

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interests of:</b>  <b>Respondent</b>	<b>▲ COURT USE ONLY ▲</b>
Court Visitor (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number:  Division _____ Courtroom _____
<b>VISITOR'S REPORT</b> <input type="checkbox"/> <b>GUARDIANSHIP</b> <input type="checkbox"/> <b>CONSERVATORSHIP</b> <input type="checkbox"/> <b>COMBINED</b>	

I, \_\_\_\_\_ (name), submit the following report concerning the investigation which I have conducted as the Court-appointed Visitor in this  Guardianship pursuant to §15-14-305, C.R.S.  Conservatorship pursuant to §15-14-406, C.R.S.

**Recommendations:** The Court Visitor interviewed the Respondent in person on \_\_\_\_\_ (date).

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. A <b>Guardian</b> should be appointed for the Respondent.  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. A <b>Conservator</b> should be appointed for the Respondent.   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Respondent is objecting to the guardianship and/or conservatorship proceeding.   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Respondent is objecting to the nominated guardian and/or conservator.  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Respondent has requested an attorney.<br>Pursuant to §15-14-305(3)(c), C.R.S and/or §15-14-406(3)(c), C.R.S  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Respondent has been advised of payment of fees in this proceeding.<br>Pursuant to §15-14-305(3)(c)& (d), C.R.S and/or §15-14-406 (3)(c) & (d), C.R.S<br>Explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| G. An <b>Attorney</b> should be appointed to represent the Respondent.<br>Explain: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| H. A <b>Guardian ad Litem</b> should be appointed for the Respondent.<br>Explain: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| I. A professional evaluation or further evaluation should occur, §15-14-305(5)(f).<br>Explain: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| J. The Respondent has been advised of their rights.<br>Pursuant to §15-14-305, C.R.S. and/or §15-14-406, C.R.S.   | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Significant concern(s) of the Court Visitor.<br>Explain:<br>_____<br>_____<br>_____<br>_____   | <input type="checkbox"/> | <input type="checkbox"/> |

**I. Summary of Observations:**

**A.** Describe the activities of daily living (daily functions) that the Respondent can manage without assistance, could manage with the assistance of supportive services or benefits, including the use of appropriate technological assistance, and cannot manage:

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**B.** Describe the financial functions that the Respondent can or cannot effectively manage:

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**Appendix 1. I have provided the  Notice of Rights to Respondent (JDF 797) and have explained the following rights:**

- to employ and consult with a lawyer at the Respondents own expense and the right to request a court-appointed lawyer.
- to be present in person at any court proceeding and to see or hear all evidence bearing on Respondent's condition;
- to present evidence;
- to cross-examine witnesses, including any court-appointed visitor or physician;
- to have a closed hearing on any issue;
- to contest the Petition;
- to object to the appointment of the proposed guardian/conservator or his/her powers or duties;
- to object to the creation of the proposed guardianship/conservatorship or the scope or duration thereof; and
- to have a guardian ad litem appointed to represent his/her interests if the Court determines that a need for such representation exists.

**II. Interview of Respondent:**

**A.** Date and place of interview:

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**B.** Other persons present:

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**C.** Respondent's physical appearance:

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D. Was Respondent oriented as to time and place? Yes No

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E. After my explanation of the substance of the Petition, the nature, purpose, and effect of the proceeding, and the general powers and duties of a Guardian, Conservator, or both, as appropriate to this case, the Respondent was asked and responded as follows:

1. Do you understand that explanation? Yes No Did Not Respond  
If **No**, please explain or comment. \_\_\_\_\_

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2. Do you understand the statement of rights (JDF 797)? Yes No Did Not Respond

3. Do you have an attorney? Yes No Did Not Respond  
If **Yes**, please provide name: \_\_\_\_\_

4. Do you want an attorney to be appointed for you? Yes No Did Not Respond

5. Do you have a doctor? Yes No Did Not Respond  
If **Yes**, please provide name: \_\_\_\_\_

6. Is your doctor the same doctor who provide the letter attached to the Petition filed in these proceedings? Yes No Did Not Respond

7. Who are the family members or other people who are the most helpful to you?

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### Guardianship Only

1. What help if any do you need with your daily living activities or daily functions? Did Not Respond  
If **Yes**, in what areas? \_\_\_\_\_

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2. Do you know the proposed Guardian? Yes No Did Not Respond  
Proposed Guardian is \_\_\_\_\_.

