

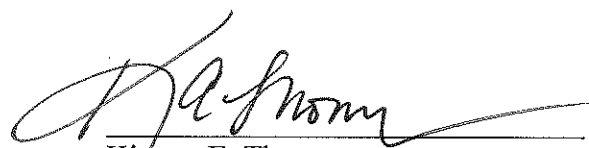
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF WASHINGTON

IN THE MATTER OF PROBATE)
RE: COURT VISITOR REPORT IN) GENERAL ORDER NO. 226
GUARDIANSHIP PROCEEDINGS)

IT IS HEREBY ORDERED that a visitor report required to be filed under
ORS 125.155 shall be in the form prescribed by the Washington County Circuit Court.

DATED this 10th day of June, 2013.


Kirsten E. Thompson
Presiding Judge

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

In the Matter of the Guardianship of _____) Case No _____)
))
)) COURT VISITOR'S REPORT
_____,) TEMPORARY GUARDIANSHIP
Respondent.) GUARDIANSHIP INDEFINITE PERIOD

(Successor, Cross-Petition, Co-Guardian, etc. – if necessary)

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

I. CAPACITY

A. The Respondent's condition or impairments which might impact their ability to provide for their needs with respect to physical health, food/clothing, shelter and their ability to resist fraud or undue influence:

	YES	NO
B. Are these findings as indicated above part of an overall pattern of incapacity? Please describe:	<input type="checkbox"/>	<input type="checkbox"/>

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

Describe the Respondent's relevant living situations, health and social services or alternatives to guardianship that have been provided to the Respondent during the year preceding the filing of the petition.

III. EXPRESS WISHES OF RESPONDENT / PROCEDURAL RIGHTS

Describe any observations or expressed communication of Respondent that relates to the protective proceeding, the proposed fiduciary(ies) or other matters relevant to this proceeding.

IV. FINDINGS REGARDING THE PROPOSED FIDUCIARY

Discuss any information based on interviews regarding the proposed guardian's qualifications, willingness and suitability to serve.

V. FINANCIAL

Describe any information regarding the financial circumstances which could impact the proceeding.

	YES	NO
Is the petitioner expecting payment for service as a fiduciary	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain.		

VI. ADDITIONAL COMMENTS

VII. FINDINGS AND RECOMMENDATIONS

Based upon the interviews I have conducted and information contained in the narrative as set out above, I find:

	YES	NO
The facts stated in the petition are substantially correct	<input type="checkbox"/>	<input type="checkbox"/>
The Respondent is so impaired that he/she is unable to make reasoned decisions about his / her safety?	<input type="checkbox"/>	<input type="checkbox"/>
The appointment of a fiduciary is necessary	<input type="checkbox"/>	<input type="checkbox"/>
It is appropriate to limit the scope of the fiduciary's appointment	<input type="checkbox"/>	<input type="checkbox"/>

I have determined the fiduciary is

- | | YES | NO |
|-----------------------|--------------------------|--------------------------|
| 1. Qualified to Serve | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Suitable to Serve | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Willing to Serve | <input type="checkbox"/> | <input type="checkbox"/> |

**VIII. ALL OF THE PEOPLE INTERVIEWED BY THE VISITOR WHILE
COMPILING THIS REPORT ARE LISTED AS FOLLOWS:**

Name	Address & Phone	Relationship	Date Interviewed

As the Visitor appointed by the Court in the above cited case, I have spent _____ hours interviewing and preparing this report to the Court.

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 of perjury.

Dated this _____ day of _____, 2013.

Signature of Court Visitor

Print Name