

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

In the Matter of:

Case No: _____

COURT VISITOR'S REPORT

Respondent

Adult Guardianship

Court Visitor's Name: _____

HEARINGS AND REPRESENTATION

Lawyer

➤ Respondent:

- ☐ wants the court to appoint a lawyer
- ☐ is represented by the following lawyer:
(full name and bar #, if known): _____
- ☐ does not want to be represented by a lawyer
 - ☐ I recommend appointing a lawyer for Respondent because: _____
 - _____
 - _____
 - _____

Fiduciary

- Respondent ☐ is ☐ is not willing to attend any hearing that may be scheduled or talk to a judge on the phone
- Respondent ☐ does ☐ does not object to the appointment of a fiduciary
 - (If Respondent objects) Respondent ☐ does ☐ does not understand that a hearing will be held
- Appointing a fiduciary ☐ is ☐ is not necessary
 - ☐ Limiting the scope of the fiduciary's appointment is appropriate because a fiduciary is necessary for the following limited purposes: _____
 - _____
 - ☐ Limiting the duration of the fiduciary's appointment is appropriate because: _____
 - _____
 - _____
 - The nominated fiduciary is:
 - ☐ qualified to serve or ☐ not qualified because: _____
 - _____
 - ☐ suitable to serve or ☐ not suitable because: _____
 - _____
 - ☐ willing to serve or ☐ not willing to serve

- ☐ I have identified someone more appropriate to serve as guardian and/or conservator

- Name: _____
- Address: _____
- Reason: _____

- ☐ Respondent prefers that the following person act as fiduciary:

Name:	
Address:	
Phone:	
Proposed role:	

- ☐ Someone other than Respondent objects to the *Petition* (explain who and why):

Interviewees

- I interviewed the following people while compiling this report:

Name	Address & Phone	Relationship	Date Interviewed

- Respondent wants me to interview the following individuals:

☐ None requested

Name	Relationship	Interviewed?	If not interviewed, explain why not
		<input type="checkbox"/> Yes (date): _____ <input type="checkbox"/> No	
		<input type="checkbox"/> Yes (date): _____ <input type="checkbox"/> No	

☐ Additional page attached titled "Individual Interviews Requested"

Visitor's comments or Respondent's express requests: _____

CAPACITY

Respondent has the following inability or impairment that might impact capacity to provide for needs regarding:

- Physical health: _____

- Food and clothing: _____

- Shelter: _____

- Resisting fraud or undue influence: _____

☐ The impairments above are part of an overall pattern (*explain*): _____

Respondent ☐ is ☐ is not able to make reasoned decisions about their safety because of impairment

RESIDENCE, HEALTH CARE, AND SOCIAL SERVICES

- Respondent's residence is (*describe type and duration*): _____

 - Respondent ☐ is ☐ is not able to live at this residence while under guardianship because: _____

 - Petitioner states that Respondent has received the following health and social services or alternatives to guardianship in the year preceding the filing of the *Petition*: _____

- ☐ unknown

FINDINGS AND RECOMMENDATIONS

- The facts stated in the *Petition* ☐ are ☐ are not substantially correct
- Alternatives to guardianship like advance directives for health care, a revocable trust, family assistance, or durable power of attorney ☐ have ☐ have not been considered
 - If so, describe: _____

These alternatives are unavailable or inappropriate because: _____

- ☐ The *Petition* seeks appointment of a conservator in addition to a guardian
 - I interviewed ☐ Respondent ☐ the nominated conservator about Respondent's financial capacity
 - ☐ Respondent is financially incapable

Additional comments that might assist the court and interested persons: _____

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Signature

Name (printed)

Contact Address

City, State, ZIP

Contact Phone