3. Do you think that he or she should be appointed as your Guardian? Yes No Did Not Respond

4. How do you feel about the proposed Guardianship? (Scope, powers, duties and duration.)

Did Not Respond

Responded as follows: \_\_\_\_\_

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## Conservatorship Only

1. What help if any do you need with your finances?  Did Not Respond  
Identify what specific areas (check writing, bill paying, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you know the proposed Conservator?  Yes  No  Did Not Respond  
Proposed Conservator is \_\_\_\_\_.
3. Do you think that he or she should be appointed as your Conservator?  Yes  No  Did Not Respond
4. How do you feel about the proposed Conservatorship? (Scope, powers, duties and duration.)  
 Did Not Respond  
 Responded as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Interview of Person Seeking Appointment as Guardian:

- A. Date and place of interview:  
\_\_\_\_\_  
\_\_\_\_\_
- B. Person seeking appointment was asked and responded as follows:
1. Name and address:  
\_\_\_\_\_  
\_\_\_\_\_
2. Relationship (including non-family) to Respondent:  
\_\_\_\_\_  
\_\_\_\_\_
3. Why was this Petition initiated?  
\_\_\_\_\_  
\_\_\_\_\_
4. Where has the Respondent resided during the last three months?  
\_\_\_\_\_  
\_\_\_\_\_
- a. Who, if anyone, has been caring for the Respondent during this period?  
\_\_\_\_\_  
\_\_\_\_\_
- b. What type of care has been provided?

- None.
- In Home Care.
- Assisted living.
- Hospital or Nursing Home

c. What type of care will be provided if you are appointed as Guardian?

- None.
- In Home Care.
- Assisted living.
- Hospital or Nursing Home

5. What changes in residence are contemplated?

- None.
- Private Home. Please provide name and address.

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- Other Facility. Please provide name and address.

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**IV. Interview of Person Seeking Appointment as Conservator:**

A. Date and place of interview:

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B. Person seeking appointment was asked and responded as follows:

1. Name and address:

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2. Relationship (including non-family) to Respondent:

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3. Why was this Petition initiated?

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4. Where has the Respondent resided during the last three months?

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5. Who, if anyone, has been handling the Respondent's financial affairs during this period?

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6. Does the Respondent owe you any money or property?  Yes  No  
 If **Yes**, please explain. \_\_\_\_\_  
 \_\_\_\_\_
7. Do you owe the Respondent any money or property?  Yes  No  
 If **Yes**, please explain. \_\_\_\_\_  
 \_\_\_\_\_

**V. Interview of Other Interested Person:**

- A. Name of Person: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_
- B. Date and place of interview: \_\_\_\_\_  
 \_\_\_\_\_
- C. Other person asked and responded as follows:
1. Address: \_\_\_\_\_
  2. Occupation: \_\_\_\_\_
  3. Should a Guardian or Conservator be appointed?  Yes  No
- Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** This section should be completed as many times as there are interested persons. Attach the additional interview notes to this report.

**VI. Report on Condition of Respondent's Present Residence:**

- A. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Visited  Information otherwise obtained:
- B. Address: \_\_\_\_\_  
 \_\_\_\_\_
- C. Type of Abode: \_\_\_\_\_
- D. Condition (if at home):
1. Lawn and Landscaping: \_\_\_\_\_
  2. Exterior: \_\_\_\_\_
  3. Interior: \_\_\_\_\_
    - a. Utilities working  Yes  No Additional comments \_\_\_\_\_
    - b. Clean  Yes  No Additional comments \_\_\_\_\_
    - c. Fire Hazards  Yes  No Additional comments \_\_\_\_\_
    - d. Other (explain) \_\_\_\_\_

**VII. Report on Condition of Respondent's Proposed Residence, if applicable:**

- A. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Visited  Information otherwise obtained:
- B. Location and type of place: \_\_\_\_\_  
\_\_\_\_\_
- C. Condition: \_\_\_\_\_
1. Lawn and Landscaping: \_\_\_\_\_
2. Exterior: \_\_\_\_\_
3. Interior: \_\_\_\_\_
- a. Utilities working  Yes  No Additional comments \_\_\_\_\_
- b. Clean  Yes  No Additional comments \_\_\_\_\_
- c. Fire Hazards  Yes  No Additional comments \_\_\_\_\_
- d. Other (explain) \_\_\_\_\_

**VIII. Physicians or Other Persons Who Are Known to Have Treated, Advised, or Assessed the Respondent's Relevant Physical or Mental Condition:**

Please identify the sources of the information: \_\_\_\_\_  
\_\_\_\_\_

- A. Physicians and Psychiatrists:  
\_\_\_\_\_  
\_\_\_\_\_
- B. Psychologists and Psychotherapists:  
\_\_\_\_\_  
\_\_\_\_\_
- C. Nurses and Nurse Aids:  
\_\_\_\_\_  
\_\_\_\_\_
- D. Other Compensated Health Care Providers:  
\_\_\_\_\_  
\_\_\_\_\_
- E. Family Members, Relatives, and Friends:  
\_\_\_\_\_  
\_\_\_\_\_
- F. Others:  
\_\_\_\_\_  
\_\_\_\_\_

**The Court Visitor represents that there is no conflict of interest between the Court Visitor and any party.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Court Visitor