling this report are listed below.

Name	
Address	
Phone Number	
Relationship to Respondent	
Date Interviewed	

Name	
Address	
Phone Number	
Relationship to Respondent	
Date Interviewed	

Name	
Address	
Phone Number	
Relationship to Respondent	
Date Interviewed	

Name	
Address	
Phone Number	
Relationship to Respondent	
Date Interviewed	

Name	
Address	
Phone Number	
Relationship to Respondent	
Date Interviewed	

Name	
Address	

Phone Number	
Relationship to Respondent	
Date Interviewed	

6(b) The Visitor also reviewed the documents or records described below.

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STATE OF OREGON)
) ss.
 County of Marion)

Affirmation pursuant to UTCR 2.120

I am the Court Visitor in the above entitled matter. I declare that the foregoing Court Visitor’s Report is true and accurate to the best of my knowledge and belief and I understand that it is made for use as evidence in court and is subject to penalty for perjury.

DATED.

 Court Visitor